

**BOXING BC ASSOCIATION
MALE**

FIGHT RECORD:
Fights: _____
Wins: _____ Losses: _____

Pre-bout Medical Questionnaire

(To be completed by the coach and the boxer before the medical examination)

DATE _____ SITE _____

TO THE COACH _____

Have you noticed any changes in your boxer regarding the following:

- | | | | |
|----|----------------------------|---------|--------|
| 1. | Attention or concentration | YES ___ | NO ___ |
| 2. | Memory | YES ___ | NO ___ |
| 3. | Speech | YES ___ | NO ___ |
| 4. | Behavior | YES ___ | NO ___ |
| 5. | Sparring (quickness) | YES ___ | NO ___ |

Signature _____

TO THE BOXER _____

PERSONAL DOCTOR'S NAME _____

YOUR HOME PHONE NUMBER _____

- | | | | |
|----|--------------------------------|---------|--------|
| a. | Do you have any body piercing? | YES ___ | NO ___ |
| b. | Are you hearing impaired? | YES ___ | NO ___ |

Have you had any of the following lately:

- | | | | |
|----|---|---------|--------|
| 1. | Headaches | YES ___ | NO ___ |
| 2. | Dizziness | YES ___ | NO ___ |
| 3. | Nausea or vomiting | YES ___ | NO ___ |
| 4. | Double or blurred vision | YES ___ | NO ___ |
| 5. | Have you taken any medication in the last 90 days | YES ___ | NO ___ |

If yes, name the medication taken _____

- | | | | |
|----|---|---------|--------|
| 6. | Have you had a brain injury or concussion in any sport or other in the last six months? | YES ___ | NO ___ |
|----|---|---------|--------|

- | | | | |
|----|---|---------|--------|
| 7. | In the last 12 months, have you had close contact with any person infected with Hepatitis or HIV? | YES ___ | NO ___ |
|----|---|---------|--------|

If you think you have been infected with Hepatitis or HIV Boxing BC strongly advises you NOT to box.

- | | | | |
|----|---|---------|--------|
| 8. | Are you Diabetic? | YES ___ | NO ___ |
| | If you are Diabetic do you take insulin | YES ___ | NO ___ |

Signature _____

Doctor's name _____ Doctor's signature _____