

MEDICAL EXAMINATION BY SPORTS PHYSICIAN/CONSULTANT/AUTHORIZED MEDICAL OFFICER

GENERAL EX: Height _____ cm Weight _____ kg BMI _____ AGE _____ MALE/FEMALE _____ Date _____ Time _____

Yes No Yes No Normal Abnormal

PALLOR		ANKLE OEDEMA		BLOOD TESTS (OPTIONAL)	
PLETHORA		CYANOSIS		URINE Analysis/hcg (optional)	
FINGER CLUBBING		SYNDROMIC SIGNS		CXR P/A(optional)	
DISABILITY		MARFAN Assessment (optional)		ECG -12 lead(optional)	

SYSTEM EXAMINATION:

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal	
CARDIOVASCULAR Sys. PR Beats/min Rhythm Character Femoral Pulse/Peripheral. Pulse Heart Size/Apex Beat Heart Sounds Murmur BP mmHg Haemodynamically			RESPIRATORY System Auscultation Spirometry(optional) PEFR Pre Ex.....L/min Post Ex.....L/min PEFR.....L/min Post Ex.....L/min			MUSCULOSKELETAL System (optional) Head & Neck Back & Spine Shoulder & Arm Elbow & Forearm Wrist, Hand & Fingers Hip & Thigh Knee & Leg Ankle & Foot(Arches) Toes			
			ABDOMINAL Liver/Spleen Genitals (Testicles-paired/single) Hernia						
			EYE V/Acuity V/Field Colour vision Near vision Fundoscopy (optional)				BIOMECHANICS (optional) Pronation/Supination/Asymmetry		
			LRMP/Gyn-Obs Ex(optional)				Joint ROM Flexibility Strength Agility Balance & Coordination		
ENT Audiometry (optional)									
CNS									
SKIN			PHYSICAL FITNESS After 10 min Run			Other Relevant details			

Clinical Notes:

Referrals made to:

CLINICALLY No contraindications for sports participation /Not Fit for participation

Sig. of Medical Officer _____ Date _____ Time _____
 Name of Medical Officer