



## PRE-BOUT MEDICAL QUESTIONNAIRE FOR MALE 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: \_\_\_\_\_

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**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) Have you taken any medication within the last 90 days?<br>(If yes, what kind: _____) | 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**

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**3** Doctor's name: \_\_\_\_\_ License #: \_\_\_\_\_  
(please print)

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