



Dichiarazione pre-gara per Atleti stranieri (uomini e donne)

SAN-02

Place of bout: Date:/...../.....

Kind of meeting (es: club, championship, etc...):

Questions for the Athlete

Surname and name: License n°:

Date of birth:/...../..... Place of birth: Nationality:

Amateur () Professional () Club:

Weight: **only for professional Athlete** Weight (30 days ago) (7 days ago)

Date of last bout:/...../..... verdict:

Date of last bout in sports similar (Boxing):/...../..... verdict:

Have you suffered from any of the following complaints?

- | | Yes | No |
|--|-----|-----|
| 1. Headaches | () | () |
| 2. Dizziness | () | () |
| 3. Nausea or vomiting | () | () |
| 4. Double or blurred vision | () | () |
| 5. Fainting and/or lost of consciousness | () | () |
| 6. Convulsions/Seizures | () | () |

Have you taken any medication, drug, integrator withing the last 90 days?

- If yes, what kind?: () ()

Have you had illnesses or injures over la test 120 days? () ()

- If yes, what kind?:
.....

Date:/...../.....

Athlete's signature:

Questions for the Coach

Surname and name: License n°:

Date of birth:/...../..... Place of birth: Nationality:

Club:

Ave you noticed any changes in your athlete regarding the following?

- | | Yes | No |
|-------------------------------|-----|-----|
| 1. Attentino or concentration | () | () |
| 2. Memory | () | () |
| 3. Speech | () | () |
| 4. Behaviour | () | () |
| 5. Sparring (quickness) | () | () |

If yes, what kind?:
.....

Date:/...../.....

Coach's signature:

Per presa visione del Medico (specialista in medicina dello sport) che effettua la visita pre-gara.

Data:/...../.....

Timbro e firma

Da consegnare al Commissario di Riunione che lo allegherà al verbale di riunione.