





Locomotor System: Any scars, tenderness, swellings, muscular atrophy, restrictions or laxity of joints, any deformities of the back or restrictions of spinal mobility?

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Nervous System: Any tremors of eyelids, tongue or outstretched fingers?

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Roberg test

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Gait, posture

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Are deep tendon and significant skin reflexes present?

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Any sensory changes?

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Mental state?

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Genitalia: Absent or undescended testical, hydrocele, varicocele, inguinal or femoral hernia?

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### 3. Laboratory Data

Blood count WBC \_\_\_\_\_ HTC \_\_\_\_\_ HB \_\_\_\_\_

Urine analysis \_\_\_\_\_

Blood serology \_\_\_\_\_

### 4. ECG

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EEG \_\_\_\_\_

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Skull x-ray \_\_\_\_\_

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Cranial Computes Tomography/CCT \_\_\_\_\_

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### 5. Fitness to box

Fit to box \_\_\_\_\_

unfit to box \_\_\_\_\_

Date of examination \_\_\_\_\_

Signature of Examining Physician

Signature of General Secretary of National Federation