



PRE-BOUT MEDICAL QUESTIONNAIRE FOR FEMALE BOXER

1 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: _____

2 Questions for boxer: Name: _____
(please print)

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 blurry vision | yes () | no () |
| 5) Do you have body piercing? | yes () | no () |
| 6) Are you pregnant? | yes () | no () |
| 7) Did you do a pregnancy test? | yes () | no () |
| 8) Have you noticed any menstrual abnormality recently such as an absent menses, abnormal vaginal bleeding with or without pain / tenderness not consistent with your normal cycle or pattern? | yes () | no () |
| 9) Have you noticed any breast mass, bleeding or other breast dysfunction? | yes () | no () |
| 10) Have you had breast augmentation implants or tissue transfer? | yes () | no () |
| 11) Have you taken any medication within the last 90 days?
(If yes, what kind: _____) | yes () | no () |

Boxer's signature: _____

**If you think you may be infected with Hepatitis or HIV you should not box
If you do not understand any question please inform the doctor**

3 Doctor's name: _____ License #: _____
(please print)

Signature: _____