

Sports Medical Pre-Participation Evaluation Form (PPE)

REG NO -

Athlete's Medical Information- Athlete to Complete

Name.....
 Date of Birth..... Age..... NIC No/Passport No.....
 Address and Tel No.....
 Event.....

I agree to undertake pre-participation examination in order to enable medical staff to find whether there are any contraindications for sports training or participation. I am aware that some information may need special clarification and I do not object in releasing those information to the officers in the institute who are interest. I understand that the information contained in this form is otherwise confidential and can only be released with my consent.

Athlete's Signature

Date

Athlete's Medical Information; to be completed by the Athlete

yes	No	No sure
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1. Have you ever felt faintish, chest pain, palpitation or any other significant discomfort during or after exercise?
2. Have you ever informed by a doctor that your heart or lungs (chest) has any abnormality?
3. Have you ever informed by a doctor or parents, guardians that your heart has any abnormality?
4. Do you have a history of high blood pressure or high Lipids in your blood(Dyslipidaemia/Cholesterol)?
5. Have you ever failed or has a Doctor ever denied or restricted your participation in sport after such a medical examination?
6. Have you ever had Asthma or Exercise induced Asthma?
7. Do you have Asthma, chest tightness, wheezing or coughing spells during or after exercise?
8. Do you have a history of an accident which resulted in a head injury, loss of consciousness or concussion?
9. Have you ever had a Fit, Convulsion or an Epilepsy?
10. Do you have any Skin problems?
11. Do you have any chronic medical conditions (illness staying in your body for long period-(Eg. kidney,liver,heart,cancers,lung,mental)
12. Do you take any medicine regularly? Name of the Medicine.....
13. Have you ever undergone any surgery(operation) Name of the surgery..... Year..... Date.....
14. Have you ever been hospitalize for any illness Name the illness..... Year..... Date.....
15. Do you take any Supplement? Name of the Supplement.....
16. Do you wear spectacles,lences,contact lenses?
17. Do you smoke?
18. Do you drink alcohol or take any narcotic substance?
19. Do you feel tired lethargic or unfk?
20. Do you wear protective equipment? Name it (knee guard/tape/brace).....
21. Are you properly immunized up to date?
22. If you have allergic problem please mention.....
23. Have you ever met with an accidents or sports injuries? Accident -Injury..... Date.....
24. Has anyone in the family(Blood relation) died suddenly and unexpectedly before the age of 50 years?
25. Have any of your relatives ever had any form of cardiac illness (Heart condition or illness)
26. Have any of your blood relations suffered or suffering from a serious or chronic illness?(Eg.kidney,liver,heart,cancers,lung,mental,et)
27. I do hereby certify that I have adequately trained and prepared for the event/competition above I requested.

Only for the athletes for Pre-Competition medical examination

It is mandatory to 1. Refrain from exercise and sports till 3 days passed from the date of complete cure from any acute medical illness with or without fever or else 2. to consult your doctor for another pre-participation medical examination before engage in sports or exercise. I do hereby certify that the details above given by me are true to my knowledge.

Athlete's Signature

Date

