

The Association of The
BOXING UNION OF IRELAND LTD.

BOXER'S MEDICAL EXAMINATION FORM

(To be completed at time of application for licence and annually when licence fee due)

Note to Examining Doctor:

This Form, when completed, should be forwarded to the above address. The fee for the examination is payable by the Boxer and should not be less than the I.M.O. recommended fee.

QUESTIONS TO BE ASKED BY EXAMINING DOCTOR:

Full Private Name.....

(BLOCK LETTERS)

Professional Boxing Name (if other than above)

(BLOCK LETTERS)

Address

(BLOCK LETTERS)

Date of birth **Tel. No.** **Mobile No.**

Occupation (other than Boxer)

Manager or Proposed Manager

Have you held a Licence before

If so, give past record of contests:

No. Won Lost Counted out Stopped

Amateur record if any

1. Are you in good health as far as you know

2. Have you suffered at any time any serious illness, injury, accident or disability (if so, state briefly)

3. Have you suffered at any time from any of the following (if so, give full details, dates and doctors consulted and results of investigations):

Headaches, blackouts or fits

Anxiety states or depressions

- Paralysis or any other mental or nervous diseases
- Have you seen a psychiatrist or taken tranquillisers
4. Visual disturbances, such as diplopia, blurring vision, or do you wear glasses
 5. Any ear discharge, deafness, etc.
 6. Heart disease, high blood pressure, heart murmurs, varicose veins, rheumatic or scarlet fever
.....
 7. Any asthma, bronchitis, pneumonia, pleurisy or T.B., sinusitis or any difficulty in nasal breathing
.....
 8. Any chronic indigestion, stomach or duodenal ulcers, jaundice, gall bladder or liver disease,
appendicitis, hernia
 9. Any kidney or bladder problems, diabetes, renal colic, haematuria, venereal infections or
prostatitis.....
 10. Any bone or joint problems, e.g. hand injuries, fractures, etc.
 11. Any skin diseases Allergies
 12. Are you or have you been attending your doctor or hospital regularly for any reason
 13. Do you take tablets/medicines etc. regularly
 14. Date and result of last chest X-ray (f any)
 15. Any other investigations, i.e. blood tests, X-rays, E.C.G., E.E.G.
- Number of cigarettes smoked per day
- Daily alcohol intake

Family History

Father (age and health) Mother (age and health)

Brothers (age and health) Sisters (age and health)

I hereby give my consent to the Boxing Union of Ireland and any Medical Officer retained on its behalf to contact my doctor to obtain medical information pertaining to my application to box.

Signature of Boxer

Signature of Doctor

MEDICAL EXAMINATION

Height Weight

Describe build, etc. If overweight, is excess evenly distributed

If he has had an MRI/MRA Brain Scan, indicate date

Pulse Apex beat

Blood pressure (if above 140/90 please record three further readings at five minute intervals)

Heart sounds
Any murmurs
If so describe
Any varicose veins Exercise tolerance

Respiratory System

Chest movements Trachea
Percussion notes Air Entry Breath Sounds Added Sounds

Abdomen

Any scars, tenderness or masses - if so, describe
Are liver, spleen and kidney palpable
Hernia orifices Genitalia Urine

Central Nervous System

Cranial nerves Pupils Optic fundi
Nystagmus Rombergism

Limbs

Tone Power Co-ordination Sensation
Reflexes Plantar responses
Any psychoneurosis If so, describe

Skeletal System

Cervical Spine Shoulders Elbows Wrists and hands
Lumbar Spine Hips Knees
Ankles

Ears

Drum Hearing Any otitis

HIV and Hepatitis Vaccination and Screening

HIV Test:- Date tested Laboratory Results must be forwarded to the BUI
Hepatitis C Antigen:- Date tested Laboratory Results must be forwarded to the BUI
Hepatitis B Antigen:- Date tested Laboratory Results must be forwarded to the BUI
Hepatitis B Surface Antibody:- Date tested Laboratory Results must be forwarded to the BUI
Hepatitis B Vaccination:- Date of first dose

Please note every Boxer must complete the Hepatitis B Vaccination course, the course consists of three doses. The second dose is given one month after the first dose and the third dose is given five months after the second dose. This course must be completed and evidence of dates given must be forwarded to the Boxing Union of Ireland offices.

N.B. - If any abnormality noted, please investigate further and refer all relevant documents to the Boxing Union of Ireland with this form.

I AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE WHO HAS PRODUCED FOR ME HIS BOXER'S LICENCE OR PASSPORT OR, ALTERNATIVELY, I CONFIRM HIS LIKENESS BY SIGNING THE ATTACHED PHOTOGRAPH.

Signature and stamp of examining doctor

DATE OF EXAMINATION:

COMMENTS (if any):

NOTE: MRI/MRA Scans

When applying for a first professional boxing licence, both an MRI and MRA scan must be carried out. Thereafter, an MRI scan only is required to be carried out at the annual renewal of the licence (unless the BUI specifically state otherwise). However, when a licensed professional boxer seeking to renew his licence is 40 years of age or over, he/she must have an MRI and MRA scan carried out annually at each licence renewal.

Eyes - To be completed by an Ophthalmic Optician/Consultant

Visual standards (Snellen's type figures without glasses please)

Visual Fields

Ocular tension

Ocular movements

Ophthalmoscopic examination (with special attention to retinal defects)

DATE OF EXAMINATION

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Signature and stamp of Optician/Consultant