

SECTION 1 CONTINUED — TO BE COMPLETED BY BOXER

- 32. Have you ever had epilepsy (convulsions or fits)? YES NO
 - 33. Have you ever suffered a sudden loss of vision? YES NO
 - 34. Do you suffer from blurred, defective or double vision? YES NO
 - 35. Have you ever suffered from a ringing or buzzing noise in your ears? YES NO
 - 36. Have you ever suffered from decreased hearing? YES NO
 - 37. Do you have a well fitted mouthpiece? YES NO
 - 38. Do you have any allergies? YES* NO
- *If YES, explain:* _____
- 39. Do you suffer from shortness of breath or irregular beating of the heart? YES NO
 - 40. Do you smoke? YES NO
 - 41. Do you suffer pain or pressure (heaviness) in the chest? YES NO
 - 42. Have you ever been told that you have heart disease? YES NO
 - 43. Have you ever coughed up blood or been told that you have lung disease? YES NO
 - 44. Do you have a cough or wheezing? YES NO
 - 45. Have you ever been told that you have an ulcer or any other abdominal disease? YES NO
 - 46. Have you ever suffered from any bone-joint disease? YES NO
 - 47. Have you ever suffered from any back, neck, shoulder, arm or leg injuries? YES NO
 - 48. Do you have any difficulties with bowel movements or urination? YES NO
 - 49. Have you ever been treated for venereal disease (e.g., syphilis, gonorrhea)? YES NO
 - 50. Have you ever had any major illness or surgical operation? YES NO
 - 51. Have you ever been hospitalized? YES NO
 - 52. Have you seen a doctor, dentist or any health professional in the past year? YES NO
 - 53. Do you or any member of your family have sickle cell anemia? YES NO
 - 54. Has any member of your family had any neurological or brain disorders? YES NO
 - 55. Have you any other information concerning your health — *past and present* —
 - 56. which has not been covered by the above questions? YES NO

Comments, if any:

Applicant Certification — I hereby certify that the above statements are true and correct to the best of my knowledge and belief. I further understand that all statements and information supplied by me are made under the penalty of perjury and, if untrue and not informative, will lead to penalty and/or suspension.

X

Applicant Signature

Date

X

Physician's Signature

Date

Reviewed by (Physician)

Date

SECTION 2 — PHYSICAL EXAMINATION — TO BE COMPLETED BY EXAMINING PHYSICIAN

1. VITAL SIGNS

A) BLOOD PRESSURE

B) PULSE (AT REST)

C) PULSE (AFTER 20 HOPS)

D) PULSE (2 MINUTES AFTER EXERCISE)

COMMENT

2. HEAD AND FACE (Describe scars, swelling, tenderness, etc.)

NORMAL

ABNORMAL

NOT EXAMINED

3. EYES

A) RETINA

NORMAL

ABNORMAL

NOT EXAMINED

B) CORNEA AND CONJUNCTIVA

NORMAL

ABNORMAL

NOT EXAMINED

C) VISUAL ACUITY (SNELLEN CHART)

UNCORRECTED:

RIGHT

LEFT

CORRECTED:

