

**YEARLY ATHLETE'S PHYSICAL EXAMINATION FORM**

**Athlete Name & Surname:**

**Gender:**

**Age as of 31st Dec 2026:**

**ID Number:**

**PART ONE – SELF QUESTIONNAIRE (To be filled by athlete)**

*Discuss any question which you are unsure of and/or need further explanation.  
Please tick YES or NO.*

- Have you ever fainted or passed out when exercising? YES  NO

- Do you ever have chest tightness? YES  NO

- Does running ever cause chest tightness? YES  NO

- Have you ever had chest tightness, cough, wheezing which made it difficult to perform sport? YES  NO

- Have you ever been treated/hospitalized for asthma? YES  NO

- Have you ever had a seizure? YES  NO

- Have you ever been told that you have epilepsy? YES  NO

- Have you ever been told you have high blood pressure? YES  NO

- Have you ever been told you have high blood cholesterol? YES  NO

- Do you have trouble breathing or cough during activity? YES  NO

- Have you ever been dizzy during or after exercise? YES  NO
- Have you ever had chest pain during or after exercise? YES  NO
- Do you have or have you ever had racing or skipped heartbeats? YES  NO
- Do you get tired more quickly than others during exercise? YES  NO
- Have you ever been told you have a heart murmur? YES  NO
- Have you ever been told you have a heart arrhythmia? YES  NO
- Do you have any other history of heart problems? YES  NO
- Have you had a severe viral infection in the last three months? YES  NO
- Have you ever been told you had rheumatic fever? YES  NO
- Do you have any allergies? YES  NO
- Are you taking any medication at present? YES  NO
- Have you routinely taken any medication in the past two years? YES  NO

### **Family History**

- Sudden or unexpected death under 50 years old? YES  NO
- Recurrent fainting? YES  NO
- Unexplained seizures? YES  NO
- Unexplained drowning? YES  NO
- Unexplained car accident? YES  NO

- Heart transplantation? YES <input type="checkbox"/> NO <input type="checkbox"/>	
- Pacemaker or defibrillator implanted? YES <input type="checkbox"/> NO <input type="checkbox"/>	
- Irregular heartbeat treatment? YES <input type="checkbox"/> NO <input type="checkbox"/>	
- Heart surgery? YES <input type="checkbox"/> NO <input type="checkbox"/>	
- Sudden infant death (cot death)? YES <input type="checkbox"/> NO <input type="checkbox"/>	
- Marfan Syndrome? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>PART TWO – PHYSICAL EXAMINATION (<u>Medical Practitioner</u>)</b>	
Height:	
Weight:	
Pulse:	
Blood Pressure:	
<b>Physical Examination</b>	
- Eyes: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (Details:)	
- Ear, Nose & Throat: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (Details:)	
- Mouth & Teeth: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (Details:)	
- Neck: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (Details:)	
- Cardiovascular: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (Details:)	

- Chest & Lungs: Normal  Abnormal  (Details:)

- Abdomen: Normal  Abnormal  (Details:)

- Skin: Normal  Abnormal  (Details:)

- Genitalia / Hernia (male): Normal  Abnormal  (Details:)

- Musculoskeletal: Normal  Abnormal  (Details:)

- Neuromuscular: Normal  Abnormal  (Details:)

Doctor / Physician Name:

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 practitioner.*

Signature:

Stamp (with Medical Registration Number):

Date:

## Declaration & Disclaimer

I declare that I have read and understood the Data Protection Clause forming part of this application and I consent to the processing of my personal data in accordance with the Data Protection Act, the General Data Protection Regulation (GDPR), and the policies of the Malta Triathlon Federation. I understand my rights under GDPR, including the right of access, rectification, erasure where applicable, restriction of processing, objection and data portability, and the right to lodge a complaint with the Information and Data Protection Commissioner. I acknowledge that my personal data will be retained no longer than 31 December 2026 unless otherwise required by law, and that I may withdraw my consent at any time by emailing [info@triathlonmalta.org](mailto:info@triathlonmalta.org) and [membership@triathlonmalta.org](mailto:membership@triathlonmalta.org) with the subject "WITHDRAWAL OF INFORMATION".

I declare that I am medically fit to participate in events organized by or under the auspices of the Malta Triathlon Federation and that I hold valid insurance satisfying the minimum requirements set by the Federation. I acknowledge that participation in sport involves inherent risks and I enter such events entirely at my own risk. I agree that the organizers, officials, volunteers, sponsors, the Malta Triathlon Federation, its Executive Board, affiliated clubs and recognised bodies shall not be held liable for any injury, illness, loss or damage to my person or property arising from my participation, except in cases of willful misconduct as recognised under Maltese law. I agree to be bound by the rules and regulations of the relevant event, the statutes, byelaws and policies of the Malta Triathlon Federation, applicable Maltese law, and recognised principles of good governance and sporting integrity in line with the Authority for Integrity in Maltese Sport (AIMS). I confirm that my submission of this application constitutes my informed and binding acceptance of this declaration.

Athlete's Name:

Signature:

Date: