



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 uncontrolled 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

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