

Confidential

Registration No.

INSTRUCTIONS TO DOCTOR

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

- Epilepsy
- Diabetes
- Retinal Detachment
- History of Serious Head Trauma
- Acute Infections
- Haemorrhagic Diseases
- Valvular / Sepal Defect of Heart
- Hypertension
- Hepato / Splenomegally
- Absence 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

3. Breast Protector must be worn.

IRISH AMATEUR BOXING ASSOCIATION MEDICAL EXAMINATION - FEMALE

Surname: _____ Forename: _____

Club: _____ County: _____ Date of Birth: _____

FH/PMH: _____

Past Obst or Gynae History: _____

Height: _____ Weight: _____ Urine-Glucose: _____ Protein: _____ Haem: _____

CVS Pulse: _____ B/P: _____ Murmurs: _____

R.S. Chest Deformity: _____ Lungs: _____

L.S. Any Joint, Spinal or Limb Deformities: _____

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

Central Nervous System:

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

Ears: _____ Hearing: _____

Gus: _____ Pregnant: (Y/N) _____

Any Breast problems (examine only if appropriate): _____

Signed: _____ (Medical Officer) Date: _____

Doctors Stamp (Manatory):

Based on Medical Examination conducted on: _____ By: _____

a record card may / may not be issued.

Registration No: _____ **Signed:** _____