Boxing Medical Certificate

For Boxing Canada Membership the Medical Certificate must be not less than one year old at any time during the membership year, and can be no older than 90 days old at the time of Membership Registration.

For Boxing Entries Check prior to Provincial and Local competition the Medical Certificate must be not less than one year old at the time of the Boxing Entries Check.

For Boxing Entries Check prior to each sanctioned Boxing Canada or World Boxing Competition, the Boxer's Medical Certificate must be completed within ninety (90) days from the start of the competition and signed by the Boxer and by a registered doctor from the country of the National Federation that the Boxer is affiliated to or in the country where the competition takes place.

Boxing Canada will share medical data with World Boxing only when a Canadian Athlete, or athlete with Refugee status residing within Canada, is registered for a World Boxing event.
Boxing Canada and World Boxing are responsible for the personal data submitted in this Boxer's Medical Certificate. They have legal responsibility in processing Boxers' personal data, in accordance with applicable data protection laws, for the purposes of boxer's medical clearance, to enable participation in each Sanctioned Boxing Competition. The provision of the information requested below is mandatory before each competition. Failure to provide this information will mean that the Boxer cannot participate in the competition.
Boxing Canada's processing of data will take place within Canada, and World Boxing's processing of data will take place within Switzerland, where World Boxing headquarters are located. The Boxer's personal data will not be kept after a period of four (4) years following the end of the competition, except if specific circumstances justify keeping the data longer (e.g. in case of disputes or health concerns arising after the competition).
The Boxer has the right to request access, rectification, erasure, restriction of processing, objection to processing and to portability of personal data.

- The Boxer may contact Boxing Canada to exercise their rights, or for any questions regarding privacy, via email (info@boxingcanada.org).
- The Boxer may contact World Boxing to exercise their rights, or for any questions regarding privacy, via email (info@worldboxing.org). The Boxer also has the right to complain to the Swiss Federal Data Protection and Information Commissioner.

By signing this Medical Certificate, the Boxer confirms that they have read and understood the above mentioned information and accept its content. The Boxer also consents to the disclosure of the health information to Boxing Canada and World Boxing by the Boxer and the doctor signing this Medical Certificate.

Table 1: Boxer's Information	
Full Name (as on Passport)	
Date of Birth (dd/mm/yyyy)	
Category for purpose of competition	❑ Men ❑ Women
Country Code ("CAN", "RBT", etc)	
Legal Guardian's Name (if boxer is U19)	
Boxer's Signature (or signature of guardian)	
Date of Signature (dd/mm/yyyy)	
Boxer (or Guardian) must answer all questions in Table 3 below	

Table 2: Doctor's Information	
Full Name	
Title / Position	
Name of Organization	
Work Address	
Stamp (if applicable) *or License#*	
Doctor's Signature	
Date of Signature (dd/mm/yyyy)	
Comments (if any)	
Doctor Must answer all questions in Table 4 below	
Boxer's fitness to Box	❑ Fit to Box ❑ Not Fit to Box

Table 3: Boxer's Health History (Must be answered by Boxer or Guardian)		
Question	**Yes / No**	**If Yes, provide details**
Do you have any medical conditions, *psychiatric disturbances, drug or alcohol abuse?*	❑ Yes ❑ No	
Have you ever had any surgery?	❑ Yes ❑ No	
Have you ever had to stay in a hospital?	❑ Yes ❑ No	
Does your family have a history of sudden unexpected deaths?	❑ Yes ❑ No	
Have you ever had a concussion, loss of consciousness, *any unresolved post-concussion symptoms*?	❑ Yes ❑ No	
Do you have any seizure activity in the past 3 years?	❑ Yes ❑ No	
Have you had any headaches in the last two (2) weeks?	❑ Yes ❑ No	
Do you have any eye problems, such as retinal detachment, *refractive and intraocular surgery, cataracts*?	❑ Yes ❑ No	
Do you have any problems with bleeding problem or blood disorders (ex Hemophilia,von Willebrand Disorders)?	❑ Yes ❑ No	
Do you have any uncontrolled diabetes or thyroid disorders?	❑ Yes ❑ No	
Do you have a history of hepatitis B, hepatitis C, or HIV infection?	❑ Yes ❑ No	
Do you have an enlarge liver or spleen?	❑ Yes ❑ No	
Do you have any hernia, or tumour?	❑ Yes ❑ No	
Do you use any medications?	❑ Yes ❑ No	Please list names and dosages

Do you have any allergies? (ex insect, food, medicinal?)	❑ Yes ❑ No	
Female Specific (Note that confirmed pregnancy disqualifies from Boxing and Sparring		
Are there breast lesions, bleeding, masses, prosthesis, other dysfunction, or pain?	❑ Yes ❑ No	
Is there any abnormality in menstrual pattern? Amenorrhea?	❑ Yes ❑ No	
Lower pelvic pains? Pregnancy?	❑ Yes ❑ No	

Table 4: Doctor's Evaluation (Must be answered by the Doctor)		
Medical Information	**Assessment**	**If abnormal, provide details**
If the boxer had a concussion within the last 12 months, *confirm that the medical exam following rest period was normal*	❑ Normal ❑ Abnormal	
General appearance (*exposed open infected skin lesion, disease, etc*)	❑ Normal ❑ Abnormal	
Mental status / psychological state	❑ Normal ❑ Abnormal	
Neurological system (Reflexes, balance, verbal & motor responses; cranial nerves, tremors, locomotor impairment, dysarthria)	❑ Normal ❑ Abnormal	
Cranial nerves, eyes, pupil size & reactivity, fundi, vision by chart	❑ Normal ❑ Abnormal	
Mouth, teeth, throat	❑ Normal ❑ Abnormal	
Ears	❑ Normal ❑ Abnormal	
Temporomandibular joint	❑ Normal ❑ Abnormal	
Neck (Cervical spine, lymph nodes)	❑ Normal ❑ Abnormal	
Chest (Breath sounds, crackles, wheezes, rib tenderness on compression)	❑ Normal ❑ Abnormal	
Cardiovascular system (Pulse, blood pressure, heart sounds, murmurs, heaves, size, rhythm, *tachycardia, dysrhythmia*)	❑ Normal ❑ Abnormal	
Musculoskeletal system (Upper & lower limbs; *congenital/acquired deformities, ROM, stiffness*)	❑ Normal ❑ Abnormal	
Abdominal (Hernia, aneurysm, *masses, deformities, tenderness, scars, hepatomegaly, splenomegaly, ascites*)	❑ Normal ❑ Abnormal	
Has the boxer submitted any TUEs?	❑ Yes ❑ No	If Yes, list TUEs:
Myopia of more than -3.50 diopters, recorded visual acuity of uncorrected worse than 20/200 and corrected worse than 20/60	❑ Yes ❑ No	
Deafness (not a contraindication to boxing, but officials need to be aware)	❑ Yes ❑ No	