

(Medical in Confidence)

(When completed)

NOTICE OF BOXING INJURY TO AN INDIVIDUAL BOXER

Name:	Rank:	Service Number:
Date:	Contest:	BCR1 Number:
Doctor's name and GMC No:	Supervisor:	Referee:
Doctor work contact number:	Supervisor work contact number:	Referee work contact number:
Injury, treatment and any comments by the Ringside Physician:		

The boxer named above has been given a Medical suspension of _____ days, commencing immediately post-injury and is not permitted to box or spar until completion of the suspension period **and until they have passed a renewal Annual Boxing Medical Examination.**

	Doctor	Supervisor
Signature:		
Name:		
Rank		

This annex is to be completed by doctor and Supervisor and handed to boxer/coach.

The annex is to be presented to the BOXER'S NORMAL DOCTOR by the boxer when reporting sick for mandatory next working day checks.

The doctor receiving this Annex it to update DMICP with the data on here, an updated boxer examination status (using boxing injury template within the boxing protocol menus), form then to be scanned onto DMICP against that update consultation and then shredded.