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சுவசிரிபாய
SUWASIRIPAYA

මගේ අංකය

எமது இல.
My No:

MA/MS/E/06/2012(II)

ඔබේ අංකය
உமது இல
Your No. :

දිනය

திகதி.
Date

24 .10.2014

සෞඛ්‍ය අමාත්‍යාංශය
சுகாதார அமைச்சு
Ministry of Health

Provincial Secretaries of Health Services,
Provincial Directors of Health Services,
Regional Directors of Health Services,
Directors / Medical Superintendents of Hospitals,
District Medical Officers of Divisional Hospitals,
Head of Specialized Campaigns & Decentralized Units,
All Heads of Institutions concerned.

Establishment of Sport Medicine Units-Pre Participation Medical Examination (PPE)/Pre Event Examination (PEE)

His Excellency the president shows special consideration towards the establishment of the sports medicine services all over the country in view of preventing sudden athletic deaths and to improve physical health among school children.

Accordingly, Ministry of Health in collaboration of the Ministry of Sports has involved in developing Sports Medicine Services in the country.

In relation to this, Medical Officers with qualification of post graduate diploma in Sports Medicine have been allocated to many major hospitals and functioning Sports Medicine Units have been established in 11 hospitals.

Establishment of Sports Medicine Units should be considered as a national priority in preventing the Health hazards among athletes and improving their physique; especially at the school level.

Further as a preventive measure for such unexpected complication, Steering Committee for Sports Medicine Service Development decided to introduce Pre Participation Examination (PPE) and Pre Event Evaluation (PEE) for such athlete participants. PPE will be preferably done at the Sports Medicine Units by Sports Medicine trained Medical Officers in the Ministry of Health or Ministry of Sports or by the consultants in Sports Medicine or by the certified/authorized Medical Officers of the government hospital after an adequate training which is supposed to be organized by Ministry of Health.

Following PPE and PEE, a certificate will be issued. It provides the level of physical and mental fitness of participant based on the provided history and examination finding of the participants at the time of examination.

Due to the constrain of trained Medical Officers in the country at present, organizers of such event has the responsibility to coordinate with Head of the Institution and MOIC of the Sports Medicine Unit of the nearby major hospitals in order to get such examination arranged as follows.

- PPE at least 3 months period to the athlete event.
 - PEE at least 2 weeks before the athlete event.
- } (Appointments should be obtained in advance)

- PPE Form is the valid questionnaire which should be filled by an athlete/patient or by parents /guardians if the child is under the age of 16 years.
- Form will be available in the Ministry of Health web site www.health.gov.lk. Also this form will be sent to schools and other relevant institutions by the Ministry of Education and Ministry of Sports.
- Any person requesting a PPE medical certificate is requested to submit the duly filled and signed form to the Medical Officer at the examination.
- This form could be collected from the Sports Medicine Units of the hospitals or from school principals or could be downloaded from the relevant websites. Any clarification may be done from the Medical Officer at the time of examination.
- He/she should also submit an ECG with the name, the date and the time printed on it. ECGs for all the medicals may not be possible to be taken from the government hospital.
- ECG is mandatory for long distance running more than 1500 meters ,martial arts, contact, contact and collision sports, cadetting, cycling, long distance swimming more than 400 meters and any sports or at an any clinical situation that service of Consultant/Sports Medicine Medical Officer is requested.(12 lead with long rhythm strip L11)
- ECG for school children for PPE purpose is mandatory and government hospital should always try to facilitate providing the ECG facility where available even though the PPE is done at a different hospital.
- Person should come for the medical with a valid identity card and he or she must bring a letter signed by the principal/Head of the Institute certifying that he/she wants to take part or currently taking part in the requested sport or sports.
- Since workload is heavy for the limited number of trained Medical Officers, it is advisable that all the school kids to get their PPE medical checkup done at the beginning of the year or during school vacations.
- Requests from schools or any relevant institution for PPE medicals should be made at least 3months prior for an appointment.
- The PPE Clearance Certificate (Health 1246) document issued by the Sports Medicine Unit will be valid only for period of one year from the date of issue.
- Athlete has to come for a periodic health evaluation in next year on same date and get the clearance extended for another year on the same certificate and so on.
- Player must have undergone PPE prior to the Pre Event clearance (PEE). Otherwise PEE will not be awarded.
- Pre- Event Clearance will be mentioned in the appropriate boxes on the back side of the PPE clearance certificate.
- Pre- participation and pre- event medical examinations to be done on
 - ❖ Station based- Eg.at the school or Government Institute of the athlete
 - ❖ Clinic based - at the hospital clinic.

- Provinces are presently covered by following Sports Medicine Units as given bellow :-

<u>Units</u>	<u>Province/s</u>
Sports Medicine Unit, General Hospital Matara Sports Medicine Unit, Teaching Hospital Karapitiya	} Southern Province
Sports Medicine Unit, General Hospital Kalutara (Nagoda) Sports Medicine Unit, Colombo South Teaching Hospital Kalubowila Sports Medicine Unit, Lady Ridgeway Hospital for Children Sports Medicine Unit, National Hospital Colombo	} Western, North Central and Sabaragamuwa
Sports Medicine Unit, Teaching Hospital Kurunegala –	North Western Province
Sports Medicine Unit, Teaching Hospital Peradeniya - Sports Medicine Unit, Teaching Hospital Kandy –	} Central and Uva Provinces
Sports Medicine Unit, Teaching Hospital Batticaloa –	Eastern Province
Sports Medicine Unit, Teaching Hospital Jaffna –	Northern Province

- Sports Medicine Unit should give the priority towards school children's requests and then that of the Government institute e.g. Ministry of Sports. For the private sector medical examination, fee will be charged.
- MO/Sports Medicine could send direct referrals to the consultants of other specialties in this regards.
- MO/Sports Medicine could request investigations apart CT/MRI, which should be requested through his consultant if available.
- **All the PPE/Pre Event clearance certificates and the PPE form should have two official rubber seals of the unit and the Medical Officers'/Consultants'; as PPE/pre-event medicals are on individual responsibility.**
- MO Sports Medicine could differ issuing PPE/PEE Clearance till the player is fully investigated or if he feels that athlete is physically or mentally not fit or not attended with adequate time before the event.
- There may be situations that even after comprehensive medical examination sudden deaths could occur due to rare medical causes and environmental conditions.

Sudharma Karunaratne
Secretary,
Ministry of Health.



සෞඛ්‍ය සේවාවේ කැමති මාධ්‍යයෙන් තෝරා ගැනීමට පහසු ලෙස, සිංහල-ඉංග්‍රීසි සහ දමිල-ඉංග්‍රීසි ලෙස මුද්‍රණය කර ඇත.

