

APPENDIX 12: Boxing Australia Limited Medical Clearance Form

This form is to be used where a boxer has been stopped in a contest by KO or RSC following blows to the head and is to be completed following the mandated doctor medically imposed rest period and provided to Boxing Australia Limited with all supporting evidence.

Please send this form with the appropriate medical forms (Boxer Competition Record Book or doctors certificates) to [Boxing Australia Limited@Boxing.org.au](mailto:BoxingAustraliaLimited@Boxing.org.au). Please allow fourteen (14) days turnaround time before a decision is made.

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|---|
| BOXER |
| NAME OF BOXER: |
| DATE OF BIRTH: |
| BLUE BOOK No: |
| DATE OF COMPETITION (RSC or KOH): |
| COACH |
| NAME OF COACH: |
| COACH'S TELEPHONE: |
| COACH'S EMAIL: |
| DOCTOR |
| COMPETITION DOCTOR: |
| DOCTOR'S TELEPHONE: |
| DOCTOR'S EMAIL: |
| MEMBER ASSOCIATION |
| MEMBER ASSOCIATION: |
| TELEPHONE: |
| EMAIL: |
| MEDICAL DETAILS |
| Has the boxer received a previous RSC or KO as a result of head blows in the last 12 months: |
| If so, what was/are the date/s: |
| Has the boxer had an Electroencephalogram (EEG) or Magnetic Resonance Imaging (MRI) in this period: Yes/No? If Yes, provide dates: |
| If so, what was the result: |
| Has the boxer seen a doctor since the RSC or KO (due to head blows) in the dated competition above: (If so, please attach the medical certificate) |

 Member Association Secretary Name

 Member Association Secretary Signature

OFFICE ONLY

CORRESPONDENCE

| | |
|--|--|
| Date received | |
| Date sent to Med Com | |
| Date of decision to Member Association | |

DOCUMENT CHECKLIST

| | |
|------------------------|--|
| Medical Cert/Blue Book | |
| Med Form Completed | |