



Singapore Rugby Union Medical Assessment Form: Dispensation to play Adult Rugby

PART A : (pg. 1) to be passed with Part C (pg. 7, 8) to Singapore Rugby Union

As part of the Age Group Dispensation Procedure for Adult 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:

- A Comprehensive Medical History including medical and musculoskeletal issues
- Sports Participation and Training history
- Physical Examination
- *Investigations including, but not limited to, blood and urine tests, ECG, radiological 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. However, you must 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:



PART B : (pages 2-6) .To be retained by examining doctor as medical record.

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: _____

Do You have any Medical Allergies? _____

Are you currently taking any medications? _____

Are you currently taking any supplements? _____

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/week	Min/session	Years
Rugby			



Medical Screening: to be completed by Player and/or Parent/Guardian

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	Have you ever been told you have:		
a.	A heart murmur?		
b.	A heart infection?		
c.	High blood pressure?		
7	Do you have any pre-existing medical and heart condition?		
8	Do you have any History of Heat illness?		
9	Do you have any History of Concussion? - If so when and did you undergo a GRTP?		
10	Any Recent Illness/Infection (4 weeks) - Have you been diagnosed with Covid-19 infection? - Any issues with your recovery e.g. Breathlessness/Cough/Low Energy/Cardiac Symptoms?		
YOUR FAMILY HISTORY (please confirm details with relatives where possible)			
Have either of your parents, brothers or sisters suffered from:		Yes	No
11	Heart attack or sudden unexplained death aged 50 years or less?		
12	Heart rhythm problems requiring pacemaker or other treatment?		
13	Angina, heart pain under the age of 50 years?		
14	Any heart condition such as cardiomyopathy, long QT syndrome or been diagnosed with Marfan's syndrome?		
15	Any other medical conditions such as Diabetes, Stroke, Arthritis?		

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

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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 date and details under remarks.

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



NEUROLOGICAL SYSTEM

Cranial Nerves:

PEARLA: Normal Abnormal

Visual Fields/Acuity Normal Abnormal

Peripheral nerves:

Tone: Normal Abnormal

Power Normal Abnormal

Reflexes: Normal Abnormal

Sensation: Normal Abnormal

MUSCULOSKELETAL EXAMINATION

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



PART C: (pages 7, 8)To be submitted to Singapore Rugby Union, together with Part A

Parent/ Legal Guardian Informed Risk and Consent:

I agree that my child named _____ may play Adult 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: _____

Date : _____



Medical Examiner Check List:

Items	Yes	No
Has the parent/ guardian been informed and counselled on the risks of playing Adult rugby?		
Has the player and parent/guardian signed the informed risk and consent form (pg 7) for their child to play Adult rugby?		

Medical examiner's recommendation:

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

1. 17yr old player is*/is not MEDICALLY FIT to play Adult Rugby **excluding FRONT ROW*
or

2. 18 year old player is */is not MEDICALLY FIT to play Adult Rugby **including FRONT ROW*
and that this view is supported by a review of medical and sports participation history, physical and musculoskeletal evaluation, cardiac screening, and/or other appropriate assessments.

***delete accordingly**

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 medical 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.