සෞඛ්‍ය අමාත්‍යාංශය / ක්‍රීඩා අමාත්‍යාංශය / අධ්‍යාපන අමාත්‍යාංශය
Ministry of Health / Ministry of Sports / Ministry of Education Sri Lanka

Sports Medical Pre-Participation Evaluation Form / පූර්ව- ක්‍රීඩා වෛද්‍ය සහතික පෝර්මය
ක්‍රීඩකයා පිළිබඳ විස්තරය/Athlete's Medical Information- ක්‍රීඩකයා විසින් සම්පූර්ණ කළ යුතු වේ./Athlete to Complete

කාර්යාලීය ප්‍රයෝජනය සඳහා For Office use only
ලිපි අංකය/Reg No
රෝහල/Hospital

නම/Name.....
උපන් දිනය/Date of Birth වයස/Age..... ජා.නැ.අංකය/NIC No/Passport No.....
ලිපිනය සහ දු.ක.අංකය/Address and Tel No.....
පාසල/ආයතනය/School or Institute.....
ක්‍රීඩාව/ක්‍රීඩා/Sport or Sports.....
ඉසව්ව/කණ්ඩායමේ ස්ථානය/Event or Position in the Team.....
භාරකරු/මව/පියා/නම/Guardian/Parents Name.....
පවුලේ වෛද්‍යවරයාගේ නම/විස්තර/Family Doctor's Name.....
ක්‍රීඩා භාර ආවර්ජන/පුහුණුකරුගේ නම/Coach/Master in charge in Sport's Name :-.....
(සිටි නම් පමණි)/Only if available දු.ක./Tel No :-.....

මාගේ පූර්ව ක්‍රීඩා යෝග්‍යතා පරීක්ෂණය සිදු කිරීම සඳහා ඉහත රජයේ රෝගලේ ක්‍රීඩා වෛද්‍ය ඒකකය/වෛද්‍යවරයා වෙත කැමැත්ත ලබා දෙමි. පූර්ව ක්‍රීඩා යෝග්‍යතාව (PPE) මාගේ කරුණු මාගේ භාරකරු/දෙමාපියන් පාසලේ ආවර්ජනවරුන්/ආයතනයේ අවධානයට නිලධාරීන් වෙත ලබා දීමට මාගේ විරුද්ධත්වයක් නොමැත. මෙම සියල්ල රහස්‍ය වාර්තාවක් බව දැනිමි. මාගේ කැමැත්ත මත අවධානය වූ විටක වෙනත් පාර්ශව වෙත අදාළ විස්තර ලබා දීමට එකඟ වෙමි.

I agree to undertake pre- participation examination in order to enable medical staff to find whether there are any contraindications for sports training or participation. I am aware that some information may need special clarification and I do not object in releasing those information to my parents/school teachers/guardians or the officers in the institute who are interest. I understand that the information contained in this form is otherwise confidential and can only be released with my consent.

ක්‍රීඩකයාගේ අත්සන/Athlete's Signature (දෙමාපියා/භාරකරු ගේ අත්සන(වයස 16ට අඩු නම්)/Parent's/Guardian's Sig.for < 16 years) දිනය/Date

ක්‍රීඩකයා විසින් සම්පූර්ණ කළයුතු ක්‍රීඩකයාගේ සෞඛ්‍ය පිළිබඳ විස්තර/Athlete's Medical Information; To be completed by the Athlete

	ඔව් Yes	නැත No	නොදනී Unsure
1. ව්‍යායාම කරන විට ඔබට ක්ලෝන්තය, පපුවේ කැක්කුම හෝ ගැස්ම හෝ වෙනත් යම් අපහසුතාවයක් දැනුණේද/දැනේද?..... Have you ever felt faintish, chest pain, palpitation or any other significant discomfort during or after exercise ? ඔව් නම් එහි විස්තරය/if the answer is "yes" the details.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ඔබගේ හෘදවස්තුවේ හෝ පෙනහළුවල යම් අසාමාන්‍යතාවයක් ඇති බව වෛද්‍යවරු ඔබට කිසිදිනක පවසා ඇත්ද?..... Have you ever informed by a doctor that your heart or lungs(chest) has any abnormality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ඔබට කිසිදු හෘදය සම්බන්ධ රෝගයක් පවතින බව වෛද්‍යවරු හෝ ඔබගේ භාරකරුවන් පවසා තිබේද?..... Have you ever informed by a doctor or parents,guardians that your heart has any abnormality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ඔබට කිසිදු අධික රුධිර පීඩනය හෝ මේදය වැඩිවීමේ රෝග තත්වයක් (cholesterol) ඇති වී තිබේද?..... Do you have a history of high blood pressure or high Lipids in your blood(Dyslipidaemia/Cholesterol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ඔබ කිසියම් දිනක මේ ආකාරයේ වෛද්‍ය පරීක්ෂණයකින් මීට පෙර අසමත් වී තිබේද?..... Have you ever failed or Has a Doctor ever denied or restricted your participation in sport after a such a medical examination ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ඔබට ඇදුම/හතිය රෝගය වැළඳී තිබේද?..... Have you ever had Asthma or Exercise induced Asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ඇනට ව්‍යායාම කිරීමේදී ඇදුම හතිය හෝ පපුවේ මහන්සිය කැස්ස හෝ පපුවේ වේදනාවක් ඇති වේද?..... Do you have Asthma, chest tightness, wheezing or coughing spells during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. අනතුරකට ලක්ව සිටි හැකි වීම හෝ හිසට හානි සිදු වීම සිදුවී තිබේද?..... Do you have a history of an accident which resulted in a head injury, loss of consciousness or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. ඔබට අපේමාරය/වලිප්පුව වැළඳී ඇත්ද? ?..... Have you ever had a Fit, Convulsion or an Epilepsy ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. ඔබට සමේ රෝග කිසිවක් තිබේද? ?..... Do you have any Skin problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ඔබට නිදහස්ව රෝග කිසිවක් තිබේද? (උදා:- වකුගුළු,අක්මාව,හෘදය,පිලිකා,ස්නායු,සම,පෙනහලු,මානසික ආදී)..... Do you have any chronic medical conditions (Illness staying in your body for long period-(Eg. kidney,liver,heart,cancers,lung,mental.etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. ඔබ නිතිපතා යම් ඖෂධයක් භාවිතා කරනු ලබයිද?/Do you take any medicine regularly?..... ඖෂධය නම් කරන්න/Name of the Medicine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. ඔබ කිසිදු ශල්‍යකර්මයකට ලක්ව තිබේද?/Have you ever undergone any surgery(operation)..... ශල්‍යකර්මය නම් කරන්න/Name of the surgery..... වර්ෂය/Year..... දිනය/Date.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. ඔබ කිසිදු රෝගයකට රෝහල් ගත කර තිබේද? / Have you ever been hospitalized for any illness..... රෝගය නම් කරන්න/Name of the Illness..... වර්ෂය/Year..... දිනය/Date.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. ඔබ යම් විටමින් හෝ ශක්ති ජනක ද්‍රව්‍ය භාවිතා කරයිද? (Supplement) Do you take any Supplements?..... නම් කරන්න/Name of the Supplement.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. ඔබ කණ්ණාඩි/සිවිකාව/කාච භාවිතා කරයිද? Do you wear spectacles, lenses, contact lenses?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. ඔබ දුම් පානය කරන්නේද? /Do you smoke?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. ඔබ මත්පැන්/මත්ද්‍රව්‍ය පානය කරන්නේද? /Do you drink alcohol? or take any narcotic substance?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. ඔබට මහන්සි කම්මැලි හතියක් දැනේද? /Do you feel tired ,lethargic or unfit?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. ඔබ ක්‍රීඩා කරන විට යම් සෞඛ්‍යමය හෝ ආධාරකයක් භාවිතා කරයිද?(උදා. knee guard/tape)Do you wear protective equipment?..... නම් කරන්න/Name it (knee guard/tape/brace).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. එන්නත් කිරීම සාර්ථකව සිදු කර ඇත්ද? /Are you properly Immunized and up to date?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. ඔබට අසාත්මිකතා කිසිවක් ඇතොත් නම් කරන්න. If you have any allergic problems please mention.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. ඔබට සිදුවී ඇති යම් හදිසි අනතුරු හෝ ක්‍රීඩා අනතුරු ඇතොත් ඒ පිළිබඳ සටහනක් තබන්න..... Have you ever met with an accident/s or sports injuries? Mention those below. අනතුරු/Accident-Injury..... දිනය/Date.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. ඔබගේ පවුලේ ලේ ඇති කිසිවකු හදුනා නොගත් රෝගයකින් අවු.50 ට පෙර මිය ගොස් තිබේද?..... Has anyone in the family (Blood Relations) died suddenly and unexpectedly before the age of 50 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. ඔබගේ ලේ ඇති කිසිවකු හදුනා නොගත් රෝගයක් වැළඳී ඇති බවට ඔබ දැනුවත්ව සිටීද?..... Have any of your relatives ever had any form of cardiac illness (Heart condition or illness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. ඔබගේ පවුලේ ලේ ඇතිවරයෙකුට කිසියම් හෝ රෝගයක් වැළඳී ඇත්ද? (උදා:-වකුගුළු,අක්මාව,හෘදය,පිලිකා,පෙනහලු,මානසික)..... Have any of your blood relations suffered or suffering from a serious or chronic illness?(Eg kidney,liver,heart,cancers,lung,mental.etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. මට සිතේ ඉහත ඉල්ලුම්කල ක්‍රීඩා තරඟ ඉසව්ව(Competition) සඳහා ප්‍රමාණවත් ලෙස පෙර සූදානම් වල යුක්ත වී ඇත..... I do hereby certify that I have adequately trained and prepared for the event/competition above I requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ක්‍රීඩකයකු පිළිපැයිය යුතු උපදෙස් / மெய்வல்லுனருக்குரிய விதி முறைகள்/ Instructions to athlete

