MEDICAL RESTRICTION NOTIFICATION

Name of Boxer:_____ Boxer's Member Number: _____

Boxer's LBC: _____ Boxer's Age: _____ Date of Injury or Incident: _____

Sanction # (if applicable): _____OR Sparring/Training Location (if applicable): _____

Type of Injury:

____Possible Concussion ____Laceration (<1 cm) ____Laceration (≥ 1 cm) ____Fracture/Dislocation

____Uncontrolled Nose Bleed Other _____

Describe what happened: _____

_____

_____

_____

This restriction is due to a: ____KO ____RSC ____RSC/I (injury) ____Other (see above)

Loss of consciousness (LOC) ____(less than 1 minute) ____(greater than 1 minute) ____No LOC

The above-named boxer is restricted from participating in sparring and competitive boxing for a minimum of:

First Occurrence of KO/RSC:
____30 days (no LOC) ____90 days (LOC < 1 min) ____180 days (LOC > 1 min) ____365 days

Second Occurrence of KO/RSC within a 90-day period of initial KO/RSC:
____90 days (no LOC) ____180 days (LOC < 1 min) ____365 days (LOC > 1 min)

Third occurrence of KO/RSC within a 365-day period (no LOC): 12-month suspension; with LOC: 18-month suspension

Restriction period starts _____ and ends _____

Ringside Physician: _____ _____
Print Name Legibly Signature

Referee or Official in Charge: _____ _____
Print Name Legibly Signature

After the restriction period ends, the boxer must have the MEDICAL RELEASE on the reverse side of this form (yellow copy) signed by his/her personal physician BEFORE he/she will be allowed to spar or box. This MEDICAL RELEASE form must be emailed to membership@usaboxing.org and to the Registration Chair of the boxer's Local Boxing Committee (LBC), before the boxer can return to sparring or competition. Once the LBC receives the MEDICAL RELEASE, the Athlete Passbook will be returned to the boxer.

By signing below, I state that I have read and understand the information provided on this form. I agree to fully comply with the restriction period. I understand that my passbook will be returned to me once my restriction period is over and I have been cleared by my physician to box.

Boxer signature: _____ Date: _____

Parent/Guardian signature (if boxer is under the age of 18) _____

Medical Restrictions Form Instructions for OIC, COO or Designee:

- Give boxer/parent/representative the yellow copy
- Email a copy to membership@usaboxing.org within 24 hours
- Mail the white copy along with the boxer's passbook to the boxer's LBC Registration Chairperson

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