



Malta Boxing Association

MBA Office - 52/1, Tigne Seafront,
Sliema. Malta. SLM3011

Email: maltaboxingsec@gmail.com
www.maltaboxingassociation.org

OFFICIAL AUTHORISATION TO COMPETE IN THE MALTESE TERRITORY

This form must be filled out by the Federation responsible for the license of the boxer and sent directly by the National Federation to the MBA at least 5 days before the event. Any incomplete form will not be accepted. Please send to maltaboxingsec@gmail.com.

BOUT DETAILS

BOXER'S NAME:

LICENSE NUMBER:

OPPONENT'S NAME:

DATE OF BOUT: ___ / ___ / ___

PLACE OF BOUT:

NUMBER OF ROUNDS/DURATION:X.....

MANDATORY MEDICAL EXAMINATIONS

Following examinations must have been taken within the last 12 months:

MRIorMRA (with negative results) ___ / ___ / _____

Following examinations must have been taken within the last 12 months:

HEPATITIS A (with negative results): ___ / ___ / _____

HEPATITIS B (with negative results): ___ / ___ / _____

HEPATITIS C (with negative results): ___ / ___ / _____

For women: The PREGNANCY TEST result must be delivered on the day of the official boxing match and it must have been laboratory certified not less than 14 days prior the day of the match.

IN THE CASE OF AN EBU TITLE - OTHER MEDICAL EXAMINATION REQUIRED

Following examination must have been taken within the last 28 days:

HIV (with negative results): ___ / ___ / _____

We hereby certify that the above mentioned boxer is fit for Pro Boxing Competitions according to the Laws and Rules in force in the Country of the National Boxing Federation of which he/she is an effective member following a medical license issued by specialist doctors.

Name of National Boxing Federation

Represented by: (President / Secretary General), authorizes the athlete to fight and certifies the accuracy of the information given on this document.

STAMP OF THE FEDERATION: Date: ___ / ___ / _____

Signature of President or Secretary General

