



# New York State Athletic Commission

New York State  
Department of State  
State Athletic Commission  
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## **PROFESSIONAL BOXER ACKNOWLEDGEMENT – NSAIDS POLICY**

*Pursuant to a recommendation by the NYS Athletic Commission (NYSAC) Medical Advisory Board (MAB) on March 11, 2015, NYSAC Chief Medical Officer, Dr. Barry Jordan, issued the following notice. Please read the entire notice. Please contact the NYSAC with any questions you may have (212-417-5700, x3).*

### **Nonsteroidal Anti-Inflammatories (NSAIDS)**

#### **THE FOLLOWING MEDICATIONS (DRUGS) SHOULD NOT BE TAKEN WITHIN ONE (1) WEEK OF A BOXING MATCH BECAUSE OF A POTENTIAL INCREASED RISK OF BLEEDING**

**Caution should also be exercised regarding the use of these  
medications while participating in sparring.**

ARTHROTEC  
ASPIRIN (Ecotrin, Empirin, Halfprin, Bayer, Anacin, Zorprin, Excedrin, Bufferin)  
CELECOXIB (Celebrex)  
CHOLINE MAGNESIUM TRISALICYLATE (Trilisate)  
DICLOFENAC (Voltaren, Voltaren XR, Cataflam, Flector, Voltaren Rapide)  
DIFLUNISAL (Dolobid)  
ETODOLAC (Ultradol)  
FENOPROFEN (Nalfon)  
FLURBIPROFEN (Ansaid, Froben, Froben SR)  
IBUPROFEN (Motrin, Advil, Nuprin, Rufen, Neoprofen)  
INDOMETHACIN (Indocin, Indocin SR, Indocin IV, Indocid)  
KETOPROFEN (Orudis, Orudis KT, Actron, Oruvail, Orudis SR)  
KETORALAC (Toradol)  
MECLOFENAMATE  
MEFENAMIC ACID (Ponstel, Ponstan)  
MELOXICAM (Mobic, Mobicox)  
NABUMETONE (Relafen)  
NAPROXEN (Naprosyn, Aleve, Anaprox, EC-Naprosyn, Naprelan)  
OXAPROZIN (Daypro)  
PIROXICAM (Feldene, Fexicam)  
SALSALATE (Salfflex, Disalcid, Amigesic)  
SULINDAC (Clinoril)  
TIAPROFENIC ACID (Surgam, Surgam SR)  
TOLMETIN (Tolectin)

#### **PROFESSIONAL BOXER ACKNOWLEDGEMENT:**

By my signature below, I acknowledge that I have read and understand the above notice. I further understand that use of NSAIDs will be a subject of examination and consideration by the NYSAC and its designated ringside physician(s) in determining my medical fitness to compete as a professional boxer in New York State, and that I have a duty to honestly disclose any use of NSAIDs to the examining physician.

Boxer Name (Printed): \_\_\_\_\_

Boxer Signature: \_\_\_\_\_ Date: \_\_\_\_\_