



Fédération Luxembourgeoise de Boxe Professionnelle

F.L.B. Pro. a.s.b.l.



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MEDICAL AUTHORISATION

With the present form, our Federation declares that our licensed boxer

Mr./Mrs. – date of birth ___/___/___ license n.

is fit to boxe and has passed the medical examination before the fight scheduled
on (date ___/___/___) against the boxer

We confirm that he/she passed his/her **annual medical examinations** (if the boxeur is younger than 40 years) in date ___/___/___ or **semestral medical examinations** (if the boxeur is older than 40 years) in date ___/___/___ - according to the rules of the aforementioned Federation, including the following exams:

1. EXAMINATION HISTORY – NEGATIVE
2. M.R.I. of the BRAIN (date ___/___/___) – NEGATIVE
A - (to be performed in the last 12 months if the boxeur is younger than 40 years or, in any case, after a match lost by KO, TKO or abandon)
B - (to be performed in the last 6 months if the boxeur is older than 40 years or, any case, after a match lost by KO, TKO or abandon)
2.a M.R.A. of the BRAIN (date ___/___/___) – NEGATIVE
(to be performed only once after the age of 40 years)
3. EEG – NEGATIVE
4. ECG – NEGATIVE
5. HEPATITIS A, B and C – NEGATIVE
6. EYES EXAMINATION – NEGATIVE
7. EAR, NOSE and THROAT EXAMINATION – NEGATIVE
8. URINE ANALYSIS – NEGATIVE
9. PELVIC and MAMMARY ULTRASOUND (only for women) – NEGATIVE
10. H.I.V.

For women, a PREGNANCY TEST performed not older than 14 days before the match in a laboratory (not by means of stick or doctor's declaration) is mandatory.

VENUE AND DATE

Signature and stamp
of the Foreign Boxing Federation Medical Office

Signature and stamp
General Secretary's
