Michigan LBC Pre-bout Report

Date: _____

Name _____ Circle one: Male/Female

Age _____ Date of Birth _____

Phone # _____

USA Boxing Registration # _____

Club _____

Coach _____ Coach Phone # _____

(If Under 18)
Parent Name _____

Parent Phone # _____

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

Boxer, please Circle YES next to any that applies:

Are you being treated by a DR for anything: YES
Knocked unconscious or had concussion? YES
Knocked out in a sparring session or bout? YES
Ever passed out during or after exercising? YES
Been hit hard in the head, recent headaches? YES
Blurred/double vision/nausea/vomiting recently? YES
Any exposed open infected skin lesions? YES
Any history of Hepatitis B or C, or HIV infection? YES
Do you take medication? YES
Recent nose bleeds? YES
Do you feel well enough to box today? YES

To be filled in by Physician:

BP/Pulse _____

Fit to box? ☐ Yes? ☐ No?

If No, explain _____

_____

Dr Signature: Print _____

Sign _____

RETURN TO OIC