

Please complete all parts of this proforma.
Please do not use a √

**ULSTER PROVINCIAL BOXING COUNCIL
IRISH AMATEUR BOXING ASSOCIATION
(MEDICAL EXAMINATION) FOR WOMEN**

Surname _____ Forename _____

Club _____ County _____ Date of Birth _____

FH/PMH (see overleaf) _____

Past Obst or Gynae History: _____

Height _____ Weight _____ Urine: Glucose: _____ Protein: _____ Haem _____

CVS Pulse _____ BP _____ Murmurs _____

R.S. Chest Deformity _____ Lungs _____

L.S. Joint, Spinal or Limb Deformities _____

ABDOMEN Hernia (Y/N) _____ Findings _____

Central Nervous System _____

Eyes V/A: L _____ R _____ Fundi _____

Ears _____ Hearing _____

GUS _____ Pregnant: (Y/N) _____

Any Breast problems (examine only if appropriate): _____

Signed _____ (**Medical Officer**) **Date:** _____

Doctor's Stamp (Essential)

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 woman 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**
 - **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