



# Annual Physical Examination Master's Division Boxer

Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

## **Personal Medical History**

Past and recent illness: \_\_\_\_\_

Surgical Procedures: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Family History: \_\_\_\_\_

Age: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Blood Pressure: \_\_\_\_\_ (Supine not to exceed 145/90)

Ears and Hearing: RT: \_\_\_\_\_ LT: \_\_\_\_\_

Chest: \_\_\_\_\_ Heart: \_\_\_\_\_ Abdomen: \_\_\_\_\_

Hernia: \_\_\_\_\_ Back/Extremities: \_\_\_\_\_

Neurology: Cranial Nerves: \_\_\_\_\_ DTRs: \_\_\_\_\_

Romberg: \_\_\_\_\_ Babinski: \_\_\_\_\_ Sensory: \_\_\_\_\_

Body Mass Index: \_\_\_\_\_ Peak Pulmonary Flow: \_\_\_\_\_ (Not less than 300 ML)

Laboratory: CBC: \_\_\_\_\_ BUN/CR: \_\_\_\_\_ Glucose: \_\_\_\_\_

Cholesterol: \_\_\_\_\_ Urinalysis: \_\_\_\_\_

Eye Exam: RT: \_\_\_\_\_ LT: \_\_\_\_\_ (Long distance vision WITH or WITHOUT glasses)  
(Corrective lenses of less than 20/80)

Ishihara Color Test: \_\_\_\_\_ Fundoscopy: \_\_\_\_\_

Resting ECG/EKG (all): \_\_\_\_\_ Exercise ECG/EKG (Over age 45): \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's PRINTED name

\_\_\_\_\_  
Address

[This form for the physician to keep](#)



# Review of Physical Exam Results Master's Division Boxer

Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Member ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Physician \_\_\_\_\_

Address: \_\_\_\_\_

License #: \_\_\_\_\_

Physician's signature: \_\_\_\_\_

### Results of the exam:

\_\_\_\_\_ FIT TO BOX      \_\_\_\_\_ NOT FIT TO BOX

per USA Boxing criteria, including:

1. No history of uncontrolled diabetes, high blood pressure, or chest pain
2. No recent or history of chronic headaches
3. Blood pressure that is less than 145/90

**If member/patient is age 45 or older, he/she must have a graded exercise EKG every 5 years.**

If graded exercise EKG was given, results are:      \_\_\_\_\_ **PASSED**      \_\_\_\_\_ **FAILED**

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*Once completed, this form must be kept inside your USA Boxing passbook!*

# USA Boxing Registration Process

## Master Boxers

### Changes to the Passbook

- **The examining physician no longer signs the passbook.** (That page has been removed from the newest printing of passbooks.)
- The “Medical Examination Record” page that a doctor signs at an event if there is a medical restriction, was also removed. (It is redundant since a Restrictions Affidavit is issued.)
- The page that discusses concussions and second-impact syndrome was revised.
- A page was added for boxers to list any current medications.
- Physical exam requirements are listed on the back cover of the newest books.

### The Physical Exam\*\*

- Master boxers must get an annual physical exam, prior to competing.
- The ringside physician, or designee at each event, will check the book to confirm the boxer has taken and passed a yearly physical.

### The Forms\*\*

- **The new USAB “Annual Physical Examination” and new “Review of Physical Exam Results” (Review/Fit to Box) forms must be used by all masters.**
- The boxer is required to take both forms to their doctor.
- The doctor fills out and keeps the **Annual Physical Exam** form on file.
- The doctor gives the filled out **Review/Fit to Box** form to the boxer. (As noted earlier, the doctor no longer signs the passbook.) One copy of the Review/Fit to Box form must be attached to passbook and a 2<sup>nd</sup> copy is given to the LBC. (The copy stapled to back cover should be done in a manner that it can be easily be unfolded and read by the ringside physician)
- These forms are available on the USAB website for the boxer and/or the LBC Rep to download and print. It is up to the registration chair if they want to include the forms when they prepare the passbook. During their registration process, the boxer will be directed where to find the forms.

### **\*\*Important Note\*\***

*Medical forms do not list the eye exam that is required every 5 years. Masters can use whatever form their eye doctor provides. The exam can be performed by either an ophthalmologist or an optometrist.*