

Annual Physical Examination Master's Division Boxer

Name:		Date o	Date of Exam:	
Personal Medical History				
Past and recent illness:				
Surgical Procedures:				
Allergies:				
Medications:				
Family History:				
Age: Height: Weigl				
Ears and Hearing: RT:				
Chest: Heart: _				
Hernia:				
Neurology: Cranial Nerves:				
Romberg:	Babinski:		Sensory:	
Body Mass Index:	Peak Pulmonary	/ Flow:	(Not less than 300 ML)	
Laboratory: CBC:	BUN/CR:		Glucose:	
Cholesterol:		Urinalysi	s:	
Eye Exam: RT:L (Corrective lenses of less than 20/80)	Γ: (Long	distance vision	WITH or WITHOUT glasses)	
Ishiarra Color Test:	F	undoscopy:		
Resting ECG/EKG (all):	Exercise ECG/	EKG (Over age	45):	
Remarks:				

This form for the physician to keep

USA BOXING Rev. 4/2024



Review of Physical Exam Results Master's Division Boxer

Name:	Date of Exam:	
Member ID#:	Date of Birth:	
Name of Physician	Credentials	
Address:		
License #:		
Physician's signature:		
Results of the exam:	FIT TO BOXNOT FIT TO BOX	
per USA Boxing criteria, incli	ıding:	
 No recent or history Blood pressure that i 		
If graded exercise EKG was g *Valid medical signers are: ML **DC is not accepted by USA B	, DO, NP, PA	Ξ
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Once completed, this form must be kept inside your USA Boxing passbook!

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