Singapore Rugby Union
Medical Assessment Form

As part of the Age Group Dispensation Procedure for Adult or U19 rugby, a medical assessment and written clearance by a physician who understands the demands and risk of playing adult rugby is required for Age Grade Rugby Players wishing to play above their age level. A parent or legal guardian needs to be present with the player for this medical assessment.

The required medical assessments will include:

- Medical History
- Athletic history
- Physical Examination
- *Investigations including, but not limited to, blood and urine tests, ECG, imaging

And any other examinations as necessary to determine if the player can be cleared to play adult rugby.

*If deemed necessary by assessing physician.

No screening system can guarantee 100% accuracy. After the medical assessment, you may be required to undergo further tests or referred to another physician for further investigation. It is especially important that you answer the questions honestly. You must however be aware that it is possible that as a result of this process you could potentially be disqualified from participation in your chosen sport.

I confirm that I have read and understood the above information, and that the information I have given is accurate to the best of my knowledge:

Player Name: Parent/ Guardian Name:

NRIC/FIN/Passport number: NRIC/FIN/Passport number:

Signature: Signature:

PERSONAL PARTICULARS

Date of Screening: _____

Name: _____ NRIC/FIN _____

Current playing position: _____ (non-front row/ front row)

Current club/ school team: _____

Adult Rugby player position applying for: _____ (non-front row/ front row)

Date of birth: _____ Age as of today: _____

Age at competition start date: _____

SOCIAL HABITS

Alcohol	Nil	☐	Occasional	☐	Daily	☐	Duration in years	☐
Cigarettes	Nil	☐	Occasional	☐	Daily	☐	Duration in years	☐

SPORTS AND PHYSICAL ACTIVITY HISTORY

Sport / Physical activity	Times/wk	Min/session	Years
Rugby			

Cardiac Screening

YOUR PERSONAL HISTORY			
Have you ever experienced any of the following?		**Yes**	**No**
1	Do you suffer from chest pain, chest heaviness or tightness during or following exercise?		
2	Do you feel more short of breath or tire more easily during exercise when compared with your team mates?		
3	Have you ever fainted or blacked out during or after exercise or had an unexplained fainting episode?		
4	Have you ever experienced dizzy turns during or after exercise?		
5	Do you have palpitations? (racing heart or unexpected fast or irregular heartbeat)		
6 **a.** **b.** **c.**	Have you ever been told you have: A heart murmur? A heart infection? High blood pressure?		
7	Do you have any pre-existing medical and heart condition?		
YOUR FAMILY HISTORY (please confirm details with relatives where possible)			
Have either of your parents, brothers or sisters suffered from:		**Yes**	**No**
8	Heart attack or sudden unexplained death aged 50 years or less?		
9	Heart rhythm problems requiring pacemaker or other treatment?		
10	Angina, heart pain under the age of 50 years?		
11	Any heart condition such as cardiomyopathy, long QT syndrome or been diagnosed with Marfan's syndrome?		

Give details if your answer is YES to any of the above questions OR Other Medical History:

COVID-19 Screening*

Have you been diagnosed with COVID-19 infection? Yes/No

If yes, where, and when were you diagnosed? Country:_____ Date:_____

If yes, were you hospitalized during the infection? Hospital name: _____
Admission period: _____

If yes, did you develop any cardiac symptoms as above? Yes/No

Musculoskeletal Screening

Do you have any previous or current injuries to the following areas?
If none kindly indicate nil to each section, if present kindly provide details under remarks.

Site	Remarks
Head	
Neck	
Shoulder	
Elbow	
Wrist	
Arm	
Upper back	
Lower back	
Hip / groin	
Thigh	
Knee	
Shin	
Foot / ankle	

PHYSICAL EXAMINATION

GENERAL

Height _____ m Weight _____ kg
Body Mass Index _____ Kg/m^2

Skin/Mucous Normal ☐ Pale ☐ Jaundice ☐ Cyanosis ☐

Thyroid Gland Normal ☐ Enlarged ☐ Marfan features ☐

Others _____

RESPIRATORY SYSTEM

Respiratory rate: _____ per minute

Clinical Examination: Normal ☐ Abnormal ☐

Auscultatory findings : _____

CARDIOVASCULAR SYSTEM

Rate: _____ per minute Radial femoral pulse inequality ☐

Rhythm: Normal ☐ Extrasystoles ☐

Atrial Fibrillation ☐ Others ☐

JVP: Normal ☐ Raised ☐

Blood pressure: Systolic _____ mmHg Diastolic _____ mmHg

Murmurs Absent ☐ Needs further evaluation ☐

ABDOMEN

Liver: Not palpable ☐ Enlarged ☐

Spleen: Not palpable ☐ Enlarged ☐

Kidney: Right Not palpable ☐ Enlarged ☐

Left Not palpable ☐ Enlarged ☐

Other findings: _____

MUSCULOSKELETAL EXAMINATION

	Remarks
Posture	
Head and neck	
Back	
Shoulder	
Elbow	
Wrist	
Hip	
Knee	
Foot	
Ankle	

Parent/ Legal Guardian Informed Risk and Consent:

I agree that my child named _____ may play Adult/U19 Rugby, (* including front row/ excluding front row), with older players who may be stronger and/or more physically developed. I have been informed of the risks and accept responsibility for any injuries sustained by my child during training or competition.

*delete accordingly

_____ _____

Full Name of parent /guardian: Parent/guardian signature:

Contact number:

Medical examiner check list:

Items	Yes	No
Has the player and parent/guardian signed the written consent form to play adult rugby?		
Has the parent/ guardian been informed and counselled on the risk of playing adult rugby?		
Does the player have the SRU Adult Rugby Coach Assessment report to play adult rugby?		

Medical examiner's recommendation:

In regard to this player, I confirm as a medical practitioner with an understanding of the demands of Adult Rugby that this player (name): _____ NRIC /FIN no _____, that:

	Yes	No
* The 17YO player is medically fit to play U19 Rugby in the FRONT ROW, and that this view is supported by a review of medical and athletic history, physical and musculoskeletal evaluation, cardiac screening, and/or other appropriate assessments.		
* The 17YO player is medically fit to play Adult Rugby but NOT IN FRONT ROW, and that this view is supported by a review of medical and athletic history, physical and musculoskeletal evaluation, cardiac screening, and/or other appropriate assessments.		
* The 18YO player is medically fit to play Adult Rugby including FRONT ROW and that this view is supported by a review of medical and athletic history, physical and musculoskeletal evaluation, cardiac screening, and/or other appropriate assessments.		

* Please delete two

Medical Examiner's comments/ further recommendations:

Name of physician: Signature:
MCR number:
Relevant qualifications: Date:

Place of practice / clinic with official clinic stamp:

Disclaimer:

A pre-participation screen is intended to ascertain the results of history, physical examinations and selected investigations that may be known to have some correlation to certain medical risk factors, conditions, or diseases. There is no perfect test that will pick up medical conditions with 100% accuracy. There are conditions that are difficult to pick up, even with the most sensitive of tests. Hence, the absence of any abnormal findings should never be treated as a guarantee that medical conditions are not present or will not be present, and it should also not prevent anyone, who feels unwell or experiences any symptoms whatsoever, from seeking prompt medical attention and care. Do also note that medical conditions may arise after the tests are completed. In summary, while pre-participation screening is expedient as it may show up medical conditions that need attention, it is not a guarantee that adverse events will not occur.