



## PRE-BOUT MEDICAL QUESTIONNAIRE FOR FEMALE BOXER

**1** Questions for coach : Name : \_\_\_\_\_

(please print)

*Have you noticed any changes in your boxer regarding the following?*

- |                               |         |        |
|-------------------------------|---------|--------|
| 1) Attention or concentration | yes ( ) | no ( ) |
| 2) Memory                     | yes ( ) | no ( ) |
| 3) Speech                     | yes ( ) | no ( ) |
| 4) Behavior                   | yes ( ) | no ( ) |
| 5) Sparring (quickness)       | yes ( ) | no ( ) |

Coach signature: \_\_\_\_\_

**2** Questions for boxer: Name: \_\_\_\_\_

(please print)

*Have you had any of the following symptoms lately?*

- |  |         |        |
|--|---------|--------|
| 1) Headaches   | yes ( ) | no ( ) |
| 2) Dizziness   | yes ( ) | no ( ) |
| 3) Nausea or vomiting  | yes ( ) | no ( ) |
| 4) Double or blurry vision   | yes ( ) | no ( ) |
| 5) Do you have body piercing?  | yes ( ) | no ( ) |
| 6) Are you pregnant?   | yes ( ) | no ( ) |
| 7) Did you do a pregnancy test?  | yes ( ) | no ( ) |
| 8) Have you noticed any menstrual abnormality recently such as an absent menses, irregular menses, abnormal vaginal bleeding with or without pain / tenderness not consistent with your normal cycle or pattern? | yes ( ) | no ( ) |
| 9) What was the date of your last period/menses?   |         |        |

10) Are you on any methods of contraception?  
(If yes, what are you on? \_\_\_\_\_)

- |   |         |        |
|---|---------|--------|
| 11) Have you noticed any breast mass, bleeding or other breast dysfunction? | yes ( ) | no ( ) |
| 12) Have you had breast augmentation implants or tissue transfer?           | yes ( ) | no ( ) |

Boxer's signature: \_\_\_\_\_

**If you think you may be infected with Hepatitis or HIV you should not box  
If you do not understand any question please inform the doctor**

**3** Doctor's name: \_\_\_\_\_ License #: \_\_\_\_\_

(please print)

Signature: \_\_\_\_\_