



FAUSTKÄMPFERVERBAND - AUSTRIA



AUSTRIAN BOXING FEDERATION

BOXER'S MEDICAL EXAMINATION FORM

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

Note to Applicant:

This examination must be carried out by an specialist for sports or internal medicine.

Note to Examining Doctor:

The fee for the examination is payable by the Boxer.

QUESTIONS TO BE ASKED BY AN EXAMINING DOCTOR

Full Private Name:
(BLOCK LETTERS)

Professional Boxing Name (if other than above):
(BLOCK LETTERS)

Address:
(BLOCK LETTERS)

.....

Marital Status:

Occupation (other than Boxer)

Manager or Proposed Manager

Have you held a license 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, gall bladder or liver disease, appendicitis, hernia.....
 - Bowel disorders, i.e. colitis, Crohn's Disease, hemorrhoids, etc.....
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 diseasesAllergies.....
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 (if 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

N. B. If a boxer has not previously had a skull X-ray and/or a CT Scan in conjunction with this application for a Professional License – Please arrange at his expense and forward the report with this form.

If he has had a skull X-ray and/or a CT Scan, indicate date

Examination

Height.....Weight.....Date of birth

Describe build, etc. If overweight is excess evenly distributed

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 notesAir entry Breath SoundsAdded Sounds.....

Abdomen

Any scars, tenderness or masses – if so, describe

Are liver, spleen and kidney palpable

Hernia orificesGenitalia 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

HIV Test Date and result

Hepatitis B vaccinationDate and result.....

Every boxer is required to produce a certificate confirming Hepatitis B vaccination at time of application. All current license holders must produce Hepatitis B screen result as part of next annual medical.

Ears

Drum Hearing Any otitis

I am satisfied as to the correct identity of the examinee who has produced for me his Boxer’s license or passport, or alternatively, i confirm his likeness by signing the attached photograph

Date of examination Signature of stamp of examining doctor

COMMENTS: Fit to box Yes No

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)

I am satisfied as to the correct identity of the examinee who has produced for me his Boxer’s license or passport, or alternatively, i confirm his likeness by signing the attached photograph

Date of examination Signature of stamp of Optician/Consultant