- මෙම සහතිකය ක්‍රීඩකයා සතු ලියවිල්ලකි/අත්සන කළ නොහැක. සහතිකය හිකුත් කළ දින සිට ඉදිරියට වර්ෂයක කාලයක් සඳහා වලංගු වේ. **இச்சான்றிதழ் விளையாட்டு வீரருக்குரியது / கைமாற்றத்தகாதது. வழங்கப்பட்ட திகதியில் இருந்து ஓர வருடத்திற்கு செல்லுபடியாகும்.** This document belongs to the athlete and nontransferable. Valid for one year period ahead from the date of issue
- වර්ෂයක් ඉක්ම ගිය විට යලි වාර්ෂික ක්‍රීඩා වෛද්‍ය පරීක්ෂණයට ඉදිරිපත් වී වෛද්‍ය සහතිකය අලුත් කර ගත යුතු වේ. **சான்றிதழின் செல்லுபடிக்காலம் முடிந்ததும் மீண்டும் இதே போன்ற வைத்திய ஆலோசனை/ தொடர்ச்சியான மருத்துவச் சோதனைக்கு உட்படுத்தி காலத்தைக் கூட்டிக் கொள்ளல் வேண்டும்.** After the expiry date of PPE, athlete must consult for the periodic health evaluation.
- නරඹ සංවිධානයන් සඳහා මෙම සහතිකය අවශ්‍ය වීම, විදුහල්පති තුමා/ආයතන ප්‍රධානී/ මාණ්ඩලික නිලධාරී/සාමාන්‍ය විනිශ්චකාර ආදී සුදුසුකම් ලත් නිලධාරියෙකු ලවා සහතික කළ ජායා පිටපතක් මඹට ඉදිරිපත් කළ හැක. **போட்டியின் போது நிறுவனத் தலைவர், சமாதான நீதவான், அரச ஊழியர், அல்லது வேறு அங்கீகரிக்கப்பட்ட அதிகாரியினால் உறுதிப்படுத்தப்பட்ட பிரதி ஒன்றைபோட்டி அமைப்பாளர்களுக்கு வழங்க வேண்டும்.** Athlete can submit a copy of the original to the event organizers, certified by the principal, head of the institute, Justice of peace, government servants or any other authorized person.
- ක්‍රීඩකයා වෛද්‍ය සහතිකය ලබාගත් වර්ෂය තුළ යම් සැලකිය යුතු රෝගී තත්වයක් හෝ රෝහල් ගත වීමක් හෝ අනතුරක් සිදුවූහි නම් යලි වෛද්‍ය පරීක්ෂාවට ඉදිරිපත් වීම අත්‍යවශ්‍යය වේ. **ஒரு மெய்வல்லுனர் பாரதாரமான , நோய் விபத்துக்கு உட்பட்டால், வைத்தியசாலை அனுமதி ஏற்பட்டால், அவர் மீண்டும் தகுதிகாண் மருத்துவச் சான்றிதழ் பெறவேண்டும்.** If an Athlete meets any of serious medical illness, accident or a hospitalization, he or she should consult for a re-medical examination.
- ක්‍රීඩා නරඹ ඉසව්ව සඳහා වූ පූර්ව තරඹ යෝග්‍යතා වෛද්‍ය පරීක්ෂණය සිදුකිරීමට නම් ක්‍රීඩකයා පූර්ව ක්‍රීඩා යෝග්‍යතා සහතිකය(PPE) ලබා ගෙන තිබීම අනිවාර්ය වේ. **போட்டிக்க முன்னான மருத்துவச் சான்றிதழ் பெறவரும் வீரர் பயிற்சிக்கு முன்னான மருத்துவச் சான்றிதழ் முற்கூடியே பெற்றிருக்க வேண்டும்.** Athlete must have obtained the pre-participation medical certificate (PPE) in a prior situation to undergo a pre-event medical examination.
- පූර්ණ වෛද්‍ය පරීක්ෂාවකට පසුව වුවද කලාතුරකින් හටගන්නාවූ රෝගී තත්වයන් මත (උදා:නාද රෝග, තාප කම්පණය) ක්‍රීඩකයකු හදිසියේ මිය යා හැක. **அரிதான திடீர் மரணத்தை ஏற்படுத்தும் காரணங்களால், அசாதாரண சூழலியல் காரணங்களால் ஏற்படும் பாதிப்புகளுக்கு இச் சான்றிதழ் உட்படுத்தப்படாது. Even after a thorough medical examination there are rare causes that can cause sudden death to an athlete. (Eg Cardiomyopathy, ARVD, Heat strokes)**

පූර්ව තරඹ යෝග්‍යතා සහතිකය / போட்டிக்க முன்னான விடுதல் சான்றிதழ் / Pre Event Fitness Certificate

පූර්ව ක්‍රීඩා යෝග්‍යතා සහතිකය ලබා ගෙන ඇත්නම් පමණක් සුදුසුකම් ලත් වෛද්‍ය නිලධාරියෙකු මගින් තරඹයක් සඳහා පමණක් වලංගු වන පහත සඳහන් පූර්ව තරඹ යෝග්‍යතා සහතිකය තරඹයකට සහභාගී වීමට පෙර ලබා ගත හැක.

Event/ Sport / තරඹ ඉසව්ව/ ක්‍රීඩාව / நிகழ்ச்சி / விளையாட்டு	.....	.....	.....	.....	.....
Date of the Event or Sport / තරඹ ඉසව්ව/ක්‍රීඩාව පවතින දිනය/ நிகழ்ச்சித் திகதி	.....	.....	.....	.....	.....
History Fever (Within 3 days) Diarrhoea (Within 3 days) Other	Yes/ No Yes/ No Yes/ No	Yes/ No Yes/ No Yes/ No	Yes/ No Yes/ No Yes/ No	Yes/ No Yes/ No Yes/ No	Yes/ No Yes/ No Yes/ No
CVS Ex Pulse BP Auscultation	...............	...............	...............	...............	...............
RES (Normal / Abnormal)					
Muscular Skeletal System (Normal / Abnormal)					
CNS (Normal / Abnormal)					
Abdomen (Normal / Abnormal)					
ක්‍රීඩකයා තරඹ ඉසව්ව සඳහා සහභාගී නොවී සිටීමට තරම් හේතු වන්නාවූ කායික හෝ මානසික රෝගී තත්වයන් මෙම පරීක්ෂණයට ඉදිරිපත් වූ අවස්ථාවේ දී නොමැත. விளையாட்டு வீரர் உடல் ரீதியாகவோ / உள்ள ரீதியாகவோ குறித்த விளையாட்டிலிருந்து அல்லது பயிற்சியில் இருந்து விலக வேண்டிய தேவை இந்த மருத்துவ பரிசோதனை நேரத்தில் இல்லை Athlete doesn't have any physical or mental contraindication to refrain from the requested sports competition at the time of the medical examination.	.....	.....	.....	.....	.....
ක්‍රීඩකයා තරඹ ඉසව්ව සඳහා සහභාගී වීමට සුදුසු නැත. மெய்வல்லுனர் போட்டியில் பங்குபற்ற முடியாது. Athlete is not fit for the competition.	.....	.....	.....	.....	.....
Signature & Rubber Stamp of Medical Officer	.....	.....	.....	.....	.....
Name of the Medical Officer	.....	.....	.....	.....	.....
Date	.....	.....	.....	.....	.....



இந்த படிவமானது தெரிவு செய்வதற்கு இலகுவாக சீர்க்களம்- ஆங்கிலம் மற்றும் தமிழ்- ஆங்கிலம் ஆகிய மொழி மூலங்களில் அச்சிடப்பட்டுள்ளது.

சுகாதார அமைச்சு/Ministry of Health/ விளையாட்டு அமைச்சு /Ministry of Sports

கல்வி அமைச்சு / Ministry of Education

விளையாட்டு மருத்துவ பயிற்சிக்கு முன்பான தகுதிகாண் படிவம்/ Sports medical Pre-Participation Evaluation form

மெய்வல்லுனரின் மருத்துவக் குறிப்புகள் /Athlete's Medical Information :மெய்வல்லுனரினால் நிரப்பப்படவேண்டும் /Athlete to Complete

பெயர் /Name..... பிறந்த திகதி /Date of Birth.....
 முகவரியும் தொலைபேசி இல. /Address and Tel No.....
 பாடசாலை/ கழகம் /School or Institute..... தே. அ. இல. /NIC /Passport No.....
 விளையாட்டு/ விளையாட்டுக்கள் /Sport or Sports.....
 நிகழ்வு / குழுவில் நிலை /Event or Position in the Team.....
 பெற்றோர் / பாதுகாவலர் பெயர் /Guardian/Parents Name.....
 குடும்ப வைத்தியரின் பெயர் /Family Doctor's Name.....
 பயிற்றுணர் / பொறுப்பாசிரியரின் பெயர் /Coach/Master incharge in Sport's Name 1.....
 (இருக்குமானால்)/Only if available தொலைபேசி இல./Tel No 2.....

நான் விளையாட்டுப் பயிற்சி / போட்டிக்கு முன்னான மருத்துவ பரிசோதனை மூலம் அவற்றில் ஈடுபடுவதற்கான எந்தவித தடைகளும் இல்லை என்பதை உறுதிப்படுத்தவதற்கான சோதனைகளை மருத்துவ உத்தியோகத்தர்கள் மேற்கொள்ள பூரண சம்மதத்தைத் தெரிவிக்கின்றேன். சில தகவல்கள் தெளிவுபடுத்தப்படவேண்டும் என்பதை நான் அறிந்து வைத்திருப்பதுடன் அவற்றை எனது பெற்றோர், பாடசாலை ஆசிரியர், பாதுகாவலர், சம்பந்தப்பட்ட திணைக்கள அதிகாரிகளுக்கு தெரியப்படுத்துவதில் எனக்கு எந்த ஆட்சேபணைகளும் இல்லை. மேற்கூறிய சந்தர்ப்பங்களுக்கு அப்பால் இப்படிவத்தில் உள்ள தகவல்கள் இரகசியமானவை என்றும் எனது அனுமதியின்றி வெளியிடப் படமாட்டாது என்பதையும் அறிவேன்.

I agree to undertake pre-participation examination in order to enable medical staff to find weather there are any contraindications for sports training or participation. I am aware that some information may need clarification and I do not object in releasing that information to my parents/school Teachers/guardian's/officers in the institute who are interested. I understand that the information contained in this form is otherwise confidential and can only be released with my consent.

மெய்வல்லுனரின் கையொப்பம் /Athlete's Signature..... திகதி/Date.....
 (16 வயதுக்கு உட்பட்டவராயின் பெற்றோரின் / பாதுகாவலரின் கையொப்பம் /Parent's/Guardian's Sig. for < 16 years)

மெய்வல்லுனரின் மருத்துவக் குறிப்புகள், மெய்வல்லுனரினால் நிரப்பப்படவேண்டும். /Athlete's Medical Information; To be completed by the Athlete

ஆம் இல்லை தெரியாது
 Yes No Unsure

- உங்களுக்கு மயக்கம், நெஞ்சுவலி, நெஞ்சு படபடப்பு அல்லது வேறு அசௌகரியங்கள் பயிற்சியின் போதோ அல்லது பயிற்சிக்குப் பின்னரோ ஏற்பட்டுள்ளதா?.....
 Have you ever felt faintish,chest pain,palpitation or any other significant discomfort during or after exercise ?
 எனில் விபரம் தருக? /if the answer is "yes" the details.....
- உங்கள் குடும்பத்தவர் (இரத்த உறவினர்) சடுதியான எதிர்பாராத 50 வயதிற்குக் குறைவான மரணம் முன் ஏற்பட்டுள்ளதா?.....
 Has anyone in the family(Blood Relations) died suddenly and unexpectedly before the age of 50 years?
- முன்பு உங்களுக்கு இதயம் அல்லது நுரையீரல்களில் (நெஞ்சு) குறைபாடுள்ளது என்று வைத்தியரினால் கூறப்பட்டதா?.....
 Have you ever been informed by a doctor that your heart or lungs(chest) has any abnormality?
- முன்பு உங்களுக்குவைத்தியர் / பெற்றோர்/ உறவினரால் இதய வருத்தம் உள்ளது என கூறப்பட்டதா?.....
 Have you ever been informed by a doctor or parents,guarden's that your heart has any abnormality?
- உங்களுக்கு உயர் குருதி அழுத்தம் / அதிக கொழுப்பு (கொலஸ்ட்ரோல்) குருதியில் உள்ளது என்று கூறப்பட்டதா?.....
 Do you have a history of high blood pressure on high Lipids in your blood(Dyslipideamia/Cholesterol)
- உங்கள் உறவினர் எவருக்காவது இதய வருத்தங்கள் இருந்துள்ளதா?.....
 Have any of your relatives ever had any form of cardiac illness(Heart condition or illness)
- உங்களை விளையாட்டுக்களில் பங்குபற்றக்கூடாது அல்லது பங்குபற்றுவது நல்லதல்ல என வைத்தியர் எப்போதாவது கூறியுள்ளாரா?.....
 Have you ever failed or Has a Doctor ever denied or restricted your participation in sport after a such a med.examination ?
- உங்களுக்கு முட்டு வருத்தம் அல்லது உடற்பயிற்சியின் போது முட்டு வருத்தம் ஏற்பட்டதுண்டா?.....
 Do you ever had Asthma or Exercise induced Asthma?
- பயிற்சியின்போதோ அல்லது பயிற்சி முடிந்தபின்னோ ?உங்களுக்கு முட்டு வருத்தம், நெஞ்சை அழுத்துவது போன்ற நிலை அல்லது இருமல ஏற்பட்டுள்ளதா?.....
 Do you have Asthma,chest tightness,wheezing or coughing spells during or after exercise?
- முன்பு எப்போதாவது தலையில் காயம் ஏற்பட்டுள்ளதனால் சிறு மயக்கம் அல்லது தடுமாற்றம் ஏற்பட்டதா?.....
 Do you have a history of an accident which resulted in a head injury, loss of consciousness or concussion?
- முன்பு எப்போதாவது வலிப்பு ஏற்பட்டுள்ளதா?.....
 Do you ever had a Fit,Convulsion or an Epilepsy ?
- உங்களுக்கு தோல் சம்பந்தமான வருத்தங்கள் உள்ளதா?.....
 Do you have any Skin problems?
 உங்களுக்கு ஏதாவது தொடர்ச்சியான மருத்துவப் பிரச்சினைகள் உள்ளதா? (நீண்ட காலமாக வருத்தங்கள்)-(Eg kidney,liver,heart,cancers,lung,mental.etc)
 Do you have any chronic medical conditions(Illness staying in your body for long period)-(Eg kidney,liver,heart,cancers,lung,mental.etc)
- நீங்கள் தொடர்ச்சியாக மருந்துகள் பாவிப்பவரா? /Do you take any medicine regularly?.....
- மருந்தின் பெயர் என்ன? /Name the Medicine.....
- உங்களுக்கு சத்திரசிகிச்சை செய்யப்பட்டுள்ளதா? Have you ever undergone any surgery(operation).....
 சத்திரசிகிச்சையின் வகை/type of surgery..... ஆண்டு/Year..... திகதி/Date.....
- நீங்கள் வைத்தியசாலையில் தங்கி நின்று வைத்தியம் பெற்றுள்ளீர்களா?/Have you ever been hospitalized for any illness.....
 நோய் /Name the Illness..... ஆண்டு/Year..... திகதி/Date.....
- நீங்கள் ஏதாவது குறை நிற்பு (Supplement) மருந்துகள் பயன்படுத்துகின்றீர்களா?/Do you take any Supplements?.....
 பெயர் /Name the Supplement.....
- நீங்கள் கண்ணாடி அல்லது பொருத்து வில்லைகள் பாவிப்பவரா?/Do you wear spectacles, lenses contact lenses?.....
- நீங்கள் புகைப்பிடிப்பவரா?/Do you smoke?.....
- நீங்கள் மது அருந்துபவரா? அல்லது போதைப்பொருள் பாவிப்பவரா?/Do you drink alcohol or take any narcotic substance?.....
- உங்களுக்கு களைப்பாகவோ அல்லது விளையாட்டு இயலாமலோ உள்ளதா?/Do you feel tired ,lethargic or unfit?.....
- நீங்கள் விளையாட்டில் ஈடுபடும்போது ஏதாவது பாதுகாப்பு அங்கி அணிவதுண்டா? knee guard/tape)Do you wear protective equipment?
 பெயர்களைத் தருக? /Name it (knee guard/tape/brace).....
- நீங்கள் நோய்த்தடுப்புசிகள் தவறாமல் பெற்றுள்ளீர்களா? /Have youbeen properly Immunized and up to date?.....
- உங்கள்இரத்த உறவினர்களுக்கு பாரதாரமான/தொடர்ச்சியான வருத்தங்கள் உள்ளதா?.....
 Have any of your blood relations suffered or suffering from a serious or chronic illness?(Eg kidney,liver,heart,cancers,lung,mental.etc)
- உங்களுக்கு விபத்தின் போதோ / விளையாட்டின் போதோ காயங்கள் ஏற்பட்டுள்ளதா?.....
 Have you ever met with an accident/s or sports injuries? Mention those below.
 காயத்தின் தன்மை /Accident-Injury..... திகதி/Date.....
 உங்களுக்கு ஒவ்வாமை உள்ளதா? Do you have any allergic problems?வயரைக் குறிப்பிடுக?/Name the allergy if any.....

