

Pakistan professional boxing association (PPBA)

Tel: +92 (0)3009000625 - +92 (0)333 5227296

web: <u>www.pakistanprofessionalboxingassociation.com</u> E.mail: <u>info@pakistanprofessionalboxingassociation.com</u>

BOXERS MEDICAL EXAMINATION FORM

(To be completed at time of application and annually when license fee due)

Note to Applicant:

This examination must be carried out by a Qualified Medical Practitioner, currently on the Medical Register.

Note to Examining Doctor:

This form, when completed, should be forwarded to the Pakistan professional boxing association (PPBA) representative or to the above address. The Fee for the examination is payable by the Boxer.

QUESTIONS TO BE ASKED BY AN EXAMINING DOCTOR

| Ad Da Te | ofessional Boxing Name (If different from above)ldressate of Birth Marital Status elephone/Mobile: E.Mail: ccupation (Other than Boxer) | (Block Letters) | | | | |
|----------------|---|--------------------------|--|--|--|--|
| Da Te | ate of Birth Marital Status elephone/Mobile: E.Mail: | | | | | |
| Te | elephone/Mobile:E.Mail: | | | | | |
| | | | | | | |
| 0 | ccupation (Other than Boxer) | | | | | |
| | | | | | | |
| | Manager or proposed Manager | | | | | |
| Ha | ave you held a licence previously | | | | | |
| If so, g | ive past record of contests: | | | | | |
| N | o Won Lost Counted Out | Stopped | | | | |
| | Amateur/unlicensed record if any | | | | | |
| 2. | Have you suffered at any time from any of the following (If so give full details – Doctors consulted and results of investigations. | | | | | |
| | Headaches, blackouts or fits | | | | | |
| | Anxiety states or depressions | | | | | |
| | Paralysis or any other mental or nervous diseases | | | | | |
| | Have you seen a psychiatrist or taken tranquillisers | | | | | |
| 3. | Visual disturbances, such as diplopia, blurring vision, or do you wear glasses or contact lenses | | | | | |
| 4. | Any ear discharge, deafness, etc | | | | | |
| 5. | Heart disease, high blood pressure, heart murmurs, varicose veins, rheumatic or scarlet fever | | | | | |
| 6. | Any asthma, bronchitis, pneumonia, or T.B, sinusitis or any diffi | nulty in popul broathing | | | | |

| 7. | Any bone or | joint problems, e.g. | hand injuries, fractures | s, etc | | _ |
|-------------------------|---|----------------------|----------------------------|--------------------|---------------------------|----------|
| 8. | Any skin diseases Allergies | | | | | |
| 9. | Are you or ha | ave you been atten | ding your doctor or hos | pital regularly fo | r any reason | _ |
| 10. | Do you take tablets/medicines, etc, regularly | | | | | |
| 11. | Date and result of last X-ray (if any) | | | | | |
| 12. | Any other investigations, i.e. blood tests, X-rays, E.C.G., E.E.G. | | | | | |
| | Number of cigarettes smoked per day | | | | | |
| 13. | 13. Any chronic indigestion, stomach or duodenal ulcers, gall bladder or liver disease, appendi | | | | | s, herni |
| | bowel | disorders, | Crohn's | Disease, | hemorrhoids | et |
| 14. | Any kidney or | bladder problems, o | liabetes, renal colic, hem | naturia, venereal | infections or prostatitis | |
| | | | | | | |
| Daily alco amily His | | | | | | |
| Father (| age and healt | h) | Mother (ag | ge and health) _ | | |
| Brother | s (age and hea | alth) | Sisters (ag | je and health) _ | | |
| hereby | give my co | nsent to the F | Pakistan professi | onal boxing | association and | |
| | | | | | | |
| EXAM | INATION | | | | | |
| Hei | ght | | Weight _ | | | |
| Describ | e build, etc. If | overweight, is exce | ss evenly distributed | | | |
| | | | | | | |
| If he/sh | e has had a M | RI/MRA Brain Scar | n, indicate date | | | |
| Pulse _ | | | Apex beat | | | |
| Blood p | ressure (if abo | ve 140/90 please r | ecord 3 further readings | s at 5 minute into | ervals) | |
| Heart s | ounds | | | | | |
| Any mu | rmurs | | | | | |
| If so de | scribe | | | | | |
| Any | varicose veins | · | Exercise toleran | nce | | |
| Respi | atory Syste | m | | | | |
| Chest n | novements | | Trachea _ | | | _ |
| Percuss | sion Notes | Air Entry | Breath Sounds | Adde | ed Sounds | _ |
| Abdon | nen | | | | | |
| Any sca | ars, tenderness | s or masses – if so, | describe | | | |
| Are I | iver, spleen and | d kidney palpable | | | | |
| Herr | nia orifices | | Genitalia | | Urine | |
| Centra | al Nervous S | Systems | | | | |
| Crania | l nerves | | Pupils | Optic fur | ndi | |
| Nysta | igmus | | Rombergism | | | |
| Limbs | | | | | | |
| Tone _ | | Power | Co-ordination | Se | nsation | |
| Reflexe | s | | Plantar response | es | | |
| ny psychol | neurosis | If ye | s, describe | | | - |
| keletal S | system | | | | | |
| Cervica | l Spine | Shoulders | Elbows | Wrists | and hands | |

| ease note that every Boxer must complete the Hepatitis B Vaccination course, a course consists of three doses. The second dose is given one month after the st dose and the third dose is given five months after the second dose. This urse must be completed and evidence of dates must be forwarded to the kistan professional boxing association head office. The st is a test to be completed by an Ophthalmic Optician/Consultant Visual standards (Snellen's type figures without glasses) Visual fields Ocular tension Ocular movements Ophthalmoscopic examination (with special attention to retinal defects) Date of examination M SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED R ME PHOTOGRAPHIC ID SUCH AS HIS OR HER LIKENESS BY SIGNING THE TACHED PHOTOGRAPH. nature and stamp of Optician/Consultant THE TO EXAMINING DOCTOR – If any abnormality noted, please investigate further and refer all relevant truments to the Commission's Chief Medical Officer at the Head Office of the Pakistan professional boxing association this form. M SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED R ME PHOTOGRAPHIC ID SUCH AS HIS OR HER LIKENESS BY SIGNING THE THE STANDARD HER CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED R ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF SSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE | HIV TestTest date | Lumbar Spine | Hips | Knees | Ankles |
|--|--|---|---|------------------------|---|
| Hepatitis C Antigen:- Test date | Hepatitis C Antigen:- Test date | | | | |
| Hepatitis C Antigen:- Test date | Hepatitis C Antigen:- Test date | | | | |
| Hepatitis B Antigen:- Test date | Hepatitis B Antigen:- Test date | | | | - |
| Hepatitis B Surface Antibody: Test Date | Hepatitis B Surface Antibody:- Test Date | | | | |
| ease note that every Boxer must complete the Hepatitis B Vaccination course, e course consists of three doses. The second dose is given one month after the st dose and the third dose is given five months after the second dose. This burse must be completed and evidence of dates must be forwarded to the akistan professional boxing association head office. Brown Hearing Any otitis Prum Hearing Any otitis To test: To test to be completed by an Ophthalmic Optician/Consultant Visual standards (Snellen's type figures without glasses) Visual fields Ocular tension Ocular movements Ophthalmoscopic examination (with special attention to retinal defects) Date of examination MI SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED BY ME PHOTOGRAPHI. IN INSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TITACHED PHOTOGRAPH. Inature and stamp of Optician/Consultant DIE TO EXAMINING DOCTOR – If any abnormality noted, please investigate further and refer all relevant cuments to the Commission's Chief Medical Officer at the Head Office of the Pakistan professional boxing associal this form. AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED BY ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF AN AND AND AND AND AND AND AND AND AND | pepatitis B Vaccination: Date of first dose | | | | - |
| ease note that every Boxer must complete the Hepatitis B Vaccination course, e course consists of three doses. The second dose is given one month after the st dose and the third dose is given five months after the second dose. This purse must be completed and evidence of dates must be forwarded to the akistan professional boxing association head office. Its Drum Hearing Any otitis Form Hearing | lease note that every Boxer must complete the Hepatitis B Vaccination course, lea course consists of three doses. The second dose is given one month after the rest dose and the third dose is given five months after the second dose. This purse must be completed and evidence of dates must be forwarded to the akistan professional boxing association head office. Drum | Hepatitis B Surface | Antibody:- Test Date | | _Forward Laboratory results to PPBA |
| e course consists of three doses. The second dose is given one month after the st dose and the third dose is given five months after the second dose. This burse must be completed and evidence of dates must be forwarded to the akistan professional boxing association head office. IT Drum | the course consists of three doses. The second dose is given one month after the rest dose and the third dose is given five months after the second dose. This purse must be completed and evidence of dates must be forwarded to the akistan professional boxing association head office. The professional poxing association head office of the Pakistan professional boxing association head office. The professional poxing association head office at the Head Office of the Pakistan professional boxing association head of the professional poxing association head of the profession he | epatitis B Vaccination:- D | Date of first dose | | |
