



Annual Physical Examination Master's Division Boxer

Name: _____ Date of Exam: _____

Personal Medical History

Past and recent illness: _____

Surgical Procedures: _____

Allergies: _____

Medications: _____

Family History: _____

Age: _____ Height: _____ Weight: _____ Blood Pressure: _____ (Supine not to exceed 145/90)

Ears and Hearing: RT: _____ LT: _____

Chest: _____ Heart: _____ Abdomen: _____

Hernia: _____ Back/Extremities: _____

Neurology: Cranial Nerves: _____ DTRs: _____

Romberg: _____ Babinski: _____ Sensory: _____

Body Mass Index: _____ Peak Pulmonary Flow: _____ (Not less than 300 ML)

Laboratory: CBC: _____ BUN/CR: _____ Glucose: _____

Cholesterol: _____ Urinalysis: _____

Eye Exam: RT: _____ LT: _____ (Long distance vision WITH or WITHOUT glasses)
(Corrective lenses of less than 20/80)

Ishihara Color Test: _____ Fundoscopy: _____

Resting ECG/EKG (all): _____ Exercise ECG/EKG (Over age 45): _____

Remarks: _____

This form for the physician to keep



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 BOX _____ NOT FIT TO BOX

per USA Boxing criteria, including:

1. No history of uncontrolled diabetes, high blood pressure, or chest pain
2. No recent or history of chronic headaches
3. Blood pressure that is less than 145/90

If member/patient is age 45 or older, he/she must have a graded exercise EKG every 5 years.

If graded exercise EKG was given, results are: _____ PASSED _____ FAILED _____ DATE

**Valid medical signers are: MD, DO, NP, PA*

***DC is not accepted by USA Boxing*

Once completed, this form must be kept inside your USA Boxing passbook!