Pre-competition Medical Assessment (PCMA)
التقييم الطبي قبل المنافسات

Full Name: _____

Date of birth: _____ (Day / Month / Year)

الاسم الثلاثي:_____

تاريخ الميلاد : _____ (هجري)

1. Competition History

Dominant hand ☐ left ☐ right ☐ both

Competitions in the last 12 months _____

2. Medical History

2.1 Present and Past Complaints

Heart and lung	NO	within the last 4 weeks at rest ..... during/after exercise	prior the last 4 weeks at rest ..... during/after exercise
Chest pain or tightness	☐	☐	☐
shortness of breath	☐	☐	☐
ashtma	☐	☐	☐
cough	☐	☐	☐
bronchitis	☐	☐	☐
palpitations	☐	☐	☐
Arrhythmias	☐	☐	☐
Other heart problems	☐	☐	☐
Dizziness	☐	☐	☐
Syncope	☐	☐	☐
	NO	Yes, within the last **4 weeks**	Yes, prior the last **4 weeks**
Hypertension	☐	☐	☐
Heart murmur	☐	☐	☐
Abnormal lipid profile	☐	☐	☐
Seizures, epilepsy	☐	☐	☐
Advised to give up sport	☐	☐	☐
More quickly tired than team mates	☐	☐	☐
Diarrhoea illness	☐	☐	☐

Musculoskeletal system

Severe injury leading to more than four weeks of limited participation or absence from play/training:

☐ no yes, ☐ groin strain when?_____ (year)
☐ strain of m. quadriceps femoris when?_____ (year)
☐ strain of hamstring when?_____ (year)
☐ ligament injury of the knee when?_____ (year)
☐ ligament injury of the ankle when?_____ (year)
☐ others, please specify:_____ when?_____ (year)

For others please provide diagnosis:_____

Operations of the musculoskeletal system:

☐ no yes, ☐ hip joint when?_____ (year)
☐ groin (due to pubalgia) when?_____ (year)
☐ knee ligaments when?_____ (year)
☐ knee meniscus or cartilage when?_____ (year)
☐ Achilles tendon when?_____ (year)
☐ ankle joint when?_____ (year)
☐ other operations when?_____ (year)

For others please provide diagnosis:_____

Current complaints, aches or pain:

☐ no ☐ yes, please specify body parts

☐ head / face
☐ cervical spine
☐ thoracic spine
☐ lumbar spine
☐ sternum / ribs
☐ abdomen
☐ pelvis / sacrum

☐ shoulder
☐ upper arm
☐ elbow
☐ forearm
☐ wrist
☐ hand
☐ fingers

right - left
☐ ☐ hip
☐ ☐ groin
☐ ☐ thigh
☐ ☐ knee
☐ ☐ lower leg
☐ ☐ Achilles tendon
☐ ☐ ankle
☐ ☐ foot, toe

2.2 Routine medication within last 12 month

	no	yes
Non -steroidal anti inflammatory drugs	☐	☐
Asthma medication	☐	☐
Antihypertensive drugs	☐	☐
Lipid lowering drugs	☐	☐
Antidiabetic drugs	☐	☐
Psychotropic drugs	☐	☐
Other _____	☐	☐

3. General Physical Examination

Height: _____ cm/_____ inch Weight: _____kg/_____ lbs BMI: _____

Arm Span: _____ cm/_____ inch Ape Index: _____

Resting Heart Rate: _____ Blood Pressure: _____

ENT ☐ normal ☐ abnormal

If abnormal results:

_____

_____

_____

Ophthalmologist ☐ normal ☐ abnormal

if abnormal results :

_____

_____

_____

Extremities ☐ normal ☐ abnormal

if abnormal results :

_____

_____

_____

Hearing ☐ normal ☐ abnormal

if abnormal results :

_____

_____

_____

Pregnancy ☐ Yes ☐ No

if yes details :

_____

_____

_____

Players And Examining Physician Declaration For Pcma

1. Player

Name: _____

I hereby confirm that I have undergone the Pre-competition medical assessment (PCMA)

Date:_____ Signature:_____

2. Examining Physican and Institution

Name of the examining physician: _____

Address: _____

Phone No.: _____

Email _____

I hereby confirm that the above-mentioned player has undergone a pre-medical competition assessment (PCMA).

I hereby confirm of my evaluation:

ELIGIBILTY FOR ROCK CLIMBING ☐ YES ☐ NO

Date:_____ Signature:_____

Stamp:

الاتحاد السعودي للتسلق والهايكنج
SAUDI CLIMBING AND HIKING FEDERATION