26. நான் மேற்கூறிய போட்டிக்கு பூரணமான பயிற்சி பெற்று தகுதியான நிலையில் உள்ளேன்.

I do hereby certify that I have adequately trained and prepared for the event above I have applied

(வினையாட்டு வீரருக்கு மட்டும் உரிய போட்டிக்கு முன்பான மருத்துவச் சான்றிதழ் /Only for the athletes for Pre- Competition medical examination)

இது கட்டாயமானது (1) காய்ச்சலோடு கூடிய அல்லது காச்சல் அல்லாத சடுதியான நோய்கள்/ முற்றாக குணமடைந்து 3 தினங்களின் பின்பே பயிற்சியில் / போட்டியில் ஈடுபடவேண்டும். 2. வைத்தியரிடமிருந்து மீண்டுமொரு தகுதிகாண் படிவம் பெற்றுக்கொள்ள வேண்டும். It is mandatory to 1. Refrain from exercise and sports till 3 days passed from the date of complete cure from any acute medical illness with or without fever or else 2. To consult your doctor for another pre-participation medical examination before engaging in sports or exercise. மேற்கூறிய தரவுகள் என் அறிவுக்கெட்டியவரை உண்மையானது என உறுதிப்படுத்துகிறேன். I do hereby certify that the details above given by me are true to my knowledge.

மெய்வல்லுநரின் கையொப்பம் Athlete's Signature (16 வயதுக்கு உட்பட்டவராயின் பெற்றோரின் / பாதுகாவலரின் கையொப்பம்
Parent's/Guardian's Sig. for < 16 years

திகதி/Date

MEDICAL EXAMINATION BY SPORTS PHYSICIAN/ CONSULTANT/ AUTHORIZED MEDICAL OFFICER

GENERAL EX: BMI _____ Height _____ cm Weight _____ kg AGE _____ MALE/FEMALE _____ Date _____ Time _____

	Yes	No	Yes	No	Normal	Abnormal
PALLOR						
PLETHORA						
FINGER CLUBBING						
DISSABILITY						

SYSTEM EXAMINATION:

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
CARDIOVASCULAR Sys.			RESPIRATORY System			MUSCULOSKELITAL System (optional)		
PR Beats/min			Auscultation			Head & Neck		
Rhythm			Spirometry(optional)			Back & Spine		
Character			PEFR Pre Ex.....L/min			Shoulder & Arm		
Femoral			.....min Post Ex PEFR.....L/min			Elbow & Forearm		
Pulse/Peripheral. Pulse			.....min Post Ex PEFR.....L/min			Wrist , Hand & Fingers		
Heart Size/Apex Beat						Hip & Thigh		
Heart Sounds						Knee & Leg		
Murmur			ABDOMINAL			Ankle & Foot(Arches)		
BP mmHg			Liver/Spleen			Toes		
Haemodynamically			Genitals (Testicles- paired/single)					
			Hernia			BIOMECHANICS (optional)		
			EYE			Pronation/Supination/Asymmetry		
			V/Acuity					
			V/Field					
			Colour vision					
ENT			Near vision					
Audiometry (optional)			Fundoscopy (optional)					
CNS			LRMP/Gyn-Obs Ex(optional)			Joint ROM		
						Flexibility		
						Strength		
						Agility		
						Balance & Coordination		
SKIN			PHYSICAL FITNESS After 10 min Run			Other Relevant details		

Clinical Notes:-.....
.....
.....

Referrals made to:.....

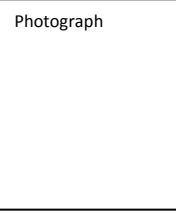
CLINICALLY No contraindications for sports participation /Not Fit for participation

Sig.of Consultant/Sports Medicine MO/Authorized Medical Officer _____ Date..... Time.....

Name of Consultant/Sports Medicine MO/Authorized Medical Officer.....



සෞඛ්‍ය අමාත්‍යාංශය / ක්‍රීඩා අමාත්‍යාංශය / අධ්‍යාපන අමාත්‍යාංශය
සුකාතාර අමාත්‍යාංශ / විනෝදාස්වාද අමාත්‍යාංශ / කல்වි අමාත්‍යාංශය
Ministry of Health / Ministry of Sports / Ministry of Education
Sri Lanka



යෝග්‍යතා සහතිකය / විරුද්ධතා සාක්ෂිපත / CLEARANCE CERTIFICATE
පූර්ව ක්‍රීඩා / පැවැත්වීමට පෙර / Pre Participation / පූර්ව තරඟ / පොදු පැවැත්වීමට පෙර / Pre Event

ලියාපදිංචි අංකය / පත්‍ර අංකය / Reg.No:-

ක්‍රීඩකයා පිළිබඳ තොරතුරු / විනෝදාස්වාද වීර්‍ය පූර්ව විෂය / Details of the player:-

නම/පേරුව/Name :-

ලිපිනය / වාසස්ථාන / ADDRESS :-

උපන් දිනය / උපන් දිනය / Date of Birth :- ජා.නැ.අංකය / ජා.නැ.අංකය / தே. அ. இல / NIC/Passport No :-

ස්ත්‍රී/පුරුෂ/භවය / පාල/ Gender :- Male Female වයස / වයස / Age :-

ක්‍රීඩාවන් / විනෝදාස්වාද / sport/s :-

වෛද්‍යවරයාගේ අවසාන නිගමනය / වෛද්‍යවරයාගේ නිගමනය / Conclusion of the Physician:-

• ක්‍රීඩකයා මගින් හෝ අය විසින් ඉදිරිදීමට අදාළ ඉසව්ව/ඉසව්/ක්‍රීඩාවලට සඳහා සහභාගී නොවී සිටීමට තරම් හේතු වන්නාවූ කායික හෝ මානසික රෝගී තත්වයක් මෙම පරීක්ෂණයට ඉදිරිපත් වූ අවස්ථාවේ දී නොමැත. එමනිසා, විනෝදාස්වාද වීර්‍ය උදෙසා ඉදිරිපත් වීමට අවශ්‍ය වන ඉහත සඳහන් කරුණු මත පදනම්ව වෛද්‍යවරයා විසින් මෙම නිගමනය නිර්දේශ කර ඇත. Athlete doesn't have any physical or mental contraindication to refrain from the sport/physical activity requested, at the time of the Medical Examination. Therefore,

