

Confidential

Registration No.

IRISH AMATEUR BOXING ASSOCIATION MEDICAL EXAMINATION

(See Overleaf)

Surname _____ Forename _____

Club _____ County _____ Date of Birth _____

Previous Medical History (PTO) _____

Family History _____

Height/Weight _____

CVS Pulse _____ B.P. _____ Murmurs _____

Other _____

R.S. Chest Deformity _____

Lungs _____

L.S. Any Joint Deformities _____

Any History of Fracture(s) _____

ABDOMEN Hernia (Y/N) _____ Scars _____

Testes _____ R _____ L _____

CNS (Exam) _____

Eyes V/A: (Unaided) L _____ R _____ Fundi _____

Ears _____ Hearing _____

Urine Glucose _____ Protein _____ Haem _____

Signed _____ (Medical Officer) Date _____

Doctor's Stamp (Essential)

Based on the medical examination conducted on _____ by _____
a record card may/may not be issued.

Must wear Soft Contact Lenses: Yes No

Registration No. _____

Signed _____

IABA Medical Commission

INSTRUCTIONS TO DOCTOR

1. The following conditions are among those rendering a boy unfit to box:
 - Epilepsy - Any seizure activity in the last 3 years
 - Uncontrolled Diabetes
 - Retinal Detachment, Cataract, Refractive or Ocular Surgery
 - History of serious head trauma
 - Acute or Chronic infection (eg. Hep B, Hep C or HIV)
 - Haemorrhagic diseases, blood dyscrasias, sickle cell disease or trait
 - Valvular/Septal defect of the heart - Significant congenital or acquired Cardiac or Pulmonary Abnormality
 - Hepato/Splenomegaly
 - Significant Psychiatric history of Drug Abuse

- V.A.: Eyes must be tested without contact lenses or glasses by Snelling method. Visual acuity must be at least 6/18 in the better eye and 6/36 in the other. For those not attaining this standard soft contact lenses must be worn.

2. If you have any problems, please ring 01-4533371 or Fax 01-4540777

NOTICE TO BOXER

1. Take this form with you when going to the doctor.
2. Also bring with you a stamp addressed envelope addressed to the **Medical Registrar of your Province.**