

ONTARIO BOXING ASSOCIATION (AKA OBA)
7027 BRADY ST., NIAGARA FALLS, ONT. L2J 3P1 VOICE 905 356 9393

THIS FORM IS VALID FOR 60 DAYS FROM THE DATE THE DOCTOR SIGNED THIS MEDICAL

THIS FORM IS TO BE COMPLETED BY A LICENSED PHYSICIAN NOT A NURSE PRACTITIONER.
FURTHER LAB TESTS MAY BE DONE IF THE DOCTOR SUSPECTS THAT THE PATIENT HAS A PROBLEM.

Doctor: There is a page 2, which has a listing of the patient's history or injuries. Please view it.

PERSONS CAN NOT BOX IF:

- 1) Applicant suffers from retinal detachment. 2) Females that may be pregnant.
3) Males that has a hernia, rupture, undescended testis, organomegaly, cryptorchidism, with or without protective covering.
4) Females that have breast implants, whether wearing protective covering or not - CANNOT BOX.

PERSONS THAT REQUIRE FURTHER SPECIALIST TESTING

- 1. If vision is less than/worse eye 20/200 w/best eye 20/120 w/o lens, an ophthalmologist written approval is required.
2. Boxers vision that can meet the lowest requirement while wearing soft contact lens, may box with soft contact lens, BUT NOT HARD LENS; however; if the lens become dislodged or lost and the boxer can't continue without the lens, the boxer forfeits the bout.
3. Any form of epilepsy or other disease or injury to the brain will disallow the person from boxing & training in boxing

NAME _____ DOB _____

NOTE: BOXING IS THE ONLY SPORT THAT USES POUNDS & IMPERIAL MEASUREMENTS THROUGHOUT

WEIGHT IN POUNDS..... HEIGHT IN FEET & INCHES.....FEETINCHES

IS THERE ANY ABNORMALITY IN HEART, CHEST, BLOOD PRESSURE OR C.N.S.? _YES_ _NO_ _____

CHEST X-RAY REQUIRED ONLY IF THERE IS A FAMILY HISTORY OF T.B. _YES_ NO _____

EXPERATION _____ INSPIRATION _____

IS THERE A HERNIA, UNDESCENDED TESTIS, ORGANOMEGALY, CRYPTORCHIDISM? _YES_ NO_ OTHER _____

URINALYSIS (LABETIX): SUGAR _____ PROTEIN _____ BLOOD _____

VISION WITHOUT ANY AIDS - (AIDS ARE: CONTACT LENS OR GLASSES)

VISION: RIGHT EYE 20/_____ LEFT EYE 20/_____ COLOUR VISION:_____ FIELD OF VISION _____

SEE NOTATION ABOVE RE: PERSONS REQUIRING FURTHER SPECIALIST TESTING.

EARS: (STATE OF T.M.S. & DEGREE OF DEAFNESS) _YES_ NO_ _____

TEETH, BRACES, BRIDGES, DENTURES _YES_ NO_ _____

**** THIS SECTION FOR FEMALES ONLY ****

IF YOU HAVE BREAST IMPLANTS, YOU CAN NOT BOX! (WITH OR WITHOUT A BREAST PROTECTOR). IF YOU BELIEVE YOU COULD BE PREGNANT, YOU CAN NOT BOX. DO YOU BELIEVE YOU COULD BE PREGNANT? _YES_ NO_ LAST MENSTRAL (PERIOD) DATE _____ ARE THERE BREASTS LESIONS, BLEEDING, MASSES OR OTHER DYSFUNCTION _YES_ NO_ PAIN? _YES_ NO_ LOWER PELVIC PAINS? _YES_ NO_ ABNORMALITY IN MENSTRUAL PATTERN? _YES_ NO_ AMENORRHEA? _YES_ NO_

SIGNATURE OF FEMALE BOXER _X_ _____

I CERTIFY THAT THE ABOVE APPLICANT IS IS NOT PHYSICALLY FIT TO ENGAGE IN COMPETITIVE BOXING:
(PLEASE CIRCLE ONE OF THE ABOVE)

TO-DAYS DATE _____ PHYSICIAN'S NAME _____

ONLY A LICENSED PHYSICIAN / NOT A NURSE PRACTITIONER

PHYSICIAN'S STAMP

ADDRESS _____

CITY: _____

PHONE _____ LIC# _____

*NOTE: Doctors are always needed to help us keep our boxers safe. We invite you to join the boxing program. Our insurance covers your involvement. Injuries in boxing are much less than in rugby, soccer, hockey, football & wrestling. Keeping our boxers safe is our goal & without destroying boxing.

WOULD YOU JOIN US? Yes No Circle one please

NAME _____

SEE PAGE 1, THE DOCTOR'S MEDICAL FOR DISQUALIFICATIONS.

If you do not tell the truth on any OBA form, you will be expelled from the OBA for life.

IF YOU HAD BROKEN BONES, ACUTE INJURIES, YOU MUST LIST THEM WITH THE YEAR THEY OCCURRED . YOU MUST DECLARE ANY & ALL INJURIES. IF YOU DON'T HAVE ENOUGH ROOM TO WRITE YOUR ANSWER, THEN ATTACH A SHEET OF PAPER TO THIS FORM SO THAT YOU CAN DESCRIBE ANY INJURIES. IS THERE ANOTHER SHEET? YES NO

IF YOU DON'T ANSWER ALL QUESTIONS....OR DO NOT EXPLAIN WHAT, WHEN & RESULTS, YOU WILL NOT BE REGISTERED

IF YOU ARE UNDER 18 YEARS OF AGE YOU MUST SIGN THE BOTTOM & YOUR PARENT OR GUARDIAN MUST SIGN ALSO.

Table with 5 columns: Question, Circle 1, Describe injury & treatment - casted & treatment, WHEN? and 17 rows of medical questions.

Have you ever been suspended from a combat or contact sport? YES NO Why? _____

LIST ANY & ALL medications: (not birth control) _____

If the boxer, has asthma, the puffer or meds cannot be used once the boxer is at the base of the steps leading to the ring or the boxer is disqualified. Use of the puffer or meds can only be done prior to the entry to the steps leading to the ring. Use during the bout will disqualify the boxer.

Are there any physical or conditions that can affect the ability of the applicant to train, spar or box competitively? yes no

Explain _____

Athlete's signature _____ All boxers/ athlete's regardless of age must sign their name.

Guardian signature _____ If under 18 years of age, the guardian/parent must sign.

TO-DAY DATE: MONTH _____ DAY _____ year _____