

Confidential

Registration No.

INSTRUCTIONS TO DOCTOR

1. The following conditions are among those rendering a man unfit to box:

- Epilepsy
- Diabetes
- Retinal Detachment
- History of Serious Head Trauma
- Acute Infections
- Haemorrhagic Diseases
- Valvular / Sepal Defect of Heart
- Hypertension
- Hepato / Splenomegally
- Abscence of Kidney
- V.A. : Eyes must be tested without Contact Lenses or Glasses by Snelling Method.
Visual Acuity must be at 6/18 in better and 6/36 in other.

2. If you have any problems please ring 01 453 3371 or fax 01 454 0777

NOTICE TO BOXER

1. Take this form with you when going to doctor.

2. Also bring with you a stamped envelope addressed to the:

Medical Registrar of your Province

IRISH AMATEUR BOXING ASSOCIATION MEDICAL EXAMINATION - MALE

Surname: _____ Forename: _____

Club: _____ County: _____ Date of Birth: _____

FH/PMH: _____

Height / Weight: _____

CVS Pulse: _____ B/P: _____ Murmers: _____

Other: _____

R.S. Chest Deformity: _____ Lungs: _____

L.S. Any Joint Deformities: _____

Any History of Fractures: _____

ABDOMEN Hernia (Y/N): _____ Scars: _____

Testes R: _____ L: _____

Central Nervous System: _____

Eyes V/A L: _____ R: _____ Fundi: _____

Ears: _____ Hearing: _____

Urine Glucose: _____ Protein: _____ Haem: _____

Signed: _____ (Medical Officer) Date: _____

Doctors Stamp (Mandatory):

Based on Medical Examination conducted on: _____ By: _____

a record card may / may not be issued.

Registration No: _____ **Signed:** _____