



**RECREATIONAL BOXER MEDICAL RECORD**

In accordance with England Boxing Rule 2.7 any recreational member over the age of 10 years old who will be participating in any form of sparring must have completed a medical and be registered on The Vault (membership system). The following form should be used by the doctor to complete your recreational boxing medical. For the avoidance of doubt those wishing to compete must complete a BCR1.

**THIS DOCUMENT IS SOLELY FOR THE USE OF THE BOXER TO WHOM IS ISSUED TO**

Name .....

Nationality .....

Date of Birth .....

Contact Number .....

Address .....

.....

.....

Post Code .....

Boxer's Signature .....

Parent's or Guardian  
Signature .....

(for minors under the age of 18)

Club Secretary Signature .....

**MEDICAL CERTIFICATE**

**A. *Boxing History***

Number of years Boxing .....

**B. *Medical History***

Current or previous illnesses, injuries, operations, loss of consciousness or seizures:

.....

.....

.....

.....





**Ears**

.....

	Right	Left
Tympanic membrane		
Hearing		

**Nose**

.....

.....

**Throat**

.....

.....

**Teeth**

Dental condition & hygiene

.....

**2. NECK**

Full, pain-free range of movement of cervical spine?

.....

Lymph glands and thyroid?

.....

**3. CHEST**

Any structural deformity?

.....

**Heart**

Rhythm

.....

Sounds +/- murmurs

.....

Size

.....



**Lungs** .....  
.....

**4. ABDOMEN**

Any scars, masses, organomegaly or tenderness?  
.....

**5. LOCOMOTOR SYSTEM**

Any deformity or tenderness of spine, upper or lower limbs (including hands & wrist)?  
.....

Any joint hyper or reduced mobility?  
.....

Any abnormality in muscular development or atrophy?  
.....

**6. NERVOUS SYSTEM**

Gait & Posture  
.....

Balance / Romberg's test  
.....

Reflexes & Plantar responses  
.....

Sensation & Co-ordination  
.....

Any sign of tremor  
.....

Mental stat  
.....

**D. Investigations**

Mandatory: Urine dipstick result (especially glucose, protein or blood)  
.....  
.....



Optional:

	Result	Date
Full Blood Count		
HIV/Hep B & C		
EBG		
EEG		
Chest X-Ray		
CT/MRI Head		

**E. Fitness to Box**

**I see no reason that the above participant, on examination, cannot take part in sparring.**

*\*Please circle as appropriate*

*FIT TO BOX*

*UNFIT TO BOX*

*Date of Examination*

.....

*Physician Name (please PRINT)*

.....

*Signature of examining physician*

.....

*GMC No / Stamp*

.....

**This document is only valid for one year from the above date.**

**In accordance with General Data Protection Regulations the data from this form will be logged on the secure medical database, no paper copies of this form will be made. The boxing club which the boxer attends agrees to securely store the medical form in accordance to the General Data Protection Regulations which came in to force on 25<sup>th</sup> May 2018.**