T12 FORM





England Boxing Athletes/ General Practitioners Notice

To: - Th	ne General Practitioner of
Name:	
Club:	Region:
The abo	ove named patient of yours took part in an Amateur Boxing contest at
	(VENUE) Date:
His/her	bout was stopped due to a blow to the head in the round. He/she was
	1. Unconscious for(TIME PERIOD) 2. Not unconscious
l would	be grateful if you could see him/her as a matter of urgency
1. a 2. I	He/she is not allowed to box or spar for - at least 30 days after 1 KO and 90 days if 2 KO's within 90 days Must not box or spar for at least 90 days after LOC less than 1 minute and 180 days after LOC of more than 1 minute
Signed:	(MEDICAL OFFICER)
Date:	Time: