



Certificate of Fitness

Name: _____ Date of Birth: _____

Address: _____

_____ Post Code: _____

Club: _____ Trainer: _____

Phone: _____

Gender: Male Female

History/Previous illnesses, injuries, operations, unconsciousness, convulsive seizures, accidents:-

<i>Date</i>									
Years of Boxing career									
Number of bouts									
Number of KO's									
Number of RSCHs									
Number of RSC									

Weight: _____ KG

Height: _____ cm

Pulse: _____/min

Blood Pressure: _____ mmhg

1. **Head and Face:** Any signs of trauma, scars and condition of skin around eyes.
 Condition of skin _____

Eyes:

Pupils Right: _____

Left: _____

Fundi Right: _____

Left: _____



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

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: _____

UNFIT TO BOX: _____

Date of examination: _____



Signature and stamp of Examining Physician _____

Print Name: _____

Phone number of examining Physician: _____

Signature of State Honorary Secretary: _____

**COMPLETED CERTIFICATE OF FITNESS FORM MUST
BE PRESENTED AT EVERY MASTERS EVENT YOU
ATTEND AS A COMPETITOR**

**ALL BOXERS OVER 55 YEARS OF AGE MUST ALSO
HAVE AN ECG REPORT (WITHIN 3 MONTHS OF
COMPETITION).**