	Yes/ඔව් / ඉඹ	No/නැත/මිනිසා
• ක්‍රීඩකයාගේ වෛද්‍යවරයා විසින් ඉදිරිදීමට අදාළ ඉසව්ව/ඉසව්/ක්‍රීඩාවලට සඳහා සහභාගී නොවී සිටීමට තරම් හේතු වන්නාවූ කායික හෝ මානසික රෝගී තත්වයක් මෙම පරීක්ෂණයට ඉදිරිපත් වූ අවස්ථාවේ දී නොමැත. එමනිසා, විනෝදාස්වාද වීර්‍ය උදෙසා ඉදිරිපත් වීමට අවශ්‍ය වන ඉහත සඳහන් කරුණු මත පදනම්ව වෛද්‍යවරයා විසින් මෙම නිගමනය නිර්දේශ කර ඇත.	<input type="checkbox"/>	<input type="checkbox"/>
• සහභාගීත්වය අනුමත කරමි/පාලපූර්වවත්කරන සාධක සපුරා ඇති බැවින් /Cleared for Participation.....	<input type="checkbox"/>	<input type="checkbox"/>
• සහභාගීත්වය සීමා සහිතවම / පාලපූර්වවත්කරන සාධක සීමා සහිතවම / Limited participation.....	<input type="checkbox"/>	<input type="checkbox"/>
• සහභාගීත්වය නැතහොත් / අනුමත නොවීම / Clearance withheld....	<input type="checkbox"/>	<input type="checkbox"/>
• සහභාගීත්වය අනුමත නොකරමි/ පාලපූර්වවත්කරන සාධක සපුරා නොමැති බැවින් /No Participation.....	<input type="checkbox"/>	<input type="checkbox"/>

විශේෂ කරුණු / විශේෂ කරුණු / Special Notes:-

A. වෛද්‍ය කරුණු / වෛද්‍ය කරුණු / Medical Notes.

	No/නැත/මිනිසා	Yes/ඔව් / ඉඹ
• ක්‍රීඩකයා තවදුරටත් අතිරේක වෛද්‍ය පරීක්ෂණ වලට යොමු කළ යුතු වේ. විනෝදාස්වාද වීර්‍ය මෙහෙයුම් මාරු කළ යුතු වේ. Athlete needs further medical evaluation	<input type="checkbox"/>	<input type="checkbox"/>
• ක්‍රීඩකයා සඳහා ප්‍රතිකාර / ජීවිතයට අවදානමක් ඇති වෛද්‍යවරයාගේ නිර්දේශයක් ඇති බැවින් විනෝදාස්වාද වීර්‍ය මාරු කළ යුතු වේ. Athlete needs medical treatment/Immunizations	<input type="checkbox"/>	<input type="checkbox"/>
• ක්‍රීඩකයා යළි සමාජයට පිවිසීමට පසු පරීක්ෂණ කළ යුතුය. විනෝදාස්වාද වීර්‍ය මාරු කළ යුතුය. Athlete need to be evaluated after some time.	<input type="checkbox"/>	<input type="checkbox"/>
• විශේෂඥ වෛද්‍ය යොමු කිරීම / වෛද්‍යවරයාගේ නිර්දේශයක් ඇති බැවින් /Referrals to Consultants.....	<input type="checkbox"/>	<input type="checkbox"/>
• රසායනාගාර පරීක්ෂණ සිදු කිරීම / වෛද්‍යවරයාගේ නිර්දේශයක් ඇති බැවින් /Laboratory Investigations.....	<input type="checkbox"/>	<input type="checkbox"/>

B. වෙනත් කරුණු / විශේෂ කරුණු / Remarks

හෞත විද්‍යාඥයා වෙත සටහන්/විද්‍යාඥයාගේ නිර්දේශයක් ඇති බැවින් /Notes to the Physiotherapist

ක්‍රීඩා භාර ආලෝක වෙත සටහන්/ විනෝදාස්වාද වීර්‍ය භාර ආලෝකයාගේ නිර්දේශයක් ඇති බැවින් /Notes to Master in charge in Sports.....

පුහුණුකරු වෙත සටහන්/ පුහුණුකරුගේ නිර්දේශයක් ඇති බැවින් / Notes to Coach.....

අනෙකුත් කරුණු / Other Notes.....

නැවත පැමිණිය යුතු දිනය / අනුගත වැරදිකරුගේ නිර්දේශයක් ඇති බැවින් /Dates for the next visits 1..... 2..... 3..... 4.....

වාර්ෂික ක්‍රීඩා වෛද්‍ය පරීක්ෂණ දිනය / වාර්ෂික ක්‍රීඩා වෛද්‍ය පරීක්ෂණ දිනය / Periodic Health Examination Date

විශේෂඥ වෛද්‍ය / ක්‍රීඩා වෛද්‍ය නිලධාරී / අනුමත වෛද්‍ය නිලධාරී
විනෝදාස්වාද මාරු කළ යුතු වෛද්‍යවරයා / විනෝදාස්වාද වීර්‍ය මාරු කළ යුතු වෛද්‍යවරයා / Sports Physician/Authorized MO
අත්සන / කේතනය / Signature

නිල මුද්‍රාව / ඉරිඬු පත්‍ර / Rubber Stamp

දිනය / දිනය / Date

ක්‍රීඩකයකු පිළිපැයිය යුතු උපදෙස් / மெய்வல்லுனர்ருக்குரிய விதி முறைகள்/ Instructions to athlete

- මෙම සහතිකය ක්‍රීඩකයා සතු ලියවිල්ලකි/අත්සන කළ නොහැක. සහතිකය නිකුත් කළ දින සිට ඉදිරියට වර්ෂයක කාලයක් සඳහා වලංගු වේ. இச்சான்றிதழ் விளையாட்டு வீரருக்குரியது / கைமாற்றத்தகாதது. வழங்கப்பட்ட திகதியில் இருந்து ஓர வருடத்திற்கு செல்லுபடியாகும். This document belongs to the athlete and nontransferable. Valid for one year period ahead from the date of issue
- වර්ෂයක් ඉක්ම ගිය විට යළි වාර්ෂික ක්‍රීඩා වෛද්‍ය පරීක්ෂණයට ඉදිරිපත් වී වෛද්‍ය සහතිකය අලුත් කර ගත යුතු වේ. சான்றிதழின் செல்லுபடிக்காலம் முடிந்ததும் மீண்டும் இதே போன்ற வைத்திய ஆலோசனை/ தொடர்ச்சியான மருத்துவச் சோதனைக்கு உட்படுத்தி காலத்தைக் கூட்டிக் கொள்ளல் வேண்டும். After the expiry date of PPE, athlete must consult for the periodic health evaluation.
- තරඟ සංවිධානයකින් සඳහා මෙම සහතිකය අවශ්‍ය වීම, විදුහල්පති තුමා/ආයතන ප්‍රධානි/ මාණ්ඩලික නිලධාරී/සාමාන්‍ය විනිශ්චකාර ආදී සුදුසුකම් ලත් නිලධාරියෙකු ලවා සහතික කළ ඡායා පිටපතක් ඔබට ඉදිරිපත් කළ හැක. போட்டியின் போது நிறுவனத் தலைவர், சமாதான நீதவான், அரச ஊழியர், அல்லது வேறு அங்கீகரிக்கப்பட்ட அதிகாரியினால் உறுதிப்படுத்தப்பட்ட பிரதி ஒன்றைபோட்டி அமைப்பாளர்களுக்கு வழங்க வேண்டும். Athlete can submit a copy of the original to the event organizers, certified by the principal, head of the institute, Justice of peace, government servants or any other authorized person.
- ක්‍රීඩකයා වෛද්‍ය සහතිකය ලබාගත් වර්ෂය තුළ යම් සැලකිය යුතු රෝගී තත්වයක් හෝ රෝගල්ල ගත වීමක් හෝ අනතුරක් සිදුවූහි නම් යළි වෛද්‍ය පරීක්ෂාවට ඉදිරිපත් වීම අනවශ්‍ය වේ. ஒரு மெய்வல்லுனர் பாரதாரமான , நோய் விபத்துக்கு உட்பட்டால், வைத்தியசாலை அனுமதி ஏற்பட்டால், அவர் மீண்டும் தகுதிகளை மருத்துவச் சான்றிதழ் பெறவேண்டும். If an Athlete meets any of serious medical illness, accident or a hospitalization, he or she should consult for a re-medical examination.
- ක්‍රීඩා තරඟ ඉසව්ව සඳහා වූ පූර්ව තරඟ යෝග්‍යතා වෛද්‍ය පරීක්ෂණය සිදුකිරීමට නම් ක්‍රීඩකයා පූර්ව ක්‍රීඩා යෝග්‍යතා සහතිකය(PPE) ලබා ගෙන තිබීම අනිවාර්ය වේ. போட்டிக்கு முன்னான மருத்துவச் சான்றிதழ் பெறவரும் வீரர் பயிற்சிக்கு முன்னான மருத்துவச் சான்றிதழ் முற்கூட்டியே பெற்றிருக்க வேண்டும். Athlete must have obtained the pre-participation medical certificate (PPE) in a prior situation to under go a pre-event medical examination.
- පූර්ණ වෛද්‍ය පරීක්ෂාවකට පසුව වුවද කලාතුරකින් හටගන්නාවූ රෝගී තත්වයන් මත (උදා:හෘද රෝග, තාප කම්පණය) ක්‍රීඩකයකු හදිසියේ මිය යා හැක. அரிதான திள் மரணத்தை ஏற்படுத்தும் காரணங்களால், அசாதாரண சூழலியல் காரணங்களால் ஏற்படும் பாதிப்புகளுக்கு இச் சான்றிதழ் உட்படுத்தப்படாது. **Even after a thorough medical examination there are rare causes that can cause sudden death to an athlete.** (Eg Cardiomyopathy, ARVD, Heat strokes)

පූර්ව තරඟ යෝග්‍යතා සහතිකය / போட்டிக்கு முன்னரான விடுத்தல் சான்றிதழ் / Pre Event Fitness Certificate

පූර්ව ක්‍රීඩා යෝග්‍යතා සහතිකය ලබා ගෙන ඇත්නම් පමණක් සුදුසුකම් ලත් වෛද්‍ය නිලධාරියෙකු මගින් තරඟයක් සඳහා පමණක් වලංගු වන පහත සඳහන් පූර්ව තරඟ යෝග්‍යතා සහතිකය තරඟයකට සහභාගී වීමට පෙර ලබා ගත හැක.

Event/ Sport / තරඟ ඉසව්ව/ ක්‍රීඩාව / நிகழ்ச்சி / விளையாட்டு	.....	.....	.....	.....	.....
Date of the Event or Sport / තරඟ ඉසව්ව/ක්‍රීඩාව පවතින දිනය/ நிகழ்ச்சித் திகதி	.....	.....	.....	.....	.....
History	Fever (Within 3 days)	Yes/ No	Yes/ No	Yes/ No	Yes/ No
	Diarrhoea (Within 3 days)	Yes/ No	Yes/ No	Yes/ No	Yes/ No
	Other	Yes/ No	Yes/ No	Yes/ No	Yes/ No
CVS Ex	Pulse	.....	.....	.....	.....
	BP	.....	.....	.....	.....
	Auscultation	.....	.....	.....	.....
RES	(Normal / Abnormal)				
Muscular Skeletal System	(Normal / Abnormal)				
CNS	(Normal / Abnormal)				
Abdomen	(Normal / Abnormal)				
ක්‍රීඩකයා තරඟ ඉසව්ව සඳහා සහභාගී නොවී සිටීමට තරම් හේතු වන්නාවූ කායික හෝ මානසික රෝගී තත්වයන් මෙම පරීක්ෂණයට ඉදිරිපත් වූ අවස්ථාවේ දී නොමැත. விளையாட்டு வீரர் உடல் ரீதியாகவோ / உள ரீதியாகவோ குறித்த விளையாட்டிலிருந்து அல்லது பயிற்சியில் இருந்து விலக வேண்டிய தேவை இந்த மருத்துவ பரிசோதனை நேரத்தில் இல்லை. Athlete doesn't have any physical or mental contraindication to refrain from the requested sports competition at the time of the medical examination.	.....	.....	.....	.....	.....
ක්‍රීඩකයා තරඟ ඉසව්ව සඳහා සහභාගී වීමට සුදුසු නැත. <u>மெய்வல்லுனர் போட்டியில் பங்குபற்ற முடியாது.</u> Athlete is not fit for the competition.	.....	.....	.....	.....	.....
Signature & Rubber Stamp of Medical Officer	.....	.....	.....	.....	.....
Name of the Medical Officer	.....	.....	.....	.....	.....
Date	.....	.....	.....	.....	.....