



Annual Medical Examination form for IMMAF Youth (U18's) Competitors

Please book a medical examination with your doctor and take a printed copy of this form with you.

Once completed, please return all 5 pages to your team Medical Safety Lead, in accordance with their instructions.

Competitor Name: _____

National team: _____

Medical ID Number *(if applicable)*: _____

Date of birth: _____

Telephone number: _____

Email address: _____

Postal address: _____

Name of Examining Doctor: _____

Qualifications: _____

Doctor Registration Number: _____

Practice address: _____

Telephone number: _____

Email address: _____

Name of Parent or Guardian: _____

Relationship to competitor: _____

Telephone number: _____

Email address: _____

Postal address: _____

PAST MEDICAL HISTORY

Any hospital admission for medical or surgical reasons?

Yes

No

Date	Summary	Current Status
General Notes		

Allergies?

Yes

No

Allergen	Reaction	Hospitalisation	Treatment
General Notes			

Medications?

Yes

No

Name	Dose/Frequency	Reason
General Notes		

Has anyone in the family died below the age of 40 due to a heart condition?

Yes

No

Relative	Summary of medical conditions	Age of Death
General Notes		

Examination normal?

Yes No

Height (cm)	Weight (kg)	Heart Rate	Systolic BP	Diastolic BP

Additional weight information as reported by fighter:

Yes No

Normal/Walk around weight (kg)	
Weight category for competition (kg/lbs)	

EYES

Pupil: reacting to light Right:

Yes No

Comments if No...	
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Pupil: reacting to light Left:

Yes No

Comments if No...	
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Fundi: Right normal?

Yes No

Comments if No...	
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Fundi: Left normal?

Yes No

Comments if No...	
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Visual acuity (uncorrected) Right: 6/___

Visual acuity (uncorrected) Left: 6/___

EARS/NOSE/THROAT

Tympanic Membrane Right normal?

Yes No

Comments if No...	
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Tympanic Membrane Left normal?

Yes No

Comments if No...	
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Hearing: Right normal?

Yes No

Comments if No...	
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Hearing: Left normal?

Yes No

Comments if No...	
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Teeth: Note condition: Normal?

Yes No

Comments if
No...

NECK

Movements full and pain free?

Yes No

Comments if
No...

CHEST

Rib cage normal?

Yes No

Comments if
No...

Lungs normal?

Yes No

Comments if
No...

Heart Sound: Regular?

Yes No

Comments if
No...

Murmurs?

Yes No

Comments if
Yes...

Apex: Mid clavicular line 5th intercostal space?

Yes No

Comments if
No...

ABDOMEN

Scars?

Yes No

Comments if
Yes...

Enlarged liver or spleen ?

Yes No

Comments if
Yes...

BACK

Is movement of the back normal?

Yes No

Comments if
No...

LIMBS

Are movements of the limbs normal?

Yes

No

Comments if
No...

Hands and wrists normal?

Yes

No

Comments if
No...

NERVOUS SYSTEM

Any tremor ?

Yes

No

Comments if
Yes...

Romberg test + ?

Yes

No

Comments if
Yes...

Coordination normal?

Yes

No

Comments if
No...

CONCLUSION

I confirm that there are no problems found as specified in this medical examination:

Yes

No

Patient name:

Date of examination:

Signed (Doctor):

Name (Doctor):
