



## Pre Participation Examination (PPE)

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Participation in any competitive sport carries a certain amount of risk in the occurrence of serious injuries and deaths. More than 90% of sudden death in competitive athletes are related to pre-existing cardiovascular problems (SCD). Although not common, it is strongly recommended to reduce such occurrence through

As recommended by TRI Medical Committee and in accordance to TRI Competition Rule 2.4, all athletes in the TAS HPP must complete the PPE which includes the following:

1. Medical Questionnaire (To be completed by ALL athletes)
2. Physical Examination by GP or Medical Specialist (To be completed by athletes prior to competing in TRI Competitions (Age Group Champs, Youth, Junior, U23, Elite, Paratriathlon), in addition to undergo ECG, every two years.

Note: the Physical Examination can be excused if HPP athletes had already gone through medical screening by SSI for Spexcarding or by NYSI/SSI for Sports School athletes.

It should be noted that cases with a positive personal history, family history of potentially inherited cardiac disease, or positive physical or ECG result will be required to go for further evaluation by an appropriate cardiac specialist, before they are allowed to compete.

Please complete the PPE Form and email to [eugene.ong@triathlonsingapore.org](mailto:eugene.ong@triathlonsingapore.org) . All information will be private and confidential, in compliance with the Privacy Act.

Name	
Date of Birth	
Email	
Mobile	
TAS Membership Number	
Signed	
Name / Signed (Parent/Guardian)	
Date	



## Medical Questionnaire (To be completed by athlete)

Personal History	Yes	No
1. Have you ever fainted or passed out when exercising?		
2. Have you ever been dizzy during or after exercise?		
3. Have you ever suffered from chest pain or chest tightness before, during or after exercise?		
4. Do you get tired more quickly or feel more short of breath during exercise as compared to your friends/team mates?		
5. Have you ever had coughing or wheezing which made it difficult for you to perform sport?		
6. Do you have trouble breathing or do you cough during activities?		
7. Have you ever experience racing heart, unexpected fast or irregular heartbeats, or skipped heartbeats?		
8. Have you ever been told to give up sports because of health problems?		
9. Have you ever been treated / hospitalized for asthma?		
10. Have you ever had a seizure?		
11. Have you ever been told that you have epilepsy?		
12. Have you ever been told that you have high blood pressure?		
13. Have you ever been told that you have high cholesterol?		
14. Have you ever been told that you have a heart murmur?		
15. Have you ever been told you have a heart arrhythmia?		
16. Have you ever been told you had rheumatic fever?		
17. Do you have any other history of heart problems? If yes please describe:		

18. Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month? If yes, please describe:		
19. Do you have any allergies? If yes, please describe:		
20. Are you taking any medication at the present time? If yes, please describe:		
21. Have you routinely taken any medication in the past two years? If yes, please describe:		

<b>Family History</b>	<b>Yes</b>	<b>No</b>
<b>Have anyone in your family (Parents, brothers or sisters) less than 50 years old</b>		
22. Died suddenly and unexpectedly? If yes, please describe:		
23. Been treated for recurrent fainting?		
24. Had unexplained seizure problems?		
25. Had unexplained drowning while swimming, unexplained car accident or sudden infant death?		
26. Had heart transplantation?		
27. Had pacemaker or defibrillator implanted?		
28. Been treated for irregular heart beat?		
29. Had heart surgery?		
30. Been told that they have Marfan syndrome?		

<b>Date of last Medical Examination:</b>
<b>Date of last ECG:</b>
<b>Note: Please attach medical examination / ECG report if available</b>