Athlete Initial Medical Examination

Doctor-led initial medical examination template. Highly restricted access.

Athlete full name *(required)*

Date of birth *(required)*

Examination date *(required)*

Medical decision *(required)*

If unfit or restricted, notify the authorised medical registrar per local process.

- ☐ Fit
- ☐ Fit with restrictions
- ☐ Unfit

Restrictions / notes

Examining doctor name *(required)*

Doctor licence / registration number *(required)*

Replace with the local regulator.

Additional reports

Highly restricted access.

Attach a copy of this document with your form.

Parent / guardian full name *(required, for boxers under 18)*

Relationship to participant *(required, for boxers under 18)*

Parent / guardian phone *(required, for boxers under 18)*

Parent / guardian email *(for boxers under 18)*

Parent / guardian address, if different *(for boxers under 18)*

Parent / guardian acceptance *(required, for boxers under 18)*

The parent or guardian types their full legal name and confirms the declaration on behalf of the young person. Timestamp, version and language are recorded.

Signed:

Name and date:

Doctor acceptance *(required)*

Type your full legal name and confirm the declaration. Timestamp, version and language are recorded.

Signed:

Name and date: