

Please be advised that on ____/____/____ I examined Mr./Mrs./Ms. (circle one)

_____ and determined that he/she is

fit to box, per USA Boxing, Inc. standards:

1. He/she does not have and has no history of diabetes, high blood pressure or chest pain.
2. He/she does not have and has no history of chronic headaches, head injury or cerebrovascular accident.
3. He/she has no history of lasik surgery and has visual acuity 20/400 or better uncorrected.
4. His/her blood pressure is less than 140/85.
5. He/she does not have and has no history of communicable disease (HIV, Hepatitis B or Hepatitis C).
6. If over 45 years of age, a graded exercise EKG has been performed within the past five years.

Sincerely,

Dr. _____, MD/DO (please circle)

Address (please print clearly):

License # _____

(no signature stamps, please)