# CANADIAN AMATEUR BOXING ASSOCIATION

## Pre-bout Medical Questionnaire for Female Boxers

Date: _____ Site: _____

---

### Questions for Coach:

Name: _____
(Please Print)

Have you noticed any changes in your boxer regarding the following?

1. Attention or concentration: Yes [ ] No [ ]
2. Memory Yes [ ] No [ ]
3. Speech Yes [ ] No [ ]
4. Behavior Yes [ ] No [ ]
5. Sparring (quickness) Yes [ ] No [ ]

Coach Signature: _____

---

### Questions for Boxer:

Name: _____
(Please Pint)

Have you had any of the following symptoms lately?

1. Headaches Yes [ ] No [ ]
2. Dizziness Yes [ ] No [ ]
3. Nausea or vomiting Yes [ ] No [ ]
4. Double or blurred vision Yes [ ] No [ ]
5. Have you taken any medication within the last 90 days Yes [ ] No [ ]
   If yes what kind _____

6. Are you pregnant Yes [ ] No [ ]
7. When was your last menstruation? Date: _____
8. Did you do a pregnancy test Yes [ ] Negative [ ] Positive [ ] No [ ]

**If you even think you might be pregnant you should not box.**

9. Have you noted any menstrual abnormality recently such as an absent menses, abnormal vaginal bleeding with or without pelvic pain / tenderness not consistent with your normal menstrual cycle & patterns?
   Yes [ ] No [ ]

10. Have you noted any breast masses, bleeding or other breast dysfunction Yes [ ] No [ ]
11. Have you had breast augmentation implants or tissue transfer Yes [ ] No [ ]
12. Do you have any body piercing Yes [ ] No [ ]
13. In the last 12 months, have you had close contact with any person who has Hepatitis or HIV
    Yes [ ] No [ ]
14. If you think you may be infected with Hepatitis or HIV you should not box

**If you do not understand any questions please inform the Medical Doctor.**

Boxer Signature: _____

---

**Medical Doctor - Name: _____ License #_____**
(Please Print)

**Medical Doctor - Signature: _____**