

## APPENDIX B - National Federation Acceptance Notice for Individual Physical Contact Sport Athletes

TO: International Boxing Association (AIBA)

FROM: \_\_\_\_\_  
(Name of National Federation)

DATE:        /        /         
(Day)    (Month)        (Year)

Dear Sirs,

We hereby inform AIBA that the following athlete from \_\_\_\_\_ (name of sport) wishes to participate in the sport of boxing and cease his/her involvement in this sport. Our National Federation has reviewed this athlete and decided to accept him/her as one of our boxers.

1.	(Full Name of Boxer)	(Weight Category)	(Classification)	(Gender)
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_____	_____	_____	_____
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We understand below AIBA Rules related to this issue and will wait to receive written confirmation of approval from AIBA before the athlete is eligible to participate in competitions.

2.2.2.1.1. An athlete who has competed at an amateur or professional level in any Individual Physical Contact Sport is eligible to compete in an AIBA or National Level Competition, at an appropriate level, under the following conditions:

2.2.2.1.1.1. When a National Federation wishes to register an athlete from any Individual Physical Contact Sport as a Boxer, this National Federation shall complete the Application Form in Appendix B and a Medical Certificate completed by the National Federation Doctor and submit both documents to AIBA for acceptance and registration. The registration will be approved by AIBA in consultation with the AIBA Technical & Rules Commission. The athlete shall be eligible to participate once written confirmation of approval has been received from AIBA.

2.2.2.1.2. Any athlete registered as a Boxer by a National Federation under Rule 2.2.2.1.1 above shall not participate in any other Individual Physical Contact Sport once approved by AIBA.

Sincerely yours,

\_\_\_\_\_  
President or Chairman of National Federation

## APPENDIX C - Medical Certificate Template

### Athlete

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

### Doctor

**NAME:** \_\_\_\_\_

**TITLE/POSITION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

Fit to Box  
**Not** Fit to Box

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### **QUESTION FOR ATHLETE: IF YES, EXPLAIN**

1. Is a Doctor currently treating you for anything?

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2. Have you ever been unconscious or had a concussion?

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3. Have you been hit hard in the head in the last 6 weeks?

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4. Have you had any headache in the last 2 weeks?

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5. Do you have any problem with bleeding?

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6. Do you have a history of hepatitis B or hepatitis C or HIV infection?

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7. Does any disease run in your family? Sudden unexpected deaths?

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8. Have you had any surgery?

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9. Have you ever had to stay in a hospital?

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10. Do you have any medical condition?

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MEDICAL CERTIFICATE		ABNORMALITIES		
If Athlete had a Concussion in the past year, please certify that:	Medical Examination following rest period after Concussion was normal Athlete Fit To Box	Normal	Abnormal	
General Medical Exam	List abnormalities not covered in specific system exams below:			
Mental Status/ Psychological	Brief survey	Normal	Abnormal	
Head	Cranial nerves, eyes, pupil size and reactivity, Fundi, vision by chart (record)	Normal	Abnormal	
	Mouth, teeth, throat	Normal	Abnormal	
	Ears	Normal	Abnormal	
	Temporomandibular joint	Normal	Abnormal	
Neck	Cervical spine, lymph nodes	Normal	Abnormal	
Chest	Breath sounds, rib tenderness on compression	Normal	Abnormal	
Cardio Vascular System	Pulse/blood pressure (record)	Normal	Abnormal	
	Heart examination: sounds, murmurs, heaves, size, rhythm	Normal	Abnormal	
Orthopedic System	Upper limb: shoulder, wrist, hand, fingers	Normal	Abnormal	
	Lower limb: foot, ankle, knee, hip	Normal	Abnormal	
Neurological System	Reflexes	Normal	Abnormal	
	Verbal Responses	Normal	Abnormal	
	Motor responses and balance	Normal	Abnormal	
Allergies	(record)	Yes	No	
	Type of reaction (record)			
Medications used	Name and dosage (record)	Yes	No	

Any TUE Submitted ?

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No

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Yes (If YES, please explain)