

Kenya Professional Boxing Commission

Enhancing Professionalism in Boxing

Initial and Annual Medical Application Form

1.0 Applicant

Last Name	First Name	Middle Initial	
City/County	Street/Road	Estate	House No.
Telephone No.	Email:		
Age	Birth Date (yyyy/mm/dd)	Height ft. cm	Weight lbs. kg

Medical History Please provide a brief medical history of the applicant or an updated history

First-time applicant **or** License Renewal

2.0 The Following Tests and Surveys Must Be Conducted Upon All Applicants

2.1.1 Hearing

Any Impairment Yes No

If "Yes", describe:

(With history of otorrhea, describe auditory canals and drains)

2.1.2 Vision Ophthalmic Assessment (Retina Dilated Exam)

- a)Uncorrected Vision R L *(attach copy of report)*
b)Corrected Vision R L *(attach copy of report)*
c)Pupils equal Yes No
d)React to light and accommodation Yes No
e)Fundiscopic examination normal Yes No

2.1.3 Mouth

Any disease of the mouth or throat? Yes No

2.1.4 Glands

Any enlargement of the thyroid or lymphatic glands? Yes No

2.1.5 Respiratory

Any evidence of acute respiratory disease(s)? Yes No

2.1.6 Blood Pressure			
	Initial	Additional	
Systolic	/	/	
Diastolic	/	/	(at disappearance of sound)

2.1.7 Heart

Heart Rate, counted at the apex for one minute *If over 90, re-check and record temperature*

Any disturbance of cardiac rhythm? Yes No
 Any indication of disease of the heart or blood vessels? Yes No

2.1.8 Abdomen

Does examination reveal any abnormality? Yes No
 If "Yes", describe:

2.1.9 Hernia

Does examination reveal any evidence? Yes No
 If "Yes", describe:

2.2.0 Knees

Any knee jerks present and equal? Yes No

2.2.1 Nerves / Spinal

Any evidence of disease of the nervous system? Yes No

2.2.3 Varicose

If varicose veins are present, describe:

2.2.4 X-rays

Chest X-ray Normal Abnormal (attach copy of report)
 Catscan Normal Abnormal (attach copy of report)

3.1 Blood - Hepatitis A + Antigen; Hepatitis B+C; HIV Test

Blood Count	Bleeding Time	Coagulation Time (attach copies of reports)
Urine		
Specific Gravity	Albumen	Sugar

3.1.1 Serological

Is there any evidence of syphilis? Normal Abnormal

If "Yes", describe conditions

3.1.2 ECG EEG

ECG Report Normal Abnormal (*attach copy of report*)
EEG Report Normal Abnormal (*attach copy of report*)

4.0 General

Is there any condition or disorder evident, not covered by the above information, which requires additional examination or which would debar the applicant from participating in a professional contest?

Yes No
If “Yes”, describe:

4.1 Fitness

Applicant is considered **Fit** **Not Fit** to take part in a professional contest

5.1 Medical Examiner

Name

Signature

Date

Providing false information in this application may be cause for the denial, suspension, or revocation of your license. We may conduct a complete background investigation.