

APPENDIX C - Medical Certificate Template

Athlete

| | |
|-----------------------|--------------------------|
| NAME: | _____ |
| DATE OF BIRTH: | _____ |
| SIGNATURE: | _____ DATE: _____ |

Doctor

| | |
|------------------------|--------------------------|
| NAME: | _____ |
| TITLE/POSITION: | _____ |
| ADDRESS: | _____ |
| SIGNATURE: | _____ DATE: _____ |
| STAMP | _____ |
| COMMENTS: | _____ |

Fit to Box

Not Fit to Box

QUESTION FOR ATHLETE: IF YES, EXPLAIN

1. Is a Doctor currently treating you for anything?

2. Have you ever been unconscious or had a concussion?

3. Have you been hit hard in the head in the last 6 weeks?

4. Have you had any headache in the last 2 weeks?

5. Do you have any problem with bleeding?

6. Do you have a history of hepatitis B or hepatitis C or HIV infection?

7. Does any disease run in your family? Sudden unexpected deaths?

8. Have you had any surgery?

9. Have you ever had to stay in a hospital?

10. Do you have any medical condition?

| MEDICAL CERTIFICATE | | ABNORMALITIES | | |
|---|---|---------------|----------|--|
| If Athlete had a Concussion in the past year, please certify that: | Medical Examination following rest period after Concussion was normal Athlete Fit To Box | Normal | Abnormal | |
| General Medical Exam | List abnormalities not covered in specific system exams below: | | | |
| Mental Status/ Psychological | Brief survey | Normal | Abnormal | |
| Head | Cranial nerves, eyes, pupil size and reactivity, Fundi, vision by chart (record) | Normal | Abnormal | |
| | Mouth, teeth, throat | Normal | Abnormal | |
| | Ears | Normal | Abnormal | |
| | Temporomandibular joint | Normal | Abnormal | |
| Neck | Cervical spine, lymph nodes | Normal | Abnormal | |
| Chest | Breath sounds, rib tenderness on compression | Normal | Abnormal | |
| Cardio Vascular System | Pulse/blood pressure (record) | Normal | Abnormal | |
| | Heart examination: sounds, murmurs, heaves, size, rhythm | Normal | Abnormal | |
| Orthopedic System | Upper limb: shoulder, wrist, hand, fingers | Normal | Abnormal | |
| | Lower limb: foot, ankle, knee, hip | Normal | Abnormal | |
| Neurological System | Reflexes | Normal | Abnormal | |
| | Verbal Responses | Normal | Abnormal | |
| | Motor responses and balance | Normal | Abnormal | |
| Allergies | (record) | Yes | No | |
| | Type of reaction (record) | | | |
| Medications used | Name and dosage (record) | Yes | No | |

Any TUE Submitted ? No Yes (If YES, please explain)
