***FORT BLISS SPORTS***

***BOXING PHYSICIAN RELEASE***

***APPLICANT***

***LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**MINIMUM STANDARDS – ALL AREAS LISTED ON THE PHYSICAL EXAM MUST BE WITHIN NORMAL LIMITS.**

1. Blood pressure no higher than 160/90
2. Body temperature blow 100 degrees
3. No abnormal conditions that would limit participation ability
4. No hernias containing abdominal contents on coughing or straining
5. Normal reflexes
6. No suppurative lesions on skin
7. No indication of active renal disease
8. No history of cerebral hemorrhage or other serious head injury
9. No communicable diseases present or other conditions that can be transmitted by blood or detrimental to the applicant or others
10. No concussions within the last two years

**Physician’s Remarks:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have examined the above named applicant and find him/her in a:**

**\_\_\_\_\_ Satisfactory \_\_\_\_\_Unsatisfactory medical condition, therefore my recommendation**

**For participation is:**

 **\_\_\_\_\_Granted \_\_\_\_\_\_Denied**

**EXAMINING PHYSICIAN:**

*PHYSICIANS NAME (PLEASE PRINT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*PHYSICIANS SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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