

# Michigan LBC Pre-bout Report

Date: \_\_\_\_\_

Circle one: Male/Female

Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

USA Boxing Registration # \_\_\_\_\_ Club \_\_\_\_\_

Coach \_\_\_\_\_ Coach Phone # \_\_\_\_\_

**(If Under 18)** Parent Name and phone # \_\_\_\_\_

Do you have permission from your parent or guardian to box in this event? YES / NO

To be filled in by Physician: BP/Pulse

Fit to box? Yes  No

## **Boxer, please Circle YES or NO:**

Are you being treated by a Doctor for anything? YES / NO

Knocked unconscious or had concussion? YES / NO

Knocked out in a sparring session or bout? YES / NO

Ever passed out during or after exercising? YES / NO

Any recent headaches? YES / NO

Blurred/double vision/nausea/vomiting recently? YES / NO

Any exposed open infected skin lesions? YES / NO

Any history of Hepatitis B or C, or HIV infection? YES / NO

Do you take any medication? YES / NO

Have you cut weight for this event? YES / NO

Do you feel well enough to box today? YES / NO

If not, please explain

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Boxer Signature \_\_\_\_\_

DR. Signature \_\_\_\_\_

Date \_\_\_\_\_