

Confidential

Please complete all parts of this Proforma.
Please do not use a ✓

**ULSTER PROVINCIAL COUNCIL
IRISH AMATEUR BOXING ASSOCIATION
MEDICAL EXAMINATION FOR MEN**

Surname _____ Forename _____
Club _____ County _____ Date of Birth _____
FH/PMH (see overleaf) _____
Height _____ Weight _____
CVS Pulse _____ BP _____ Murmurs _____
R.S. Chest Deformity _____ Lungs _____
L.S. Any impairment of function of limbs _____

ABDOMEN Hernia (Y/N) _____ Findings _____
Testes R _____ L _____
Eyes V/A: L _____ R _____ Fundi _____
Ears _____ Hearing _____

CENTRAL NERVOUS SYSTEM _____
URINE: Glucose _____ Protein _____ Haem _____
Signed _____ (Medical Officer) Date: _____
Doctor's Stamp _____ Tel No: _____

Based on the medical examination above a record card may / may not be issued.
Date: _____

Signed: _____
IABA Medical Commission

INSTRUCTIONS TO DOCTOR

1. The following conditions are among those rendering a man unfit to box:

- **Epilepsy**
- **Diabetes**
- **Retinal Detachment**
- **History of serious head trauma**
- **Acute infections**
- **Haemorrhagic diseases**
- **Valvular/Sepal defect of heart**
- **Hypertension**
- **Hepato/Splenomegally**
- **Absence of kidney or testicle**
- **Deafness**
- **V.A: Eyes must be tested without contact lenses or glasses by Snelling method.**
Visual acuity must be at least 6/12 in better eye and 6/24 in other.

2. If you have any problems please ring 07706512571

NOTICE TO BOXER

- 1. Take this form with you when going to doctor.**
- 2. Also bring with you a stamped envelope addressed to the
Medical Registrar of your Province**