| Drum Hearing Any otitis Prum Hearing Hearing Any otitis Prum Hearing Hearing Any otitis Prum Hearing H | Drum | ne course consist rst dose and the ourse must be co | ts of three doses third dose is give empleted and evi | . The seconen five mon | nd dose is given one month after the this after the second dose. This ntes must be forwarded to the |
| The Test: The test to be completed by an Ophthalmic Optician/Consultant Visual standards (Snellen's type figures without glasses) Visual fields Ocular tension Ocular movements Ophthalmoscopic examination (with special attention to retinal defects) Date of examination MM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. nature and stamp of Optician/Consultant DIE TO EXAMINING DOCTOR — If any abnormality noted, please investigate further and refer all relevant cuments to the Commission's Chief Medical Officer at the Head Office of the Pakistan professional boxing associate this form. AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. Signature and stamp of examining doctor Signature and stamp of examining doctor | ye test to be completed by an Ophthalmic Optician/Consultant Visual standards (Snellen's type figures without glasses) Visual fields Ocular tension Ocular movements Ophthalmoscopic examination (with special attention to retinal defects) Date of examination AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. nature and stamp of Optician/Consultant OTE TO EXAMINING DOCTOR — If any abnormality noted, please investigate further and refer all relevant occuments to the Commission's Chief Medical Officer at the Head Office of the Pakistan professional boxing associth this form. AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. Signature and stamp of examining doctor Signature and stamp of examining doctor | <u>-</u> | ond boxing dooo | | 2 0001 |
| The Test: The test to be completed by an Ophthalmic Optician/Consultant Visual standards (Snellen's type figures without glasses) Visual fields Ocular tension Ocular movements Ophthalmoscopic examination (with special attention to retinal defects) Date of examination MM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OR ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TACHED PHOTOGRAPH. nature and stamp of Optician/Consultant DIE TO EXAMINING DOCTOR – If any abnormality noted, please investigate further and refer all relevant cuments to the Commission's Chief Medical Officer at the Head Office of the Pakistan professional boxing associate this form. AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OR ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. Signature and stamp of examining doctor Signature and stamp of examining doctor | ye test to be completed by an Ophthalmic Optician/Consultant Visual standards (Snellen's type figures without glasses) Visual fields Ocular tension Ocular movements Ophthalmoscopic examination (with special attention to retinal defects) Date of examination AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. nature and stamp of Optician/Consultant OTE TO EXAMINING DOCTOR — If any abnormality noted, please investigate further and refer all relevant occuments to the Commission's Chief Medical Officer at the Head Office of the Pakistan professional boxing associth this form. AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. Signature and stamp of examining doctor Signature and stamp of examining doctor | Drum | Hearir | าต | Any otitis |
| Visual standards (Snellen's type figures without glasses) Visual fields Ocular tension Ocular movements Ophthalmoscopic examination (with special attention to retinal defects) Date of examination MM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OR ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE COMMENT OF THE EXAMINING DOCTOR — If any abnormality noted, please investigate further and refer all relevant cuments to the Commission's Chief Medical Officer at the Head Office of the Pakistan professional boxing associate in this form. AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OR ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE ITACHED PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OR ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE ITACHED PHOTOGRAPH. Signature and stamp of examining doctor | ve test to be completed by an Ophthalmic Optician/Consultant Visual standards (Snellen's type figures without glasses) Visual fields Ocular tension Ocular movements Ophthalmoscopic examination (with special attention to retinal defects) Date of examination AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. nature and stamp of Optician/Consultant OTE TO EXAMINING DOCTOR — If any abnormality noted, please investigate further and refer all relevant ocuments to the Commission's Chief Medical Officer at the Head Office of the Pakistan professional boxing associated this form. AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. Signature and stamp of examining doctor Signature and stamp of examining doctor | | | J | |
