

Pre Participation Evaluation

You have been asked to complete this 'Pre Participation Evaluation' (PPE) medical evaluation to comply with WT rules (2.4. Health). This applies to all Youth, Junior, U23, Elite and Elite Paratriathlon athletes competing in WT international events, including OTU events, from the 1st January 2024.

Please note that nominations will not be accepted for entry into WT events as a Youth/Junior/U23/Elite or Elite Partriathlete unless you have previously completed and submitted the PPE Certificate (page 2)

The PPE Process:

The PPE process is a multistage evaluation and must be completed with a medical practitioner. A summary of the process is provided below:

Stage		Details	When	Who
1	'Athlete Questionnaire'	This is strictly confidential and must be provided to your Doctor during your medical examination. It is very important that you answer these questions honestly.	Annual	Athlete
2	Physical Examination	Following the IOC recommendations, the Doctor will complete a number of assessments as outlined on page 5.	Annual	Doctor
3	Resting ECG	Every two years, the Doctor will complete a '12 lead rest electrocardiogram' (ECG). This will look for anomalies in rhythm, conduction or repolarization. If an ECG has been completed in 2023 and no new symptoms have been evident, you are not required to complete a ECG until 2025.	Biennial	Doctor
4	Pre Participation Evaluation Certificate	Completed by the athlete, parent/guardian and Doctor, the PPE Certificate (page 2) is <u>submitted to Triathlon Australia</u>	Annual	Athlete

If, during the evaluation process you have either answered "Yes" to any of the questions, or in cases of positive physical or ECG results, you may require further evaluation by an age-appropriate cardiac specialist prior to being issued with a PPE Certificate.

Please be aware that it is possible that as a result of this process you could potentially be unable to participate in WT sanctioned events.

PPE Certificate

Please complete and submit this form to Triathlon Australia.

A copy/scan of this 'PPE Certificate' should be emailed to Triathlon Australia at the following:

admin.hp@triathlon.org.au

Please retain pages 3-5 for your records as they may be required at a later date. Do not submit these to Triathlon Australia.

ATHLETE DETAILS

Name

.....

Date of Birth

.....

Aus Tri Members
No.

.....

Signature
(Triathlete)

.....

Signature
*(If Under 18 Signed by
Guardian/Parent)*

.....

PRACTITIONER DETAILS

Name

.....

Email/Phone

.....

Practice Details

I, the above medical practitioner, can confirm that I have completed the required Pre Participation Evaluation and (where relevant) an ECG for the athlete identified. Based on this evaluation I certify that the above athlete is fit to compete in an WT event.

Signature

.....

Date

.....

Date of ECG
(completed Biennial)

.....

Athlete Questionnaire

The disclosed information below and over-page is strictly confidential and should remain between athlete and Doctor, unless express permission is provided by the athlete themselves. Please retain the following pages for your medical records.

Athlete Name

.....

Date of Birth

.....

I (the athlete) certify that all information given in this Questionnaire is true and correct.

Signature
(Triathlete)

Signature
*(If Under 18, Signed by
Guardian/Parent)*

.....

Have you ever experienced any of the following?	Y	N
1. Have you ever fainted or passed out when exercising?		
2. Do you ever have chest tightness?		
3. Does running ever cause chest tightness?		
4. Have you ever had chest tightness, cough, wheezing which made it difficult for you to perform sport?		
5. Have you ever been treated/hospitalized for asthma?		
6. Have you ever had a seizure?		
7. Have you ever been told that you have epilepsy?		
8. Have you ever been told to give up sports because of health problems?		
9. Have you ever been told you have high blood pressure?		
10. Have you ever been told you have high cholesterol?		

Athlete Questionnaire

Have you ever experienced any of the following?	Y	N
11. Do you have trouble breathing or do you cough during activity?		
12. Have you ever been dizzy during or after exercise?		
13. Have you ever had chest pain during or after exercise?		
14. Do you have or have you ever had racing of your heart or skipped heartbeats?		
15. Do you get tired more quickly than your friends do during exercise?		
16. Have you ever been told you have a heart murmur?		
17. Have you ever been told you have a heart arrhythmia?		
18. Do you have any other history of heart problems?		
19. Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month?		
20. Have you ever been told you had rheumatic fever?		
21. Do you have any allergies?		
22. Are you taking any medications at the present time?		
23. Have you routinely taken any medication in the past two years?		

Your family history (please confirm details with relatives where possible)	Y	N
Has anyone in your family less than 50 years old:		
24. Died suddenly and unexpectedly?		
25. Been treated for recurrent fainting?		
26. Had unexplained seizure problems?		

Athlete Questionnaire

Your family history (please confirm details with relatives where possible)	Y	N
27. Had unexplained drowning while swimming?		
28. Had unexplained car accident?		
29. Had heart transplantation?		
30. Had pacemaker or defibrillator implanted?		
31. Been treated for irregular heart beat?		
32. Had heart surgery?		
33. Has anyone in your family experienced sudden infant death (cot death)?		
34. Has anyone in your family been told they have Marfan syndrome?		

GP or Medical Specialist to complete:

Physical Examination		
Pulse rate and rhythm:		
Blood pressure:		
Physical Examination	Y	N
Heart murmur?		
Femoral pulse delay?		
Marfanoid features? (see below)		

MARFANOID FEATURES:

- a). Musculo-skeletal - arm span > height, high arched palate, cavus feet, hypermobile, kyphoscoliosis
- b). Optic - myopia, lens dislocation

ECG	Y	N
ECG Indicated (must be completed every 2 years)		
Date last completed:		
ECG: RESULTS	Y	N
Rhythm anomalies		
Conductions anomalies		
Repolarisation		

Medical Practitioner or Specialist Name:

Medical Practitioner or Specialist signature:

Date: