



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

***Pre-bout Examination (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 14<sup>th</sup> days before the bout;  
date of pregnancy test ..... Result: ..... (as the enclosed medical certificate).

I hereby authorize you to use and process my personal details contained in this document."

Date ..... Athlete's Signature\* .....  
(\*If Minor, signed by a person exercising permanent or temporary parental authority or legal guardianship)

**Comments**

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**Signature and stamp of the Doctor Specialized in Sport Medicine** .....

This form has to be handed, in a closed envelop, to the Bouts Commissioner who will attach it to the Final Event Report.

**This form is an integral part of the SAN-01**