

FORM C**APPENDIX 21: Boxing Australia Limited Medical Examination****Certificate**

This certificate is to be completed by the examining medical practitioner to record the results of a medical examination of the boxer named below; with such examination to be conducted **ONLY AFTER** the expiration of the period most recently recorded in the boxer's Competition Record Book as the period during which the boxer is not permitted to take part in competitive boxing or in sparring. Please complete this certificate in print, or otherwise in legible writing.

1 Boxer's full name: _____

2 Boxer's address: _____

3 Boxer's date of birth:/...../.....

4 Date of examination of the boxer:/...../.....

5 Date of this report:/...../.....

6 Date of the boxer's injury:/...../.....

7 Nature of the boxer's injury:

8 Nature of the examination performed by the examining medical practitioner (please provide full and precise particulars):

9 Results of the examination performed by the examining medical practitioner (please provide full and precise particulars):

10 State whether there is a need for any and what further medical examination of the boxer:

11 Is the boxer fit to return to competitive boxing and to sparring:

Medical practitioner's name (please print): _____

Medical practitioner's signature: _____

Medical practitioner's practice address:

Please return this certificate to the boxer after completion.