

European Boxing Federation (EBF)

Pre-Fight Medical

Full name: _____ DoB: _____

Address: _____

Postcode: _____

Height: _____

Weight: _____ lbs/kg

Tel: _____

	YES	NO			
Have you ever suffered from heart trouble?	<input type="checkbox"/>	<input type="checkbox"/>			
Have you ever suffered from high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>			
Have you ever been troubled by pains/tightness in the chest?	<input type="checkbox"/>	<input type="checkbox"/>			
Is there a history of heart disease in your family?	<input type="checkbox"/>	<input type="checkbox"/>			
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>			
If YES, how many per day?	<input type="checkbox"/>	<input type="checkbox"/>			
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><20:</td> <td style="width: 33%; text-align: center;">20-40</td> <td style="width: 33%; text-align: center;">40></td> </tr> </table>	<20:	20-40	40>	<input type="checkbox"/>	<input type="checkbox"/>
<20:	20-40	40>			
Do you suffer from any respiratory disorder?	<input type="checkbox"/>	<input type="checkbox"/>			
Do you suffer from pain or limited movement in any joint?	<input type="checkbox"/>	<input type="checkbox"/>			
Do you have any back trouble?	<input type="checkbox"/>	<input type="checkbox"/>			
Are you recovering from any recent illness or operation?	<input type="checkbox"/>	<input type="checkbox"/>			
Are you taking drugs or medication of any kind?	<input type="checkbox"/>	<input type="checkbox"/>			
Do you suffer from epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>			
Have you any boxing experience?	<input type="checkbox"/>	<input type="checkbox"/>			
Are you involved in any exercise or sporting program?	<input type="checkbox"/>	<input type="checkbox"/>			

Are there any other reasons not included above which would prevent you from taking part in an exercise program or boxing?

Declaration:

I declare that to the best of my knowledge, the above information is correct and that I know of no reason why I should not participate in physical activity and boxing training/bouts.

Signed by boxer: _____

Signed by EBF Official: _____

Dated: _____

Waiver form signed: Yes / No

License checked: Yes / No