



# Annual Physical Examination Master's Division Boxer

Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

## **Personal Medical History**

Past and recent illness: \_\_\_\_\_

Surgical Procedures: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Family History: \_\_\_\_\_

Age: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Blood Pressure: \_\_\_\_\_ (Supine not to exceed 145/90)

Ears and Hearing: RT: \_\_\_\_\_ LT: \_\_\_\_\_

Chest: \_\_\_\_\_ Heart: \_\_\_\_\_ Abdomen: \_\_\_\_\_

Hernia: \_\_\_\_\_ Back/Extremities: \_\_\_\_\_

Neurology: Cranial Nerves: \_\_\_\_\_ DTRs: \_\_\_\_\_

Romberg: \_\_\_\_\_ Babinski: \_\_\_\_\_ Sensory: \_\_\_\_\_

Body Mass Index: \_\_\_\_\_ Peak Pulmonary Flow: \_\_\_\_\_ (Not less than 300 ML)

Laboratory: CBC: \_\_\_\_\_ BUN/CR: \_\_\_\_\_ Glucose: \_\_\_\_\_

Cholesterol: \_\_\_\_\_ Urinalysis: \_\_\_\_\_

Eye Exam: RT: \_\_\_\_\_ LT: \_\_\_\_\_ (Long distance vision WITH or WITHOUT glasses)  
(Corrective lenses of less than 20/80)

Ishihara Color Test: \_\_\_\_\_ Fundoscopy: \_\_\_\_\_

Resting ECG/EKG (all): \_\_\_\_\_ Exercise ECG/EKG (Over age 45): \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

Physician's PRINTED name

Address

[This form for the physician to keep](#)



# Review of Physical Exam Results Master's Division Boxer

Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Member ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Physician \_\_\_\_\_

Address: \_\_\_\_\_

License #: \_\_\_\_\_

Physician's signature: \_\_\_\_\_

### Results of the exam:

\_\_\_\_\_ FIT TO BOX      \_\_\_\_\_ NOT FIT TO BOX

per USA Boxing criteria, including:

1. No history of diabetes, high blood pressure, or chest pain
2. No recent or history of chronic headaches
3. Blood pressure that is less than 145/90

**If member/patient is age 45 or older, he/she must have a graded exercise EKG every 5 years.**

If graded exercise EKG was given, results are:      \_\_\_\_\_ **PASSED**      \_\_\_\_\_ **FAILED**

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