## Royal College Doctors' Association Medical Fitness Evaluation for Royal Sportsmen

**History Form** { To be filled by sports personnel (> 16 years) or by the parent (< 16 years). }

Athlete's Photograph

<b>Personal Information</b>				
Name				
Parent's /Guardian's Name :		Tel No:		
Sport/ Sports:			,	
<b>General Questions:</b>				
Have you ever been restrained to	from participation to a	any sports?	Yes/No	
Have you ever diagnosed with a	any of the following r	nedical conditions?	Yes/No	
Have you ever had a surgery?			Yes/No	
Do you have any allergies?			Yes/No	
Heart related Questions:				
Have you ever had chest pain d	uring exercise?		Yes/No	
Have you ever had irregular hea	art beat?		Yes/No	
Do you get light headed or shor	t of breath easily duri	ing exercise?	Yes/No	
Has a doctor ever ordered a test			Yes/No	
Has a doctor ever told you that	you have any of the fe			
☐ High blood pressure	Yes/No	☐ A heart murmur	Yes/No	
☐ High cholesterol	Yes/No	☐ A heart infection	Yes/No	
☐ Kawasaki disease	Yes/No			
Family related Questions:				
Have any of your family memb	ers/ relatives died due	e to a heart problem/ without an		
obvious cause before the age 50			Yes/No	
Does anyone in your family dia	gnosed with any card	liac problems or have a regular		
follow-up in a cardiology unit?			Yes/No	
Lung related questions:				
Do you cough, wheeze, or have difficulty breathing during or after exercise?				
Have you ever used an inhaler or taken asthma medicine?			Yes/No	
Is there anyone in your family who has asthma?			Yes/No Yes/No	
Are you being followed up in a chest clinic for any lung condition?				
Nervous system related quest				
Have you ever had a head injury or loss of consciousness?				
Have you ever had fits?				
Have you ever had weakness or numbness of the body?			Yes/No Yes/No	
Are you suffering from an unending headache?				
Bone & joint related question				
Do you get frequent muscle cramps when exercising?				
Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you				
to miss a practice or a game?			Yes/No	
Have you ever had any broken or fractured bones or dislocated joints?				
Have you ever had an injury that	at required x-rays, MI	RI, CT scan, injections, a brace,	Yes/No	
a cast, or crutches?				
Have you ever been told that yo		ad an x-ray for neck	Yes/No	
instability or atlantoaxial instability?				
Do you have any history of juvenile arthritis or connective tissue disease?				

If any "yes" pleas	se explain further:				
I hereby state tha	t to the best of my	knowledge, my answ	vers to the above questio	ns are complete and c	correct.
Signature of athlete		Signature of Parent/ Gu		ardian	Date
Examination F	<b>M</b> o To be filled b	edical Fitness Eva	e Doctors' Association luation for Royal Spo		
General Examin	nation	Respiratory Exa	mination	Visual acuity	
Marfanoid feature	es Yes / No	Chest deformity	Yes / No	L/ eye	
Pallor	Yes / No	Lungs		R/ eye	
Icteric	Yes / No				
Cyanosis	Yes / No	Abdomen		Musculoskeletal ( optional )	
Ankle oedema	Yes / No	Hernias	Yes / No	Head & Neck	Normal/ Abnormal
		Abnomalities	Yes / No	Back & spine	Normal/ Abnormal
				Shoulder & arm	Normal/ Abnormal
CVS Examination	on			Wrist & fingers	Normal/ Abnormal
PR	/min	Nervous system		Hip & thigh	Normal/ Abnormal
regular	Yes / No	Upper limbs	Normal/ Abnormal	Knee & leg	Normal/ Abnormal
BP	mmHg	Lower limbs	Normal/ Abnormal	Ankle & toes	Normal/ Abnormal
Heart		Cerebellar	Normal/ Abnormal		
		any physical or men	nce Certificate tal contraindication to	refrain from the rec Yes / No	quested sport/
reasonreferrals done :					

2.	This athlete needs further medical eva	aluation.	Yes / No
	s done :		
	r next evaluation:		
 Medica	l officer's signature	official seal	Date

This certificate is valid only for one year period from the date of issue and non-transferable.

If athlete develops any of the following conditions he should obtain a pre-event clearance certificate before the event.

- > a serious medical illness (Eg :fever, diarrhoea within one week preceding to event)
- > any hospital admissions
- > any sports injuries / accidents

The certificate would not cover rare causes of sudden death and conditions that can occur due to adverse environmental conditions. This pre participation evaluation is not responsible for any consequences occur during participation which cannot be identified via this assessment.