



Pre-bout Medical Questionnaire for Male Boxers

Date: _____ Site: _____

Questions for Coach:

Name: _____
(Please Print)

Have you noticed any changes in your boxer regarding the following?

- | | | |
|--------------------------------|---------|--------|
| 1. Attention or concentration: | Yes [] | No [] |
| 2. Memory | Yes [] | No [] |
| 3. Speech | Yes [] | No [] |
| 4. Behavior | Yes [] | No [] |
| 5. Sparring (quickness) | Yes [] | No [] |

Coach Signature: _____

Questions for Boxer:

Name: _____
(Please Print)

Have you had any of the following symptoms lately?

- | | | |
|--|---------|--------|
| 1. Headaches | Yes [] | No [] |
| 2. Dizziness | Yes [] | No [] |
| 3. Nausea or vomiting | Yes [] | No [] |
| 4. Double or blurred vision | Yes [] | No [] |
| 5. Have you taken any medication within the last 90 days
If yes what kind _____ | Yes [] | No [] |

- | | | |
|---|---------|--------|
| 6. Do you have any body piercing | Yes [] | No [] |
| 7. In the last 12 months, have you had close contact with any person who has Hepatitis or HIV | Yes [] | No [] |
| 8. If you think you may be infected with Hepatitis or HIV you should not box | | |

If you do not understand any questions please inform the Medical Doctor

Boxer Signature: _____

Medical Doctor - Name: _____ **License #** _____
(Please Print)

Medical Doctor - Signature: _____