NCBA Competition Medical Fact Sheet

Please complete following an NCBA Competition and submit to webmaster@ncbaboxing.org.

Name of Event: _____

Date: _____ **Location:** _____

Contact Person (sanction holder or physician filling out form): _____

Email of contact person: _____ **Phone:** _____

Number of Athletes: _____ **Number of Bouts:** _____

(Do not include Walkovers and Byes)

Total Number of Injuries: _____

Type/Number of Specific Injuries (enter number or tick marks):

- **Concussions:** _____
- **Controlled Nose Bleeds:** _____
- **Uncontrolled Nose Bleeds:** _____
- **Lacerations (less than 1 cm):** _____
- **Lacerations (greater than 1 cm):** _____
- **Fractures:** _____
- **Dislocations:** _____
- **Other (describe)** _____

Number of RSC/ABD stoppages: _____

Number of RSC-I (Injury) stoppages: _____

Number of KOs: _____

Number/Type of Restrictions: _____

Number of athletes transported by EMT/Amb. _____

Please attach an additional sheet, if needed, to explain details.