Victorian Amateur Boxing League

Certificate of Fitness

Name:		Date of Birth:								
Address:										_
							Code:			_
Club:					Train	er:				_
Phone:										
Gender:	Male	Female								
History/Pre	vious illnes	ses, injuries	, ope	rations	s, unconsci	ousness, co	nvulsive seiz	ures, ac	cidents:-	
			-							
Date										\neg
Years of Boxing career										
Number of bouts Number of KO's										\dashv
Number of RSCHs										
Number of RSC										
Weight:	KG	Height:	cm	ı	Pulse:	/min	Blood Pres	ssure:	mmhg	
1. Hea	d and Face						lition of skin			
		Condition	of sk	in						
										_
Eyes:		Pı	upils							_
		Fu	undi	Right:	·					_
				Left:						

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State of Cornea:		
Visual acuity (without	-	•
	Right:	
	Left:	
Hearing:		
Conditions of tympan		
	Right:	
	Left:	
Hearing		
	Left:	
Throat		
Throat:		
Tooth:		
Mouth Cuards		
Dontal Condition 9 11		
Dental Condition & H	ygiene:	
Neck:		
Are movements of ce	ruical China	
Any other abnormalit		
Any other abnormant	ies	
Neck:		
Are movements of ce	•	
Full and pain free	•	
Any other aphormalit	ies	
Chest:		
Any deformities/abno	rmalities	
Lungs:		
Heart: Heart Sounds		
3120.		
Abdomen:		
Any masses, scars, ter	nderness, enlargem	ent of liver or spleen
Kidney:		
Kidney: Urine Test		
Urine Test		
-	unner or lower limb	15

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	Hypermobility or decreased movement of joints
	Any deformities or reduced mobility of spine?
	Any abnormalities of hands or writs?
8.	Nervous System: Any tremours of tongue or hands?
	Romberg test
	Gait & Posture
	Any reflexes and planter responses equal and normal?
	Any alterations in sensation, position sense and coordination?
	Any psychological changes?
9.	Genitalia Absent or undescended testicle, hydrocele, varicocele inguinal or femoral hernia?
	FIT TO BOX:
	UNFIR TO BOX:
	Date of examination:
	Signature and stamp of Examining Physician
	Print Name:
	Phone number of examining Physician:
	Signature of State Honorary Secretary: