



Pre-bout examination for all women boxers that fight in Italy

MINISTRY OF HEALTH'S DECREE 02/08/05

The undersigned (Surname and name) boxer born in
 (Place of birth) the (date of birth)
 Nationality Amateur () Professional () Engaged in the bout of (date of
 bout) at (place of bout)

Declares to not have at the present moment:

- vaginal haemorrhage, different from menstruation;
- genito-urinary illnesses;
- recent surgery and/or injuries in the breast area;

Declares, moreover:

- to have undergone a pregnancy test, in a Analysis Laboratory within 14th days before the bout;
 date of pregnancy test Result: (as the enclosed
 medical certificate).

Date

Athlete's Signature or Legal Guardian

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In the case of minors, the Legal Guardian Mr./Ms. (along with a
 copy of Identification) attests that the information provided above is true and delegates the
 accompanying coach Mr./Ms. for any further correlated sanitary
 measures.

Signature

Date

Signature of visiting Medical Doctor pre Match
 (Stamp and signature)

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