



## Certificate of Health

Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Civil registration number in Denmark : \_\_\_\_\_

Attesten skal udfyldes på engelsk og alle punkter 1-25 skal være udfyldt. Hvis der til et punkt ikke er kommentarer, skal det af lægen markeres med "%". Endvidere skal pkt. 30-33 være udfyldte forinden du skal i kamp.

**1. Solemn Declaration:**

The informations in this document is correct given by me. I receive no treatment from any doctor - except what is mentioned at item 3.

Signature of the Boxer: \_\_\_\_\_

(The doctor must see the boxer sign)

I hereby certify that I have examined: \_\_\_\_\_

(boxers name written in block letters by the doctor)

Jeg erklærer at have set følgende dokumenter - der er godkendt af undersøgende instans - og ikke har givet mig anledning til bemærkninger:

Neurological examination: None

Eyeexamination: None

MR Scanning of the brain: None

\_\_\_\_\_ **There are NO abnormalities** on this physical examination that

(sæt X) contraindicate participation in professional boxing

\_\_\_\_\_ **There ARE abnormalities** on this physical examination that contraindicate

(sæt X) participation in professional boxing

Date: \_\_\_\_ / \_\_\_\_ 201\_\_

(DD/ MM, YYYY)

Doctors stamp (Name, address & phone):

Doctors signature: \_\_\_\_\_

**2. Comprehensive anamnesis – including information regarding medical illness and surgery:**

Skal udfyldes med tekst, idet "0" eller "%" ikke er nok i henhold til Sundhedsstyrelsens krav. Der **SKAL** altså være en beskrivelse!

**3. Medication use:**

**4. Past trauma:**

**5. Past knock-outs and suspension within the past six months: Oplyses af bokseren på tro og love**

Date: \_\_\_\_\_

**6. Eyes:**

Pupils: Left < / = / > right.

Reaction to light and accommodation: Normal / abnormal

Field of vision: Normal / abnormal

Visual acuity (Snellen Chart):

**Synsprøven skal udvise en synsstyrke på mindst 6/18 på bedste øje og mindst 6/30 på dårligste øje (dette prøvet uden korrektion), ligesom bokseren højst må være nærsynet med -3,0 (målt i dioptrier). Synsfeltet skal være normalt.**

Uncorrected: Left: 6 / \_\_\_\_ Right: 6 / \_\_\_\_

Myopia must furthermore be described in dioptries: Left: \_\_\_\_ Right: \_\_\_\_

Corrected: Left: 6 / \_\_\_\_ Right: 6 / \_\_\_\_  
Comments:

**7. Ears:** Including tympanic membrane, external auditory canals and auditory acuity for conversational voice.

Normal / abnormal

Comments::

**8. Nose:**

Normal / abnormal

Comments:

**9. Oropharynx:**

Normal / abnormal

Comments:

**10. Neck:**

Normal / abnormal

Comments:

**11. Lungs:** (Any abnormal breath sounds, friction, rales etc.)

Normal / abnormal

Comments:

**12. Thorax / chestwall:** Normal / abnormal

Comments:

**13. Heart:** Stetoscopia: Normal / abnormal

Comments:

**14. Abdomen:** (masses, tenderness, hernia)

Normal / abnormal

Comments:

**15. Only Men: Male genitalia:** Both testes in scrotum?

Yes / No

Comments:

**16. Back and spine:**

Normal / abnormal

Comments:

**17. Extremities / musculoskeletal system**

(stiffness, swelling, tenderness, joint injuries)

Normal / abnormal(17.) Comments:

**18. Skin:**

Normal / abnormal

Comments:

**19. Lymphatic system:** Normal / abnormal

**Inguinal region** masses,tenderness, hernia):

Normal / abnormal

**20. Urinalysis:**

Proteinuria: Glycosuria: Hematuria:

Comments:

**21. Pulse rate at rest:** \_\_\_\_\_ per minute (regular / irregular)

**22. Blood pressure** (at rest): \_\_\_\_\_ / \_\_\_\_\_

Comments:

**23. Nervous system:** Anamnesis, neurological symptoms and disorders, prior episodes of unconsciousness outside the ring:

Neurological examination:

Comments:

**24. Weight:** \_\_\_\_\_ kg **Height:** \_\_\_\_\_ cm

**25. Other conditions that contraindicate participation in professional boxing:**

**Skal udfyldes.**

**For Championship of the EBU, IBC, IBF, IBO, WBA, WBC, WBO further tests**

**26. X-Ray of chest:** Date (D, M, Y) \_\_\_/\_\_\_/201\_: Comments: \_\_\_\_\_  
Gældende 12 mdr. fra undersøgelsesdato  
Kopi af undersøgelsesrapp. til DPBF

MD signature & stamp

**27. EEG:** Date (D, M, Y): \_\_\_/\_\_\_/201\_ Lab. Report attached. Comments: \_\_\_\_\_  
Gældende 12 mdr. fra undersøgelsesdato  
Kopi af undersøgelsesrapp. til DPBF

MD signature & stamp

**28. ECG:** Date (D,M,Y): \_\_\_/\_\_\_/201\_ Lab. Report attached. Comments: \_\_\_\_\_  
Gældende 12 mdr. fra undersøgelsesdato  
Kopi af undersøgelsesrapp. til DPBF

MD signature & stamp

**29. Blood Tests HIV 1 & 2 (D,M,Y):** \_\_\_/\_\_\_/201\_ Comments: \_\_\_\_\_  
Må ikke være ældre end 28 dage på kampdato

MD signature & stamp

*The below examinations are mandatory to all boxers according to the Danish Law and DPBF Rules  
The examinations are valid 12 months from the date of examination. All examinations shall be carried out by MD Specialists.*

**30. MR/MRI of the brain (D,M,Y):** \_\_\_/\_\_\_/201\_ Comments: \_\_\_\_\_  
Kopi af undersøgelsesrapp. til DPBF

MD signature & stamp

**31. Neurological Examination (D,M,Y):** \_\_\_/\_\_\_/201\_ Comments: \_\_\_\_\_  
Kopi af undersøgelsesrapp. til DPBF

MD signature & stamp

**32. Ophthalmological Examination (D,M,Y):** \_\_\_/\_\_\_/201\_ Comments: \_\_\_\_\_  
Kopi af undersøgelsesrapp. til DPBF

MD signature & stamp

**33. Vaccination against Hepatitis B Antigen,**  
Dose # 1 \_\_\_/\_\_\_/201\_ Dose # 2 \_\_\_/\_\_\_/201\_ Dose # 3 \_\_\_/\_\_\_/201\_ (D,M,Y) Documentation attached  
Kopi af vaccinationsattest til DPBF