| Visual standards (Snellen's type figures without glasses) Visual fields Ocular tension Ocular movements Ophthalmoscopic examination (with special attention to retinal defects) Date of examination AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OR ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE ITACHED PHOTOGRAPH. nature and stamp of Optician/Consultant DIE TO EXAMINING DOCTOR – If any abnormality noted, please investigate further and refer all relevant cuments to the Commission's Chief Medical Officer at the Head Office of the Pakistan professional boxing associate in this form. AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OR ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE ITACHED PHOTOGRAPH. Signature and stamp of examining doctor | Visual standards (Snellen's type figures without glasses) Visual fields Ocular tension Ocular movements Ophthalmoscopic examination (with special attention to retinal defects) Date of examination AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. nature and stamp of Optician/Consultant OTE TO EXAMINING DOCTOR – If any abnormality noted, please investigate further and refer all relevant bouments to the Commission's Chief Medical Officer at the Head Office of the Pakistan professional boxing associate this form. AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. Signature and stamp of examining doctor | • | leted by an Ophtha | almic Opticia | ın/Consultant |
| Ocular tension Ocular movements Ophthalmoscopic examination (with special attention to retinal defects) Date of examination MI SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OR ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE STACHED PHOTOGRAPH. nature and stamp of Optician/Consultant OTE TO EXAMINING DOCTOR – If any abnormality noted, please investigate further and refer all relevant cuments to the Commission's Chief Medical Officer at the Head Office of the Pakistan professional boxing associate this form. AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OR ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE STACHED PHOTOGRAPH. Signature and stamp of examining doctor | Ocular tension Ocular movements Ophthalmoscopic examination (with special attention to retinal defects) Date of examination AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. nature and stamp of Optician/Consultant OTE TO EXAMINING DOCTOR – If any abnormality noted, please investigate further and refer all relevant ocuments to the Commission's Chief Medical Officer at the Head Office of the Pakistan professional boxing associate this form. AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. Signature and stamp of examining doctor | - | - | = | |
| Ocular tension | Ocular tension Ocular movements Ophthalmoscopic examination (with special attention to retinal defects) Date of examination AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. nature and stamp of Optician/Consultant OTE TO EXAMINING DOCTOR – If any abnormality noted, please investigate further and refer all relevant occuments to the Commission's Chief Medical Officer at the Head Office of the Pakistan professional boxing associate this form. AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. Signature and stamp of examining doctor | • | . | • | , ———————————————————————————————————— |
| Ocular movements Ophthalmoscopic examination (with special attention to retinal defects) Date of examination MM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OR ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. nature and stamp of Optician/Consultant OTE TO EXAMINING DOCTOR – If any abnormality noted, please investigate further and refer all relevant cuments to the Commission's Chief Medical Officer at the Head Office of the Pakistan professional boxing associate this form. AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OR ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. Signature and stamp of examining doctor | Ocular movements | | | | |
| Ophthalmoscopic examination (with special attention to retinal defects) | Ophthalmoscopic examination (with special attention to retinal defects) Date of examination AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. nature and stamp of Optician/Consultant OTE TO EXAMINING DOCTOR – If any abnormality noted, please investigate further and refer all relevant ocuments to the Commission's Chief Medical Officer at the Head Office of the Pakistan professional boxing associath this form. AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. Signature and stamp of examining doctor | | | | |
