

## EXAMINATION

GENERAL APPEARANCE: \_\_\_\_\_

HT. \_\_\_\_\_ WT. \_\_\_\_\_ TEMP. \_\_\_\_\_ AGE \_\_\_\_\_ PULSE (AT REST) \_\_\_\_\_ BP (AT REST) \_\_\_\_\_

DISABLING SCARS: \_\_\_\_\_

EYES: VISION WITHOUT GLASSES    RIGHT \_\_\_\_\_ / \_\_\_\_\_    LEFT \_\_\_\_\_ / \_\_\_\_\_

PUPILS EQUAL	YES ___ NO ___	REACT TO LIGHT	YES ___ NO ___
EARS - AUDITORY CANALS CLEAR	YES ___ NO ___	TYMPANIC MEMBRANES NORMAL	YES ___ NO ___
MOUTH _____	TEETH _____	TONSILS _____	NECK _____
ENLARGED GLANDS	YES ___ NO ___	GOITER _____	YES ___ NO ___
HEART: PULSE RHYTHM	REGULAR _____	IRREGULAR _____	
APICAL IMPULSE	HEAVING _____	NORMAL _____	
ENLARGEMENT	YES ___ NO ___	MURMURS	YES ___ NO ___
LUNGS CLEAR	YES ___ NO ___	RALES	YES ___ NO ___
ABDOMEN: ENLARGEMENT OF LIVER		YES _____ NO _____	
ENLARGEMENT OF SPLEEN		YES _____ NO _____	
HERNIA _____	FEMORAL _____	INGUINAL _____	VENTRAL _____
GENTALIA: DISCHARGE	YES ___ NO ___		
HANDS: RECENT INJURY	YES ___ NO ___	FRACTURES:	YES ___ NO ___
HANDS: SWELLING	YES ___ NO ___	UNHEALED WOUNDS	YES ___ NO ___
REFLEXES: PUPILS _____	KNEE JERKS: _____	ROMBERG: _____	BABINSKI _____
SKIN: RASH _____	BOILS: _____	ANY OTHER: _____	
REMARKS: _____			

I HAVE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 19\_\_\_\_, EXAMINED THE ABOVE NAMED APPLICANT FINDING HIM/HER SATISFACTORY/UNSATISFACTORY PHYSICAL CONDITION TO BE CERTIFIED AS AN AMATEUR BOXER.

I certify under penalty of perjury that the foregoing history is true and correct; further, I realize that any misstatement in said history will result in revocation or rejection of USA/BOXING passbook.

*NOTE:* It is the responsibility of the boxer to inform his/her coach and the ringside doctor (pre-bout physical) of any physical condition(s) or problems which could affect the performance or well-being of the boxer or his/her opponents.

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY AND STATE

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN (IF UNDER 18 YEARS OF AGE)