

APPENDIX 5: MEDICAL CERTIFICATE TEMPLATE

Athlete

NAME:			
DATE OF BIRTH:			
SIGNATURE:		DATE:	

Doctor

NAME:			
TITLE/POSITION:			
ADDRESS:			
SIGNATURE:		DATE:	
STAMP:			
COMMENTS:			

Fit to Box	<input type="checkbox"/>
Not Fit to Box	<input type="checkbox"/>



QUESTION FOR ATHLETE: IF YES, EXPLAIN
1. Is a Doctor currently treating you for anything?
2. Have you ever been unconscious or had a concussion?
3. Have you been hit hard in the head in the last 6 weeks?
4. Have you had any headache in the last 2 weeks?
5. Do you have any problem with bleeding?
6. Do you have a history of hepatitis B or hepatitis C or HIV infection?
7. Does any disease run in your family? Sudden unexpected deaths?
8. Have you had any surgery?
9. Have you ever had to stay in a hospital?
10 Do you have any medical condition?





MEDICAL CERTIFICATE		ABNORMALITIES		
If Athlete had a Concussion in the past year, please certify that:	Medical Examination following rest period after Concussion was normal Athlete Fit To Box	Normal	Abnormal	
General Medical Exam	List abnormalities not covered in specific system exams below:			
Mental Status/ Psychological	Brief survey	Normal	Abnormal	
Head	Cranial nerves, eyes, pupil size and reactivity, Fundi, vision by chart (record)	Normal	Abnormal	
	Mouth, teeth, throat	Normal	Abnormal	
	Ears	Normal	Abnormal	
	Temporomandibular joint	Normal	Abnormal	
Neck	Cervical spine, lymph nodes	Normal	Abnormal	
Chest	Breath sounds, rib tenderness on compression	Normal	Abnormal	
Cardiovascular System	Pulse/blood pressure (record)	Normal	Abnormal	
	Heart examination: sounds, murmurs, heaves, size, rhythm	Normal	Abnormal	
Orthopaedic System	Upper limb: shoulder, wrist, hand, fingers	Normal	Abnormal	
	Lower limb: foot, ankle, knee, hip	Normal	Abnormal	
Neurological System	Reflexes	Normal	Abnormal	
	Verbal Responses	Normal	Abnormal	
	Motor responses and balance	Normal	Abnormal	
Allergies	(record)	Yes	No	
	Type of reaction (record)			
Medications used	Name and dosage (record)	Yes	No	

Any TUE Submitted?

☐ No

☐ Yes (If yes, please explain)

APPENDIX 6: ANTI-DOPING CONSENT FORM

CONSENT FORM

As a member of [National Federation] and/or a participant in an event authorised or recognised by [National Federation or International Federation], I hereby declare as follows:

I acknowledge that I am bound by, and confirm that I shall comply with, all of the provisions of IBA Anti-Doping Rules (as amended from time to time) and the *International Standards* issued by the World Anti-Doping Agency and published on its website.

I acknowledge the authority of IBA [and its member National Federations and/or National Anti-Doping Organisations] under the IBA Anti-Doping Rules to enforce, to manage results under, and to impose sanctions in accordance with, the IBA Anti-Doping Rules.

I also acknowledge and agree that any dispute arising out of a decision made pursuant to the IBA Anti-Doping Rules, after exhaustion of the process expressly provided for in the IBA Anti-Doping Rules, may be appealed exclusively as provided in Article 13 of the IBA Anti-Doping Rules to an appellate body for final and binding arbitration, which in the case of International-Level Athletes is the Court of Arbitration for Sport (CAS).

I acknowledge and agree that the decisions of the arbitral appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.

I have read and understand the present declaration.

Date

Print Name (Last Name, First Name)

Date of Birth (Day/Month/Year)

Signature (If minor, signature legal guardian)



APPENDIX 7: DECLARATION OF FIT TO BOX FORM

Last Name:	First Name:	Country:
DoB:	Age:	Mobile no:

ANSWER ALL QUESTIONS

Have you ever been admitted to Hospital?	Yes	No
Have you had medical treatment for anything in the last 3 months?	Yes	No

Have you suffered from any of the following?

Any eye disorders or operations (including laser eye surgery)?	Yes	No
Any broken bones or cuts needing treatment in the previous 6 months?	Yes	No
Epilepsy or any other type of fit, faint, convulsion or black-out?	Yes	No

How are you today?

Are you taking any medication now?	Yes	No
Do you presently have a cough, cold or runny nose?	Yes	No
Have you been unwell in the last month?	Yes	No
When did you last box?		
Were you injured at that time?	Yes	No
After your last bout, were you medically suspended for any reason?	Yes	No
Do you understand the sport-specific medical risks of boxing?	No	Yes
Do you wish to box today?		Yes
	No	
WOMEN ONLY – can you confirm you are not pregnant?	No	Yes

Boxer's Signature:	Dated:
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DOCTOR'S EXAMINATION NOTES	General:
Hands:	
ENT (incl. gum shield fit etc):	Eyes:
CONFIRMED FIT TO BOX: YES / NO	Date/Time of Medical
Doctor's Signature:	Name:
Country:	IBA certified date:

Keep this form ringside for making contemporaneous notes of pre-, intra- and post-bout medical aspects, to be transposed as and when appropriate.

Space for making contemporaneous ringside notes during the bout and of the post-bout examination findings can be found below:



In-Bout Notes:		
Signed:	Dated:	Name:
Post Bout Medical Notes:		
Signed:	Dated:	Name:





APPENDIX 8: DECLARATION OF NON-PREGNANCY

1. Declaration of Non-Pregnancy for Women Boxers aged eighteen (18) and older

Date: _____

Place: _____

National Federation: _____

Passport details of the Boxer: _____

Passport issued by: _____

Date of birth of the Boxer: _____

I, _____, (insert name of the Boxer) declare that I am not pregnant.

I understand the seriousness of this statement and accept full responsibility for it. In the case that this declaration is subsequently shown to be inaccurate or untrue and I suffer any related injury or damage during the Competition, I on behalf of myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against IBA (including its officials and employees), the organisers of the Competition (including the Local Organising Committee and/or the Host Federation) and the Competition Venue owners for such injury or damage.

Signature of the Boxer _____





2. Declaration of Non-Pregnancy for Girls Boxers aged Under eighteen (18)

Date: _____

Place: _____

National Federation: _____

Passport details of the Boxer: _____

Passport Issued by: _____

Date of birth of the Boxer: _____

Passport details of the parent/legal guardian: _____

Passport issued by: _____

I, _____, one of the parent / legal guardian of,
(insert name of the Boxer) declare, on her behalf, that she is not pregnant.

I understand the seriousness of this statement and accept full responsibility for it. In the case that this declaration is subsequently shown to be inaccurate or untrue and,

(insert name of the Boxer) suffers any related injury or damage during the Competition, I on behalf of _____

(insert name of the Boxer),

her heirs, executors and administrators, waive and release any and all claims for damages she may have against IBA (including its officials and employees), the organisers of the Competition (including the Local Organising Committee and the Host Federation) and the Competition Venue owners for such injury or damage.

Signature of the Parent / Legal Guardian: _____

Acknowledged by

Signature of the Boxer _____

