



**Amateur Boxing Alliance (England) CIC**  
**Boxer's Initial Medical Examination – ME1**

Name ..... Date of Birth .....

Address.....

.....

Boxer's Signature ..... Parent's Signature (Minors) .....

Club.....Association.....

Previous Boxing Record    W    L            Other Combat Sports.....

**A. Medical History**

Current or previous illnesses, injuries, operations, loss of consciousness or seizures:

Medications

Allergies

**B. Initial Medical Examination**

Weight kg	Height cm	Pulse bpm	Blood Pressure mmHg	/
--------------	--------------	--------------	------------------------	---

**1. Head / Face**

**Scars**    on head and / or face

**Nose / Throat**

**Eyes**

	Right	Left
Pupils		
Fundi		
Cornea		
Acuity	6/	6/

**Ears**

Tympanic membrane		
Hearing		

**2. Neck**

Full, pain-free movement of the cervical spine?

Lymph glands and thyroids

**3. Chest**

Any structural deformity?

**Heart**

Rhythm

Sound +/- murmurs

Size

**Lungs**

**4. Abdomen**

Any Scars, masses, organomegaly or tenderness?

**5. Locomotor System**

Any deformity or tenderness of spine, upper or lower limbs (including hands & wrists)?

Any joint hyper or reduced mobility?

Any abnormality in muscular development or atrophy?

**6. Nervous System**

Gait & Posture

Sensation & Co-ordination

Balance / Romberg's test

Any sign of tremor

Reflexes

Mental state

**C. Investigations - Urine dipstick result**

Glucose – normal/abnormal

Protein – normal/abnormal

**D. Fitness to Box – please circle as appropriate**

FIT TO BOX

UNFIT TO BOX

Doctor's Name (please PRINT)

Doctor's signature

.....

.....

GMC No: .....

Date of examination:.....