



POST BOUT CUT / INJURY FORM

BOXER'S NAME _____ **COUNTRY** _____

DATE _____ **EVENT/LOCATION** _____ **BOUT #** _____

CUT BOXER SOUTHPAW Y/N ----- **OPPONENT SOUTHPAW** Y/N ----- **CUT BOXER WINNER/LOSER**

CUT DUE TO: GLOVE / HEADBUTT / ELBOW / UNKNOWN / OTHER (SPECIFY) ----- **PREVIOUS CUT** Y/N

CUT LOCATION: FOREHEAD / EYEBROW – LEFT / EYEBROW – RIGHT / EYELID – LEFT / EYELID – RIGHT
CHEEK / NOSE / CHIN / OTHER (SPECIFY)

LENGTH OF CUT _____ cm **WIDTH** _____ cm **DEPTH** _____ cm **VISION IMPAIRED** Y/N

TREATMENT: SUTURE / STERI-STRIPS / GLUE / NONE / TRANSPORT TO HOSPITAL OR TEAM DOCTOR

DOCTOR STOP BOUT: Y/N **DECISION:** WP / ABD / RSC / RSC-I / KO / DSQ

INJURY

CONCUSSION: LOC Y/N **HOW LONG FOR LOC** _____ **RESTRICTION** Y/N

HOW MANY DAYS RESTRICTION _____ **REQUIRES CLEARANCE TO RETURN** Y/N

EXAM: _____

UPPER EXTREMITY:

EXAM: _____

LOWER EXTREMITY:

EXAM: _____

OTHER/SPECIFY:

EXAM: _____

RESTRICTIONS Y/N **HOW MANY DAYS** _____ **REQUIRES CLEARANCE TO RETURN** Y/N

RINGSIDE DOCTOR SIGNATURE & STAMP _____

Cut Injury Registration Form

This page is to be completed by the IF-certified Doctor

1. Mark the location and approximate size of the cut on the grid below.
2. Take two photographs of the Boxer from a distance of 50cm – one from the front and one from the side.
3. Send the photographs and a scan of this completed form to sport@worldboxing.org

