Female Athlete / Pregnancy-Specific Medical Declaration

Competition/camp medical declaration where required by local medical rules. Sensitive - restrict access.

Athlete full name *(required)*

Date of birth *(required)*

Competition / licence number

Pregnancy-specific declaration accepted *(required)*

Do not collect unnecessary medical detail; restrict access.

☐ Yes, I accept the declaration

☐ No

Private medical review requested *(required)*

If Yes, alert the medical lead confidentially.

☐ No

☐ Yes

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:

Athlete acceptance *(required)*

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

Signed:

Name and date:
