GENERAL MEDICAL GUIDELINES FOR WBF CHAMPIONSHIP CONTESTS

To optimize the medical and safety standards of boxing fights all over the world and minimize the risk of a serious injury during World Boxing Federation championship contests, the WBFed Medical Board strongly recommends yearly medical examinations of all licensed fighters.

(1.) The ring physician or physician designated by the local commission shall follow the procedures listed below:

a) Annual medical examinations shall be conducted by a physician designated by the local commission in accordance with the direction contained in paragraph 2.) below prior to the renewal of a boxer's license;

(b) A pre-contest medical examination, immediately before the weigh-in and a post-contest check of each boxer shall be conducted by a ring physician for each contest.

2.) Initial and annual medical examination specifics.

The initial (first licensing) and annual medical examination (yearly renewing of the license) shall include a most complete and detailed medical history and physical examination of the boxer, with special emphasis pertaining to his profession or sport, including:

(a) Medical History:

(i) Family Medical History: Hereditary or familial diseases such as a history of epilepsy, tuberculosis, diabetes mellitus, and blood disorders should be medically assessed.

(ii) Personal Medical History: The following conditions preclude boxing: gross deformities and major operations (e.g. nephrectomy); deaf mutes; and a history of epilepsy or diabetes requiring insulin. Note also debilitating diseases, operations, deformities, allergies and concurrent maintenance medications. It is advised to be vaccinated against Hepatitis B. A history of alcoholic intake and the use of drugs should be questioned in detail and carefully assessed.

(b) Physical Examination:

A complete physical examination shall be conducted. In making a decision as to whether or not a boxer is fit to box, the following factors shall be strictly adhered to:

(i) Eyes: The following conditions preclude boxing: Significant astigmatism, myopia greater than five (5) diopters or any variant of optic nerve degeneration, a (pre)retinal detachment, hemorrhage, or gross fundal pathology and the wearing of spectacles or contact lenses in the ring. Color blindness or a squint (strabismus) are not precluded from boxing, provided there is no double vision complaint. In the case of a squint or any questionable eye disorder, a certificate of approval for boxing competition should be obtained from an ophthalmologist.

(ii) Ears: The following conditions preclude from boxing: Recurrent ear discharge and persistent tinnitus, bilateral deafness of chronic duration, deafness of recent onset until an investigation is completed and deaf-mute condition. Unilateral deafness of chronic duration does not preclude boxing.

(iii) Facial Deformity or Malfunction: Athletes with any facial bony configuration resulting in impaired breathing or inadequate retention of the mouthpiece shall not box.

(iv) Heart: An athlete with the following cardiac pathology shall not box: Ischemic heart disease, rheumatic heart disease (active) with valvular pathology, certain cardiac arrhythmias (not benign), right or left heart failure and congenital heart disease, unless the defect has been rectified and the athlete has been certified "fit to box" by a cardiologist.

(v) Pulmonary: The following conditions preclude boxing: A history of emphysema, recurrent bronchitis or bronchiectasis, active tuberculosis or any neoplasm and history of recurrent pulmonary fulminating infections and/or hemoptysis. Inactive cured tuberculosis with restoration of normal lung function does not preclude boxing.

(vi) Central Nervous System: The following neurological medical states prelude boxing: Epilepsy, whether grand mal, petit mal or temporal lobe, or variant thereof, recurrent dizzy spells (vertigo), known space occupying lesions of the brain (e.g. cysts, tumors, hematomas, pneumatoccles), cerebrovascular disease, cerebrovascular insufficiencies, or atrerio-venous malformations, focal persistent leg and/or arm tremors, degenerative spinal cord disorders (e.g. ALS, multiple sclerosis), spinal cord tumors or vascular malformations, previous history of syphilis of the nervous system and any boxer with irregularity of the pupils or signs of locomotor impairment.

(vii) Musculoskeletal and Joint Disorders: Athletes with the following disorders shall not box: Degenerative disc disease of the spinal column – active, bony tumors of the spinal column, ankylosing spondylitis, diffuse or multifocal arthritic involvement of the joints, including the spinal column, hands, forearms, shoulders and legs, myasthenia gravis, muscular dystrophy, active peripheral neuropathies and osteomalacia and osteoporosis. Poliomyelitis does not preclude boxing if resultant muscular involvement does not give disabling limb weakness, deformity or paralysis.

(viii) Inguinal hernia: A hernia, per se, does not preclude from boxing, provided that it does not protrude into the scrotum. If exquisite tenderness exists, the athlete is precluded from boxing until the hernia is satisfactorily repaired. Boxers with an inguinal hernia should be advised to consult a surgeon.

(ix) Abdominal hernia, umbilical hernia: If there is no spontaneous reposition of the hernia, the athlete is precluded from boxing until the hernia is satisfactorily repaired. Boxers with a hernia should be advised to consult a surgeon.

(x) Abdominal: Athletes with the following disorders shall not box: Certain forms of organomegaly (e.g. enlarged liver or spleen), active inflammatory visceral states (e.g. colitis, gastritis, pancreatitis, active hiatal hernia), active gastric or duodenal ulcers, persistent recurrent rectal bleeding, jaundiced states and acute surgical abdomen.

(xi) Genitourinary: Regular routing and microscopic urinalysis shall be completed in all cases. The following preclude from boxing, unless allowed by an urologist: Chronic renal inflammations, previous renal and/or urinary bladder neoplasm's, previous testicular neoplasm's, previous scrotal neoplasm's, presence of one kidney and undescended testicle, unless assessed by a physician or repaired.

(xii) Endocrine: The following states preclude boxing: Thyroid dysfunction, if untreated, hypoglycemic attacks, pituitary and adrenal gland dysfunctions, if uncorrected and diabetes, if untreated.

(xiii) Dermatological: Systemic skin allergies or other lesions should not preclude from boxing, unless the examining physician so decides.

(xiv) Hematological and Lymphatic: History of persistent anemia's, lymphomas, leukemia's, thrombocytopenia's, hemophilia, christmas disease, or any other blood clotting disorder precludes boxing.

(xv) Blood Pressure: To be average for age. Any boxer with a systolic pressure over one hundred fifty (150) or a diastolic pressure above ninety (90) is suspect and should have a special investigation.

(xvi) Weight Loss: The Ring Physician shall pay particular attention to the presence of debilitating effects resulting from a strenuous weight loss program, both by foods or fluid reducing drugs, which might weaken the boxer to the extent he should be precluded from boxing in that particular event.

(c) Laboratory and Diagnostic Procedures:

The following laboratory and diagnostic procedures shall be carried out during the Initial and Annual Medical Examinations of an athlete:

(i) Chest x-ray.

(ii) Complete blood picture, platelet count, INR and PTT.

(iii) Complete urinalysis.

(iv) Blood test for HIV (Human Immune Deficiency), HBC (Hepatitis "B") and HBC (Hepatitis "C"). In any fight sanctioned by the WBFed a boxer must provide an acceptable negative HIV test and an acceptable negative HBC test dated within THIRTY (30) days of the fight. The tests must be performed by a physician, hospital or clinic recognized by the local commission. If the law governing the situs of the fight requires an HIV test less than THIRTY (30) days prior to the fight or required testing be conducted a the situs, this shall supersede the requirement of the preceding paragraph. No HIV testing shall be performed on any boxer without his consent. Boxers who test positive for HIV or HBC tests, or have an active Hepatitis B will not be permitted to box.

(v) Any other test or survey which might be indicated by the past or present condition of the athlete.

(d) For female fighters additionally: Negative pregnancy test.

(e) For fighters over 40 year of age additionally: Negative cardiac stress test.

3.) A pre-contest medical examination, immediately before the weigh-in and a post-contest check of each boxer shall be conducted by a ring physician for each contest. Any or all of the laboratory procedures listed above may be conducted at the pre-contest medical examination at the discretion of the attending physician.

(a) Pre-contest medical examination specifics: The medical examination (before weigh-in) shall include a physical examination of the boxer and the check of the presented medical certificates, including: Blood pressure, examination of the eyes, nose, ears, mouth and throat (with a medical lamp), auscultation of heart and lungs, orthopedic examination (ribs, hands, neck and skull e.g. injuries), neurological status. If the fighter is “fit to box”, the ring physician allows the weigh-in, and gives notice to the WBFed supervisor and to the local commissioner.

The ring physician has to have courage to suspend the athlete by any doubt of illness. If the ring physician thinks the fighter is not “fit to box” he has to consult immediately the local commissioner, the WBFed supervisor and the trainer or manager of the fighter. There are sometimes difficulties to read medical certificates in foreign languages or the fighter has a too high blood pressure or heart frequency in a stressed situation. In such cases the ring physician has to make a second examination of the fighter some minutes later. Any evidence that suggest a boxer is under the influence of drugs shall preclude boxing and require immediate testing to determine the exact nature of the drugs suspected.

(b) Post-bout medical examination: This examination should be carried out in accordance with the post-contest medical examination and injury report, with particular emphasis on any injury sustained.

(i) Medical procedure after a knockout from a blow to the head: The boxer should immediately be examined (preferably in the dressing room). He should be attended to in the dressing room until released by the physician. The boxer MUST BE EXAMINED AT THE CONCLUSION OF THE SHOW. If at this time he shows a neurological deficit, he is to be sent with a note detailing his deficit and with another individual to the emergency room of the nearest hospital. This is to be done as soon as the neurological deficit is detected, and not the next morning. If, however, the boxer shows a stable mental state with no neurological deficit, he may be sent home with an escort. The boxer shall not drive a vehicle himself. At home, the boxer shall not ingest sedatives, tranquilizers or sleeping pills. His diet should be restricted to clear fluids for eight (8) to twelve (12) hours after his injury. Certain drugs may be used to relieve a headache on the advice of his

physician. The boxer shall be seen the next day by a physician to ensure that the boxer has not shown deterioration in his condition. The boxer shall be suspended from boxing or contact training for a sixty (60) day period, or such longer period us the attending physician may designate. All coaches (trainers) and referees and other boxing officials should familiarize themselves with the medical signs of a neurological deficit so that they remain vigilant with respect to head injuries in a boxer.

4.) Anti-doping tests may be conducted on a Champion and a Challenger both before and after a title contest. The commission shall designate a laboratory to conduct a urinalysis. The laboratory shall supply two (2) bottles for each boxer, which bottles shall contain urine samples taken in the presence of the boxer's manager and commission supervisor. The specimen shall be clearly labeled with the name of the boxer, sealed in the presence of Commission witnesses. The date, time and place where the specimen was taken shall be clearly indicated. The bottles shall be numbered, sealed and signed by the boxer's manager and the commission supervisor. The designated laboratory shall then test the samples in bottles #1. If a bottle is found to contain a positive sample, then bottle #2 shall be tested in the presence of the commission Medical Advisor and a representative of the boxer. If bottle #1 is found to be negative, then bottle #2 will be destroyed.

The boxers shall indicate at the moment they give the urine specimen, if for any reason, they have been using medicines, and shall present clear evidence that they are using the medicines for therapeutic purposes, by means of a medical certificate. The approval of these medicines shall be at the sole and absolute discretion of the ringside physician (or medical advisor) provided same are not contained on the WBFed list of prohibited drugs.

Results management shall proceed:

(a) If the athlete admits having taken meldonium on or after 1 January 2016.

(b) If there is other evidence that the substance was taken after 1 January 2016.

(c) If the concentration is above 15 µg/mL, representing recent intake of meldonium.

(d) If the concentration is between 1 µg/mL and 15 µg/mL and the doping control was undertaken on or after 1 March 2016.

Results management may be stayed:

(a) If the concentration is between 1 and 15 µg/mL and the test was taken before 1 March 2016, given that the results of ongoing excretion studies are needed to determine the time of the ingestion.

(b) If the concentration is below 1 µg/mL and the test was taken after 1 March given that the results of ongoing excretion studies are needed to determine the time of the ingestion.

5.) WBFed list of prohibited drugs:

(a) Anabol-androgene Steroids (AAS)

Exogene AAS:

Androstendiol (5-Alpha-androst-1-en-3-beta,17-beta-diol); 1-Androstendion (5-Alpha-androst-1-en-3,17-dion); Bolandiol (19-Norandrostendiol); Bolasteron; Bol-denon; Boldion (Androsta-1,4-dien-3,17-dion); Calusteron; Clostebol; Danazol (17-Alpha-ethynyl-17-beta-hydroxyandrost-4-eno[2,3-d]isoxazol); Dehydrochlor-methyltestosteron (4-Chloro-17-beta-hydroxy-17-alpha-methylandrosta-1,4-dien-3-on); Desoxymethyltestosteron (17-Alpha-methyl-5-alpha-androst-2-en-17-beta-ol); Drostanolon; Ethylestrenol (19-Nor-17-alpha-pregn-4-en-17-ol); Fluoxymesteron; Formebolon; Furazabol (17-Beta-hydroxy-17-alpha-methyl-5-alpha-androstano[2,3-c]-furazan); Gestrinon; 4-Hydroxytestosteron (4,17-Beta-dihydroxyandrost-4-en-3-on); Mestanolon; Mesterolon; Metenolon; Methandienon (17-Beta-hydroxy-17-alpha-methylandrosta-1,4-dien-3-on); Methandriol; Methasteron (2-Alpha,17-alpha-dimethyl-5-alpha-androstan-3-on-17-beta-ol); Methyldienolon (17-Beta-hydroxy-17-alpha-methylestra-4,9-dien-3-on); Methyl-1-testosteron (17-Beta-hydroxy-17-alpha-methyl-5-alpha-androst-1-en-3-on); Methylnortestosteron (17-Beta-hydroxy-17-alpha-methylestr-4-en-3-on); Methyltrienolon (17-Beta-hydroxy-17-alpha-methylestra-4,9,11-trien-3-on); Methyltestosteron; Miboleron; Nandrolon; 19-Norandrostendion (Estr-4-en-3,17-dion); Norbolethon;

Norclostebol; No-rethandrolon; Oxabolon; Oxandrolon; Oxymesteron; Oxymetholon; Prostano-zol ([3,2-c]Pyrazol-5-alpha-etioallocholan-17-beta-tetrahydropyranol); Quinbolon; Stanozolol; Stenbolon; 1-Testosteron (17-Beta-hydroxy-5-alpha-androst-1-en-3-on); Tetrahydrogestrinon (18-Alpha-homo-pregna-4,9,11-trien-17-beta-ol-3-on).

Endogene AAS:

Androstendiol (Androst-5-en-3-beta,17-beta-diol); Androstendion (Androst-4-en-3,17-dion); Dihydrotestosteron (17-Beta-hydroxy-5-alpha-androstan-3-on); Prasteron (Dehydroepiandrosteron, DHEA); Testosteron and it´s Metabolites and Isomeres: 5-Alpha-androstan-3-alpha,17-alpha-diol; 5-Alpha-androstan-3-alpha,17-beta-diol; 5-Alpha-androstan-3-beta,17-alpha-diol; 5-Alpha-androstan-3-beta,17-beta-diol; Androst-4-en-3-alpha,17-alpha-diol; Androst-4-en-3-alpha,17-beta-diol; Androst-4-en-3-beta,17-alpha-diol; Androst-5-en-3-alpha,17-alpha-diol; Androst-5-en-3-alpha,17-beta-diol; Androst-5-en-3-beta,17-alpha-diol; 4-Androstendiol (Androst-4-en-3-beta,17-beta-diol); 5-Androstendion (Androst-5-en-3,17-dion); Epi-dihydrotestosteron; 3-Alpha-hydroxy-5-alpha-androstan-17-on; 3-Beta-hydro-xy-5-alpha-androstan-17-on; 19-Norandrosteron; 19-Noretiocholanolon.

(b) Other Anabolics:

Clenbuterol, Selective Androgen-Receptor-Modulators (SARMs), Tibolon, Zeranol, Zilpaterol.

(c) Hormons and related Drugs:

Erythropoietin (EPO); Growthhormon (hGH), Somatomedin C; Gonadotropine (only by male fighters prohibited); Corticotropine.

(d) Beta-2-Agonists (the inhalation of Formoterol, Salbutamol, Salmeterol and Terbutalin by a clear medical indication and cerftificate is allowed).

(e) Hormon-Antagonists and Modulators: Aromataseinhibitors: Anastrozol, Letrozol, Aminogluthetimid, Exemestan, Formestan, Testolacton.

(f) Selective Oestrogen-Receptor-Modulators (SERMs): Raloxifen, Tamoxifen, Toremifen.

(g) Other antioestrogene drugs: Clomiphen, Cyclofenil, Fulvestrant.

(h) Myostatininhibitors: Diuretics and Plasmaexpander: Acetazolamid, Amilorid, Bumetanid, Canrenon, Chlortalidon, Etacrynacid, Furosemid, Indapamid, Metolazon, Spironolacton, Thiazide (Bendroflumethiazid, Chlorothiazid, Hydrochlorothiazid), Triamteren, Albumin, Dextran, Hydroxyethylstarch.

(i) Stimulancies: Adrafinil, Adrenalin*, Amfepramon, Amiphenazol, Amphetamin, Amphetaminil, Benzphetamin, Benzylpiperazin, Bromantan, Cathin, Clobenzorex, Cocain, Cropropamid, Crotetamid, Cyclazodon, Dimethylamphetamin, Ephedrin, Etamivan, Etilamphetamin, Etilefrin, Famprofazon, Fenbutrazat, Fencamfamin, Fencamin, Fenetyllin, Fenfluramin, Fenproporex, Furfenorex, Heptaminol, Isomethepten, Levmethamfetamin, Meclofenoxat, Mefenorex, Mephentermin, Mesocarb, Methamphetamin (D-), Methylendioxyamphetamin, Methylendioxy-methamphetamin, p-Methylamphetamin, Methylephedrin, Methylphenidat, Modafinil, Nicethamid, Norfenefrin, Norfenfluramin, Octopamin, Ortetamin, Oxilofrin, Parahydroxyamphetamin, Pemolin, Pentetrazol, Phendimetrazin, Phenmetrazin, Phenpromethamin, Phentermin, 4-Phenylpirazetam (Carphedon), Prolintan, Propylhexedrin, Selegilin, Sibutramin, Strychnin, Tuaminoheptan.

* Adrenalin solution (1:1000) as a local therapy of bleedings is allowed.

(j) Narcotics: Buprenorphin, Dextromoramid, Diamorphin (Heroin), Fentanyl and it´s derivates, Hydromorphon, Methadon, Morphin, Oxycodon, Oxymorphon, Pentazocin, Pethidin.

(k) Cannabinoids.

(l) Glucocorticosteroids (the local therapy with glucocorticosteroids by a clear medical indication and cerftificate is allowed).

(m) Beta-Blocker: Acebutolol, Alprenolol, Atenolol, Betaxolol, Bisoprolol, Bunolol, Carteolol, Car-vedilol, Celiprolol, Esmolol, Labetalol, Levobunolol, Metipranolol, Metoprolol, Nadolol, Oxprenolol, Pindolol, Propranolol, Sotalol, Timolol.

(n) Meldonium (special results by anti-doping control).

6.) Forbidden Items:

The following items are forbidden and shall not be worn or applied during the weigh-in or a contest:

(a) General Items: Contact lenses, spectacles, dentures, individual removable false teeth, rings, watches, charms, bracelets or necklaces of any description, head bands and hair nets, earrings, hearing aids and any plastic or metallic attachments to the trunks of a boxer.

(b) Medical Items: Any gauze, band-aides, dressings to the facial, scalp, neck, arms, back or chest areas, plaster or fiberglass casts, butterfly or steristrip sutures on the facial, neck, ear, scalp, chest, arm or back areas, suture material of any kind in the skin of a boxer's face, ears, neck, scalp or chest, sub-cuticular suture in the face, neck, ear or chest.

(c) Beards or facial hair of more than forty-eight (48) hours growth are not permitted. (Note: A mustache is permitted provided the ends do not extend below the upper lip and mouth area and the hairs are less than three-quarter (3/4) inches in length). Hair length of the frontal scalp area should not interfere with the vision of the boxer; if the examining physician feels that the frontal hair length poses a danger to the eyes and hence the vision of the boxer, the physician may order the frontal hair cut to a shorter length. If the posterior hair length is such that its swishing effect may harm a boxer's opponent, the physician may order the posterior hair to be knotted.

***