



YEARLY ATHLETE'S PHYSICAL EXAMINATION FORM

Athlete Name & Surname	
Gender	
Age as at 31 Dec 2024	
ID Number	

PART ONE

SELF QUESTIONNAIRE : To be filled by athlete. Discuss any question which you are unsure of and/or need further explanation.

	YES	NO
Personal History		
1 Have you ever fainted or passed out when exercising?		
2 Do you ever have chest tightness?		
3 Does running ever cause chest tightness?		
4 Have you ever had chest tightness, cough, wheezing which made it difficult for you to perform sport?		
5 Have you ever been treated/hospitalized for asthma?		
6 Have you ever had a seizure?		
7 Have you ever been told that you have epilepsy?		
8 Have you ever been told you have high blood pressure?		
9 Have you ever been told you have high blood cholesterol?		
10 Do you have trouble breathing or do you cough during activity?		
11 Have you ever been dizzy during or after exercise?		
12 Have you ever had chest pain during or after exercise?		
13 Do you have or have you ever had racing of your heart or skipped heartbeats?		
14 Do you get tired more quickly than your friends do during exercise and training?		
15 Have you ever been told you have a heart murmur?		
16 Have you ever been told you have a heart arrhythmia?		
17 Do you have any other history of heart problems?		
18 Have you had a severe viral infection (for example myocarditis or mononucleosis) with the last three months?		
19 Have you ever been told you had rheumatic fever?		
20 Do you have any allergies?		
21 Are you taking any medication at the present time?		
22 Have you routinely taken any medication in the past two years?		

Family History

23 Has anyone in your family less than 50 years old:		
24 Died suddenly and unexpectedly?		
25 Been treated for recurrent fainting?		
26 Had unexplained seizure problems?		
27 Had unexplained drowning while swimming?		
28 Had unexplained car accident?		
29 Had heart transplantation?		
30 Had pacemaker or defibrillator implanted?		
31 Been treated for irregular heart beat?		
32 Had heart surgery?		
33 Has anyone in your family experienced sudden infant death (cot death)?		
34 Has anyone in your family been told they have Marfan Syndrome?		

PART TWO

PHYSICAL EXAMINATION - To be filled by a registered Medical Doctor / Physician

Athlete's Details	Height	
	Weight	
	Pulse	
	Blood Pressure	

BODY PART	ABNORMAL FINDINGS	NORMAL
1. Eyes		
2. Ear, Nose, Throat		
3. Mouth & Teeth		
4. Neck		
5. Cardiovascular		
6. Chest & Lungs		
7. Abdomen		
8. Skin		
9. Genitalia-Hernia (male)		
10. Muskuloskeletal		
a. neck		
b. spine		
c. shoulders		
d. arms/hands		
e. hips		
f. thighs		
g. knees		
h. ankles		
i. feet		
11. Neuromuscular		

Doctor / Physician Name	
Registration Number	
Contact Number	

I certify that I have examined this athlete and found him/her medically qualified to participate in Triathlon, which is inherently strenuous. I also certify that I am a licensed and registered medical doctor/physician.

Signature

Stamp

Date

DATA PROTECTION CLAUSE : The personal information provided in this application form shall be processed in accordance with the provisions of the Data Protection Act and the General Data Protection Regulation. Your personal information will not be disclosed to any third parties unless strictly required by law. Furthermore, for the scope of achieving the processing purposes, the following are the recipients of your personal data : The Executive Board of the Malta Triathlon Federation. The Data Protection Officer's contact details are : The Malta Triathlon Federation, MTF Office, National Pool Complex, Tal-Qroqq, Gzira. You have the right to request access to your personal data as well as the right to rectify and where applicable, erase any inaccurate, incomplete or immaterial personal data; to request restriction of processing, to object to processing and to request data portability for the data held by the Malta Triathlon Federation. If you consider that the processing of your personal data is carried out in an unlawful manner, you may lodge a complaint with the Information and Data Protection Commissioner. The retention period of the personal data you provided in this application is of not longer than 31 December 2024. You can withdraw your consent at any time by sending an email in info@triathlonmalta.org requesting this withdrawal with the subject : WITHDRAWAL OF INFORMATION. I do hereby authorise the Malta Triathlon Federation to process my personal data contained in this form for the above specified purposes.

Athlete's Name

Signature

Date