

Uncorrected

Right.....

Left.....

HEENT:

DRUMS	N	X
NASOPHARYNX	N	X
ADENOPATHY	N	X
CRANIAL NERVES	N	X
EYES	N	X
HEARING	N	X
SCARS	N	X

NEURO

GAIT	N	X
ROMBERG	N	X

ORTHO

FLEXIBILITY	N	X
OTHER	N	X

CHEST

LUNGS	N	X
HEART	N	X

Chest X-Ray..... Date.....
 Size..... Rate..... Rhythm.....

ABDOMEN

LIVER	N	X
MASSES	N	X
HERNIA	N	X

SPLEEN

Repair Date.....

DISQUALIFYING CONDITION

SIGNED..... DATE.....

TOURNAMENT INJURIES..... DATE.....

TEXAS GOLDEN GLOVES PHYSICAL EXAM

NAME _____ AGE _____ WT _____ DATE _____

FAMILY DOCTOR _____ HOSPITAL CHOICE _____

ALLERGIES _____

PREVIOUS HOSPITALIZATION/SURGERY _____

USA/BOXING REGISTRATION NO. _____

SCHOOL/EMPLOYER _____

REPRESENTING: (TEAM/REGION) _____

HOME ADDRESS: _____ ADDRESS _____ CITY _____ STATE/ZIP _____

TELEPHONE: _____ (AREA CODE) _____

COACH'S SIGNATURE: _____

ANSWER ALL QUESTIONS BELOW

- | | | | | | |
|----------------------------|-----|----|---|-----|----|
| a. Bleeding tendencies | Yes | No | k. A kidney, lung, testicle, or eye removed | Yes | No |
| b. Seizures or convulsions | Yes | No | l. Concussion or Unconsciousness | Yes | No |
| c. Diabetes | Yes | No | m. Mononucleosis | Yes | No |
| d. Asthma | Yes | No | n. Hepatitis | Yes | No |
| e. Hernia | Yes | No | o. Rheumatic fever | Yes | No |
| f. High Blood Pressure | Yes | No | p. Skin Disease | Yes | No |
| g. Heart Disease | Yes | No | q. Cough | Yes | No |
| h. TB | Yes | No | r. Contact Lenses | Yes | No |
| i. Sickle Cell Disease | Yes | No | | | |
| j. Kidney Disease | Yes | No | | | |

GIVE EXPLANATION OF ALL YES ANSWERS _____

BOXER'S SIGNATURE _____ HOME PHONE _____

PARENTAL CONSENT _____ HOME PHONE _____
(Signature of Parent or Guardian)

(FALSIFICATION OF ANY PART OF THIS FORM CAN RESULT IN IMMEDIATE DISMISSAL OF THE CONTESTANT FROM THE TOURNAMENT)