RIGHT

LEFT

4. EARS (Including tympanic membrane, external auditory canals, auditory acuity for conversational voice)

NORMAL

ABNORMAL

NOT EXAMINED

5. NOSE

NORMAL

ABNORMAL

NOT EXAMINED

6. OROPHARYNX

NORMAL

ABNORMAL

NOT EXAMINED

7. NECK

NORMAL

ABNORMAL

NOT EXAMINED

8. LUNGS

NORMAL

ABNORMAL

NOT EXAMINED

9. THORAX/CHEST

NORMAL

ABNORMAL

NOT EXAMINED

10. HEART

NORMAL

ABNORMAL

NOT EXAMINED

11. ABDOMEN and INGUINAL AREA

NORMAL

ABNORMAL

NOT EXAMINED

SECTION 2 CONTINUED — TO BE COMPLETED BY EXAMINING PHYSICIAN

12. **BACK and SPINE** NORMAL ABNORMAL NOT EXAMINED

13. **EXTREMITIES/MUSCULOSKELETAL SYSTEM** NORMAL ABNORMAL NOT EXAMINED

14. **SKIN** NORMAL ABNORMAL NOT EXAMINED

15. **LYMPHATIC SYSTEM** NORMAL ABNORMAL NOT EXAMINED

16. NERVOUS SYSTEM — CRANIAL NERVES

- A) VISUAL FIELD NORMAL ABNORMAL NOT EXAMINED
 - B) PUPILLARY REACTION (also, NOTE ANY PTOSIS) NORMAL ABNORMAL NOT EXAMINED
 - C) EXTRAOCULAR MOVEMENTS (also NOTE NYSTAGMUS) NORMAL ABNORMAL NOT EXAMINED
 - D) FACIAL SYMMETRY NORMAL ABNORMAL NOT EXAMINED
 - E) GAG REFLEX and TONGUE NORMAL ABNORMAL NOT EXAMINED
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-
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17. **MOTOR FUNCTION** NORMAL ABNORMAL NOT EXAMINED

18. **COORDINATION (Finger to Nose, Heel to Knee — rapid successive movements)** NORMAL ABNORMAL NOT EXAMINED

19. **GAIT/ROMBERG** NORMAL ABNORMAL NOT EXAMINED

20. **REFLEXES** NORMAL ABNORMAL NOT EXAMINED

SECTION 2 CONTINUED — TO BE COMPLETED BY EXAMINING PHYSICIAN

21. MENTAL STATUS

A. ORIENTATION (1 POINT EACH)

MONTH 0 1
 DATE 0 1
 DAY OF WEEK 0 1
 YEAR 0 1
 TIME (WITHIN ONE HOUR) 0 1

 / 5
SCORE

B. IMMEDIATE MEMORY (1 POINT FOR EACH CORRECT; TOTAL OVER 3 TRIALS)

<u>LIST</u>	<u>TRIAL 1</u>	<u>TRIAL 2</u>	<u>TRIAL 3</u>	
CHAIR				

BLUE				

ORANGE				

PENCIL				

BEACH				

TOTAL				

 / 15
SCORE

C. CONCENTRATION

REVERSE DIGITS (GO TO NEXT STRING LENGTH IF CORRECT ON FIRST TRIAL. STOP IF INCORRECT ON BOTH TRIALS. 1 POINT FOR EACH STRING LENGTH)

6 9 7	4 2 3	0 1
3 8 5 9	6 8 4 3	0 1
5 4 2 8 6	1 5 8 6 4	0 1
2 7 5 3 9 4	7 3 6 1 9 8	0 1

MONTHS IN REVERSE ORDER (1 POINT FOR ENTIRE SEQUENCE CORRECT)

DEC - NOV - OCT - SEP - AUG - JUL
 JUN - MAY - APR - MAR - FEB - JAN 0 1

 / 5
SCORE

D. DELAYED RECALL (1 POINT EACH)

CHAIR 0 1
 BLUE 0 1
 ORANGE 0 1
 PENCIL 0 1
 BEACH 0 1

 / 5
SCORE

/ 30

TOTAL POINT SCORE

If boxer applicant scores **less than 18 points** on the mental status examination, further neurological work-up is indicated *unless* the score can be explained on the basis of education and/or a language barrier (*please note explanation on page 6 of 6*)

SECTION 2 CONTINUED — TO BE COMPLETED BY EXAMINING PHYSICIAN

21. MENTAL STATUS, continued . . .

Explanation of score less than 18 points:

DIAGNOSTIC EVALUATION

	Brain Scan	Electrocardiogram	Eye Exam	HIV	HBSAG	HCAB
DATE						
RESULTS						

Physician’s Certification — I hereby certify that I have examined (*print full legal and ring name of applicant*)

_____ on this day, (*insert date*) _____, and have found that:

_____ **There are no abnormalities** on this applicant’s physical examination that contraindicate participation in boxing.

_____ **There are abnormalities** on this applicant’s physical examination that contraindicate participation in boxing (*specify*):

Name of Physician (*PRINT*): _____

Signature of Physician: **X** _____

Office Address: _____

Office Telephone Number: _____