

Atibox Health Comittee Survey for member clubs.

Please fill in the information on each question, save the form to your computer, and then send it back to me on the following e-mail adress: ceciliestromstad@gmail.com

Member country: _____

Name of contact person for the health committee: _____

E-mail: _____ phone: _____

Which health tests (screening) are available in your country? Please choose between Mandatory, Optional or NA (not applicable if there is no testing) :

Screening for Hip Dysplasia (X-ray): _____

Minimum age at screening: _____

Screening for Spondylosis (X-ray): _____

Minimum age at screening: _____

Screening for Knee Arthrosis (X-ray):

Minimum age at screening: _____

Screening for Osteochondrosis (X-ray):

Minimum age at screening: _____

Heart testing: auscultation: _____ doppler: _____ holter: _____

Minimum age at screening: _____

Other tests that are available: _____

Has there been a health survey in boxers in your country? _____

Are you planning to have a health survey in boxers in your country? _____

Thank you for your help!