

Annual Physical Examination Master's Division Boxer

Date of Exam:		
	(Supine not to exceed 145/90)	
LT:		
Babinski:	Sensory:	
Peak Pulmonary Flow: _	(Not less than 300 ML)	
BUN/CR:	Glucose:	
Urinalysis:		
(Long distance vision WITH or WITHOUT glasses)		
Fundoscopy:		
Exercise ECG/EKG (Ove	er age 45):	
	Blood Pressure: Blood Pressure: Abdom Extremities: Babinski: Babinski: BuN/CR: U (Long distance Fundosce	

Physician's PRINTED name

Address

This form for the physician to keep

USA BOXLING.	Review of Physical Exam Results Master's Division Boxer		
Name:		Date of I	
Member ID#:	Date	of Birth:	
Name of Physician			
Address:			
License #:			
Physician's signature:			
Results of the exam:	FIT TO BOX	NOT FIT TO E	BOX
per USA Boxing criteria, inclu	uding:		
 No history of uncont No recent or history Blood pressure that i 	of chronic headaches	• •	nest pain
If member/patient is age 45	or older, he/she mus	t have a graded exer	cise EKG every 5 years.
If graded exercise EKG was g	iven, results are:	PASSED	FAILED

Once completed, this form must be kept inside your USA Boxing passbook!