| Date of examination | Date of examination AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. nature and stamp of Optician/Consultant OTE TO EXAMINING DOCTOR — If any abnormality noted, please investigate further and refer all relevant accuments to the Commission's Chief Medical Officer at the Head Office of the Pakistan professional boxing associate this form. AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. Signature and stamp of examining doctor Signature and stamp of examining doctor | | | | |
| AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OR ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TACHED PHOTOGRAPH. nature and stamp of Optician/Consultant | AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. nature and stamp of Optician/Consultant | · | , , | | , |
| AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OR DRIVING THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OR ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE CORRECT IDENTITY OF THE LIKENES IDENTITY OF THE | ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. nature and stamp of Optician/Consultant OTE TO EXAMINING DOCTOR – If any abnormality noted, please investigate further and refer all relevant ocuments to the Commission's Chief Medical Officer at the Head Office of the Pakistan professional boxing associate this form. AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. Signature and stamp of examining doctor | | | | |
| cuments to the Commission's Chief Medical Officer at the Head Office of the Pakistan professional boxing associated this form. AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OR ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE STACHED PHOTOGRAPH. Signature and stamp of examining doctor | AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. Signature and stamp of examining doctor | ASSPORT, OR ALT | ERNATIVELY, I CO Graph. | NFIRM HIS C | OR HER LIKENESS BY SIGNING THE |
| AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OR ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE ITACHED PHOTOGRAPH. Signature and stamp of examining doctor | AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. Signature and stamp of examining doctor | OTE TO EXAMININ | G DOCTOR – If any a | abnormality not | ed, please investigate further and refer all relevant |
| AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OR ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE ITACHED PHOTOGRAPH. Signature and stamp of examining doctor | AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE, WHO HAS PRODUCED OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. Signature and stamp of examining doctor | ocuments to the Commi | ission's Chief Medical (| Officer at the He | ead Office of the Pakistan professional boxing associa |
| OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OR ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE ITACHED PHOTOGRAPH. Signature and stamp of examining doctor | OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. Signature and stamp of examining doctor | th this form. | | | |
| OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OR ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE ITACHED PHOTOGRAPH. Signature and stamp of examining doctor | OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE ITACHED PHOTOGRAPH. Signature and stamp of examining doctor | | | | |
| OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OR ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE ITACHED PHOTOGRAPH. Signature and stamp of examining doctor | OR ME PHOTOGRAPHIC ID SUCH AS HIS OR HER'S BOXER'S LICENCE, DRIVING LICENCE OF ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE ITACHED PHOTOGRAPH. Signature and stamp of examining doctor | | | | |
| ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TACHED PHOTOGRAPH. Signature and stamp of examining doctor | ASSPORT, OR ALTERNATIVELY, I CONFIRM HIS OR HER LIKENESS BY SIGNING THE TTACHED PHOTOGRAPH. Signature and stamp of examining doctor | AM SATISFIED AS | TO THE CORRECT | IDENTITY O | F THE EXAMINEE, WHO HAS PRODUCED |
| Signature and stamp of examining doctor | TTACHED PHOTOGRAPH. Signature and stamp of examining doctor | OR ME PHOTOGRA | PHIC ID SUCH AS | HIS OR HER' | S BOXER'S LICENCE, DRIVING LICENCE OR |
| Signature and stamp of examining doctor | TTACHED PHOTOGRAPH. Signature and stamp of examining doctor | ASSPORT, OR ALTI | ERNATIVELY, I CO | NFIRM HIS C | R HER LIKENESS BY SIGNING THE |
| | | • | • | | |
| | | | | | |
| | | Signature and stamp | o of examining doctor _ | | |
| COMMENTS (Any): | COMMENTS (Any): | | - | | |
| | | COMMENTS (Any): | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

TO BE COMPLETED BY THE CHIEF MEDICAL OFFICER (OR HIS DEPUTY)

CONFIDENTIAL

| To t | the stewards of the British & Irish Boxing Au | uthority | | | | |
|-----------|--|-----------|--|--|--|--|
| The | The following recommendation is made in the case of: | | | | | |
| Nan | ne | | | | | |
| (a) | License granted or renewed | | | | | |
| (b) | License not granted/renewed | | | | | |
| Date of e | examination | Signature | | | | |