

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 ☐

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

Family History

- | |
|---|
| - Sudden or unexpected death under 50 years old? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| - Recurrent fainting? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| - Unexplained seizures? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| - Unexplained drowning? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| - Unexplained car accident? YES <input type="checkbox"/> NO <input type="checkbox"/> |

- Heart transplantation? YES ☐ NO ☐

- Pacemaker or defibrillator implanted? YES ☐ NO ☐

- Irregular heartbeat treatment? YES ☐ NO ☐

- Heart surgery? YES ☐ NO ☐

- Sudden infant death (cot death)? YES ☐ NO ☐

- Marfan Syndrome? YES ☐ NO ☐

PART TWO – PHYSICAL EXAMINATION (Medical Practitioner)

Height:

Weight:

Pulse:

Blood Pressure:

Physical Examination

- Eyes: Normal ☐ Abnormal ☐ (Details:)

- Ear, Nose & Throat: Normal ☐ Abnormal ☐ (Details:)

- Mouth & Teeth: Normal ☐ Abnormal ☐ (Details:)

- Neck: Normal ☐ Abnormal ☐ (Details:)

- Cardiovascular: Normal ☐ Abnormal ☐ (Details:)

- Chest & Lungs: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (Details:)
- Abdomen: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (Details:)
- Skin: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (Details:)
- Genitalia / Hernia (male): Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (Details:)
- Musculoskeletal: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (Details:)
- Neuromuscular: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (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 and 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: