

Sports Physical Examination Report

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Commercial Register (R.C.S. Luxembourg): B 134.471

Examination Report (to be filled in by the doctor)

Instruction to the doctor: Please do not use dashes when answering questions in the report, please fill out in full!

The costs of the examination are paid by the policyholder / insured person / interested party.

- I. Internal Medicine/General Medicine Section** (to be filled in by the specialist in internal medicine or the general practitioner)
- II. Orthopaedic Surgical Section** (to be filled in by the orthopaedist or surgeon)

Type of sport	
Club	
Name, first name	
Date of birth, place of birth	
Nationality	
Address	

I. Internal Medicine/General Medicine Section

Sports history (number of years of training, hours of training each week, playing position)	
History of disease (e.g. allergies, physical abnormalities and anomalies – apart from the musculoskeletal system)	
Medication (taken and applied medication; time period: the last six months to date)	
Current symptoms (apart from the musculoskeletal system)	

General findings (abnormalities, without postural and locomotion organs)

Height (cm)	Weight (kg)	Sensory organs
Nasopharynx	Neck region	
Thorax (inspection)	Heart (in case of anomalies: submission of results of the colour Doppler echocardiography)	
Lungs (in case of anomalies: submission of lung function test)	Vascular system (arterial pulses, vascular sounds, venous system)	
Skin	Nervous system	
Abdominal organs (incl. renal beds)	Sonography of the abdominal organs (liver, kidneys, spleen, gallbladder, pancreas)	

Comments

Cardiovascular function test

Heart rate at rest (per minute)	
Blood pressure at rest (lying down) right (mm Hg)	left (mm Hg)
ECG at rest (12 leads); please convey findings	
Exercise ECG (at least 3 leads); please convey findings	
Other internal medical examinations using technical equipment and imaging procedures (e.g. lung function, ultrasounds, CT/MR – if carried out)	

Laboratory tests (fasting blood tests; please attach findings and reference values)

- > Standard blood count (erythrocytes, haematocrit, haemoglobin, MCV, leukocytes) – 3550, > PTT – 3605, > Quick’s test 3607,
- > Cholesterol – 3562, > HDL cholesterol – 3563, > LDL cholesterol – 3564, > triglycerides – 3565, > uric acid – 3583,
- > Creatinine – 3585, > alkaline phosphatase – 3587, > Gamma GT – 3592, GOT – 3594, > GPT – 3595, > HbA1 or HbA1c – 3561,
- > Fasting blood sugar - 3560, > CRP – 3741, > HBs antigen – 4381, > HCV antibody – 4406, > TSH –4030

Urine status

Protein	Blood	Sugar	Sediment
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Evaluation

Which tests/diagnostic measures are planned?

Examination carried out on

(please sign off corrections separately and stamp)

Doctor’s stamp

Signature of the examining doctor

II. Orthopaedic surgical report

1. Medical history

a) Are there any diseases, i.e. abnormal pathological changes to the musculoskeletal system?
(e.g. patellar dysplasia, diseases of the intervertebral discs)

b) Any known injuries or accidents?

c) What treatments (operations, see below) were or are being carried out for the changes named under a) and b)?
(Please specify the time period and extent of treatment)

d) Have any operations been carried out? (Please attach operation report(s))

e) Are other operations planned? (e.g. removal of material)

Did the above- named injuries, accidents, or operations lead to a period of incapacity to work or an interruption to training/ability to play sport lasting more than ten days? Yes No

Please indicate the respective diagnosis and the time period:

Diagnose	from	until
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Please enclose copies of findings from any images taken (sonogram, X-ray, CT, MRI etc.)

2. Orthopaedic surgical findings

a) Findings from inspection and palpation of the musculoskeletal system

b) Janda muscle function testing (if findings are abnormal)

c) Spine/pelvis distinguishing features (e. g. scars)

Cervical spine:	Thoracic spine:	Lumbar spine:	Sacroiliac joints:
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d) Lower extremities

Hip joints (distinguishing features, e.g. pathological function tests)			
Knee joints (findings on palpation, swelling/effusion/pressure pain) right		left	
Stability test of the ligamentous apparatus (e.g. the Lachman test) right		left	
Patellar function (e.g. Zohlen's sign) right		left	
Ankle joint/foot			
Findings on palpation right	left	Ligamentous apparatus right	left
Foot shape right	left	Toe deformity (if present) right	left
Distinguishing features (e.g. fungal diseases of the nails)			

e) Upper extremities

Shoulder joints/acromioclavicular joints/sternoclavicular joints			
Function testing (e.g. adduction, retroversion and internal rotation of the arms and abduction and external rotation of the shoulders) and stability testing (e.g. apprehension test) right		left	
Elbow joints			
Findings on palpation, e.g. epicondylitis test right		Function and stability test (e.g. stress test) right	
left		left	
Motor function test (e.g. pinch grip, key pinch grip) right		Stability test (e.g. skier's thumb) right	
left		left	
Nerve compression test (e.g. Tinel sign) right		left	

Evaluation

Which tests/diagnostic measures are planned?

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(please sign off corrections separately and stamp)

Doctor's stamp

Signature of the examining doctor
