

Victorian Amateur Boxing League

State of Cornea: _____

Visual acuity (without glasses or contact lenses)

Right: _____

Left: _____

Hearing:

Conditions of tympanic Membrane

Right: _____

Left: _____

Hearing

Right: _____

Left: _____

Throat: _____

Nose: _____

Teeth: _____

Mouth Guard: _____

Dental Condition & Hygiene: _____

2. Neck:

Are movements of cervical Spine

Full and pain free _____

Any other abnormalities _____

3. Neck:

Are movements of cervical Spine

Full and pain free _____

Any other abnormalities _____

4. Chest:

Any deformities/abnormalities

Lungs: _____

Heart: Heart Sounds: _____

Any murmurs: _____

Size: _____

5. Abdomen:

Any masses, scars, tenderness, enlargement of liver or spleen

6. Kidney:

Urine Test

7. Locomotor System:

Any abnormalities of upper or lower limbs

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Is muscular development normal?
Hypermobility or decreased movement of joints

Any deformities or reduced mobility of spine?

Any abnormalities of hands or wrists?

8. **Nervous System:**

Any tremours of tongue or hands?

Romberg test

Gait & Posture

Any reflexes and planter responses equal and normal?

Any alterations in sensation, position sense and coordination?

Any psychological changes?

9. **Genitalia**

Absent or undescended testicle, hydrocele, varicocele inguinal or femoral hernia?

FIT TO BOX: _____

UNFIR TO BOX: _____

Date of examination: _____

Signature and stamp of Examining Physician _____

Print Name: _____

Phone number of examining Physician: _____

Signature of State Honorary Secretary: _____