



Thane District Boxing Association

Athlete Details	
Complete Name : _____ (First Name) (Mothers Name) (Fathers Name) (Surname)	
Residential Address : _____	
Date Of Birth _____ Registration Number by Office _____	

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 Examination	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	
Cardio Vascular System	Pulse / Blood pressure (record)	Normal	Abnormal	
	Heart examination, sound, murmurs, heaves, size, rhythm	Normal	Abnormal	
Orthopedic 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 (record)	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)

Athlete: _____

Fit To Box

NOT Fit to Box

Medical Doctor	
Name :	
Title / Position :	
Address :	
Signature	Date :
Comments : _____	



Questions for Athlete ; If Yes , Explain in brief.

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 ever had any surgery?

9. Have you ever had to stay in a hospital?

10. Have you have any medical condition?
