

FIBA Preparticipation Evaluation Template

SECTION 1: CONTACT DETAILS

To be completed by the player and parent/guardian (if player is under 18 years of age)

Player Name (First/Surname): _____ **D.O.B**

(dd/mm/yy): _____

Address:

Mobile Number: _____ **E-mail:**

Parent/Guardian Name (First/Surname): _____

Relationship to Player: _____ **Mobile Number:**

E-mail: _____

SECTION 2: DECLARATIONS & CONSENT:

- I agree to undertake this medical evaluation in order to identify any injuries or medical conditions requiring management by my team/Club and to ensure I am or will be fit to train and compete.
- I am aware that some information may require clarification or follow up by other medical/health practitioners, and agree to the release of relevant information between these parties.
- I understand that the information contained in this document is otherwise confidential

Player Name: _____ **Signature:** _____

Date: _____

If player is under 18 years of age:

Parent/Guardian Name: _____ **Signature:**

_____ **Date:** _____

SECTION 3: GENERAL *To be completed by the player*

YES NO UNSURE

- Do you have **asthma** () , **chest tightness** () , **wheezing** () , or **coughing spells** () during or after exercise?

- Do you currently have any **illness or condition** for which you see/have seen a doctor (e.g. diabetes, epilepsy, ADHD, irritable bowel)?
- Have you ever had **surgery or required hospitalization** (excluding tonsils, adenoids, appendix, wisdom teeth and grommets)?
- Do you have any **allergies** to any medications, foods, insects or other agents?
- Do you take any **prescribed or over the counter medications** (e.g. asthma, cough/cold)?
- Do you take any **vitamins or supplements** (e.g. protein)?
- Do you currently have a **TUE (therapeutic use exemption)**?

Please provide further detail for general medical issues:

SECTION 4: CARDIAC

- Have you ever **passed out** () , become **dizzy** () or had **chest pain** () during or after exercise?
- Have you ever had atypical or unexplained **shortness of breath** or **fatigue** associated with exercise?
- Do you get tired more quickly than your teammates do during exercise?
- Has anyone in the **family died suddenly and unexpectedly** before the age of 50?
- Is there a **family history** of disability from **heart disease** in a close relative under the age of 50 such as. cardiomyopathy, Marfan's syndrome, long QT syndrome, severe arrhythmias)?
- Have you ever had a **heart abnormality or murmur** diagnosed by a doctor?
- Have you had **high blood pressure** or **high cholesterol**?
- Have you ever had an **abnormal heart rate, palpitations** or **irregular heartbeats**?
- Has a doctor ever denied or restricted your participation in sport for **heart related problems**?
- Have you ever had an **ECG (electrocardiogram)**?

- If you have had an **ECG** did you ever require any follow up (echocardiogram, cardiologist opinion)?

If YES, please provide relevant detail below.

Please provide further detail for cardiac issues:

SECTION 5: MENTAL HEALTH/NUTRITION

YES NO

- Have you suffered from **anxiety** or **panic attacks**?
- Have you ever suffered from **depression**, **low mood** or **difficulty sustaining enjoyment**?
- Have you ever suffered from **excessive fatigue** or **overtraining**?
- Do you follow any **special diet** (e.g. vegetarian, weight loss, keto, gluten free)?
- Do you have trouble maintaining, losing or gaining **weight/body fat**?
- Have you ever had a **nutritional deficiency** diagnosed (e.g. iron, Vit. B12, Vit. D)?
- Do you try to **lose weight** to meet weight or image/appearance aspects of sport?

Please provide requested or further detail for all mental health/other related issues:

SECTION 6: CONCUSSION

- Have you ever had a concussion?

If yes, please list how many concussions, and some details of each incident including duration of symptoms, time off training and missed matches

- Have you had any **long-lasting symptoms** from concussion (greater than 7-10 days)?

Please provide further detail for all concussion related issues:

SECTION 7: WOMEN'S HEALTH To be completed by female players only

- Have you started your **periods**? If YES, please specify the **age** your periods started: _____
- Do you have a **regular menstrual cycle**?
- Have you ever **missed your period** for more than 6 months?
- Does your **menstrual cycle affect your performance**?
- Do you use, of have you considered using the **oral contraceptive pill** to control your periods?

Please provide requested or further detail for all women's health related issues:

SECTION 8: RECENT INJURY HISTORY

YES NO

- Did you fully complete a full **competition season in the past 12 months**?
If NO, please provide relevant detail at the end of this section as to why a full playing season wasn't completed.
- Do you have, or have you recently had (in the last few months) **any injury, soreness or pain** that concerns you? This is regardless of whether training had been modified or not.
If YES, please provide relevant detail and any investigations you have had below.

Please provide requested or further detail for your recent injury history:

SECTION 9: PAST INJURY HISTORY

YES NO

- Has an injury or any medical condition caused you to **miss more than 3 basketball matches** or three weeks of training?
If YES, please provide relevant detail below.

Please provide requested or further detail for your past injury history:

SECTION 10: MEDICAL ASSESSMENT To be completed by the team doctor/sports physician

Player Name (First/Surname): _____ D.O.B

(dd/mm/yy): _____

Doctor Name (First/Surname): _____

Mandatory Examination for All Players

Cardiovascular Blood pressure (sitting): _____

Pulse rate and rhythm Normal / Other:

Heart sounds including murmurs Normal / Other:

Respiratory Chest auscultation Normal / Other:

Marfan's Screen

Thorough musculoskeletal assessment of ALL currently or previously injured areas.

Please provide detail below of any **additional examination findings based on questionnaire and mandatory examination** (e.g. abdominal, ENT, skin, Marfan's assessment, neurological, bloods, spirometry, other).

Doctor's Summary/Evaluation of Player

Please provide a **summary of relevant issues** raised in the questionnaire:

Please provide a **summary of the medical examination:**

Please provide a **summary of the reports/investigations to date, and the current injury/medical status:**

Please detail any **follow up investigations/specialist opinions/tests/scans** required:

Please provide an **estimated time frame for completion of required follow ups:**

SECTION 12: MEDICAL FITNESS DECLARATION

YES NO

 Based upon the information provided to me and my clinical assessment, this player is **fit to train and compete**

Doctor Name: _____ **Signature:** _____

Date: _____

OPTIONAL

SCAT 6 or other concussion baseline tool

Mental health screen

Bloods tests based on risks identified in the clinical evaluation