Boxer's Medical Certificate

As part of the Boxing Entries Check prior to each World Boxing Competition, the Boxer's Medical Certificate must be completed within ninety (90) days from the start of the competition and signed by the Boxer and by a registered doctor from the country of the National Federation that the Boxer is affiliated to or in the country where the competition takes place.

World Boxing is responsible for the personal data submitted in this Boxer's Medical Certificate. World Boxing has a legal responsibility in processing Boxers' personal data, in accordance with applicable data protection laws, for the purposes of boxer's medical clearance, to enable participation in each World Boxing Competition. The provision of the information requested below is mandatory before each competition. Failure to provide this information will mean that the Boxer cannot participate in the competition.

World Boxing's processing of data will take place within Switzerland, where World Boxing headquarters are located. The Boxer's personal data will not be kept after a period of four (4) years following the end of the competition, except if specific circumstances justify keeping the data longer (e.g. in case of disputes or health concerns arising after the competition).

The Boxer has the right to request access, rectification, erasure, restriction of processing, objection to processing and to portability of personal data. The Boxer may contact World Boxing to exercise their rights, or for any questions regarding privacy, via email (info@worldboxing.org). The Boxer also has the right to complain to the Swiss Federal Data Protection and Information Commissioner.

By signing this Medical Certificate, the Boxer confirms that they have read and understood the abovementioned information and accept its content. The Boxer also consents to the disclosure of the health information to World Boxing by the Boxer and the doctor signing this Medical Certificate.

Table 1: Boxer's Information	
Full name	
Date of birth (dd/mm/yyyy)	
Gender (tick one)	Male ☐ Female ☐
IOC country code of the National Federation	
Boxer's signature	
Date of signature (dd/mm/yyyy)	
Boxers must answer all questions in Table 3 below.	

Table 2: Doctor's Information	
Full name	
Title / position	
Name of organisation	
Work address	
Stamp (if any)	
Doctor's signature	
Date of signature (dd/mm/yyyy)	
Comments (if any)	
Boxer's fitness to box	**Fit to box ☐** **Not fit to box ☐**
Doctor's must answer all questions in Table 4 below.	

Table 3: Boxer's Health History
(Must be answered by the boxer)

Question	Yes/No	If yes, provide details
Do you have any medical conditions?	Yes / No	
Have you ever had any surgery?	Yes / No	
Have you ever had to stay in a hospital?	Yes / No	
Does your family have a history of sudden unexpected deaths?	Yes / No	
Have you ever had a concussion or loss of consciousness?	Yes / No	
Do you have any seizure activity in the past 3 years?	Yes / No	
Have you had any headaches in the last two (2) weeks?	Yes / No	
Do you have any eye problems, such as retinal detachment?	Yes / No	
Do you have any problems with bleeding problem or blood disorders?	Yes / No	
Do you have any uncontrolled diabetes or thyroid disorders?	Yes / No	

Table 3: Boxer's Health History (Must be answered by the boxer)		
Question	**Yes/No**	**If yes, provide details**
Do you have a history of hepatitis B, hepatitis C, or HIV infection?	Yes / No	
Do you have an enlarge liver or spleen?	Yes / No	
Do you have any hernia, or tumour?	Yes / No	
Do you use any medications?	Yes / No	Please list names and dosages:
Do you have any allergies?	Yes / No	

Table 4: Doctor's Evaluation (Must be answered by the doctor)		
Medical Information	**Assessment (circle)**	**If abnormal, provide details**
If the boxer had a concussion within the last 12 months, confirm that the medical exam following rest period was normal	Normal / Abnormal	
General appearance	Normal / Abnormal	
Mental status / psychological state	Normal / Abnormal	
Neurological system (Reflexes, balance, verbal & motor responses,	Normal / Abnormal	
Cranial nerves, eyes, pupil size & reactivity, fundi, vision by chart	Normal / Abnormal	
Mouth, teeth, throat	Normal / Abnormal	
Ears	Normal / Abnormal	
Temporomandibular joint	Normal / Abnormal	
Neck (Cervical spine, lymph nodes)	Normal / Abnormal	
Chest (Breath sounds, crackles, wheezes, rib tenderness on compression)	Normal / Abnormal	
Cardiovascular system (Pulse, blood pressure, heart sounds, murmurs, heaves, size, rhythm)	Normal / Abnormal	
Musculoskeletal system (Upper & lower limbs)	Normal / Abnormal	
Abdominal (Hernia, aneurysm)	Normal / Abnormal	
Has the boxer submitted any TUEs?	Yes / No	If yes, list TUEs: