

**APPENDIX 5: MEDICAL CERTIFICATE TEMPLATE****Athlete****NAME:** _____**DATE OF BIRTH:** _____**SIGNATURE:** _____ **DATE:** _____**Doctor****NAME:** _____**TITLE/POSITION:** _____**ADDRESS:** _____**SIGNATURE:** _____ **DATE:** _____**STAMP:** _____**COMMENTS:** _____Fit to Box Not Fit to Box 

**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?
 No
 WOMEN ONLY – can you confirm you are not pregnant? No Yes

| | |
|--------------------|--------|
| Boxer's Signature: | Dated: |
|--------------------|--------|

| | |
|---------------------------------------|----------------------|
| 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 _____

