



SENIOR SPORTS MEDICAL FORM

Senior Parish Sports Details

In response to rapid ageing among populations, strategies to allow people to lead active and healthy lives in their later years are high on global policy agendas.

Organized by the National Council for Senior Citizens (NCSC), Parish, Regional and the National Sports Days and Cheerleading Competition are designed to promote active ageing and healthy lifestyle for the benefit of older persons and their families at the community level- in collaboration with the Ministry of Health and Wellness and other partners.

The objectives of the Sports Days:

- Promote healthy lifestyle against the background of increased life expectancy among elderly persons.
- Foster good social relations among seniors and the younger generation
- Boost older persons' self-esteem through competitive activities.
- Promote positive images of ageing
- Enhance public awareness about rapid ageing and the need to prepare for retirement
- Highlight the services and programmes of the NCSC

Criteria for participation:

- ✓ Must be 60 years or older
- ✓ Must complete Sports Registration and sign disclaimer form
- ✓ Must complete Sports Medical form and ECG screening where recommended by medical practitioner.

The Council is kindly inviting you as one of our long-standing and valuable partners in promoting healthy, active, productive ageing, to participate in the following ways:

- Accommodating the senior citizens who will be visiting your health center to have their medicals done
- Complete and sign the attached medical form and return to senior to be submitted to the Council

Thank you for your participation.

A. Senior's Sociodemographic Information

Senior's Name: _____
(First) (Middle) (Last)

Date of Birth _____ / _____ / _____ Age: _____
(dd) (mm) (yyyy)

Telephone (876) _____ (mobile) _____ (landline)

Address: _____

Directions to home/ landmarks): _____

Next of Kin Name: _____

Next of Kin Telephone (876) _____



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B. Significant Medical History

(To be completed by Doctor/Family Nurse Practitioner)

Doctor/Health Centre: _____

Address: _____

Telephone (876) _____

1. Kindly state response by ticking medical conditions applied:

- Diabetes Mellitus ()
- Stroke ()
- High Cholesterol ()
- Arthritis ()
- Hypertension ()
- Hypotension ()
- Epilepsy ()
- Sickle Cell ()
- Heart Disease ()
- Musculo-Skeletal disorder ()
- Disorder of Balance (Vertigo etc.) _____
- Asthmatic Conditions () _____
- Other () _____

2. Kindly state response by ticking disability applied:

- Visual Impairment () _____
- Hearing Impairment () _____
- Physical Impairment () _____
- Cognitive Impairment () _____

3. Current Medications (including dosages):

4. Is an ECG required for the senior?

() yes () no

5. ECG Results

() Normal

() Abnormal

6. Proposed Area of Participation

(Please tick recommended area of participation for senior in the Parish Sports)

A. Track/Field Events:

- () 50M Race () 50M Walk
- () 100M Race () 100M Walk
- () 200M Run () 50M Wheelchair Race
- () Potato Race () Lime and Spoon Race
- () Cricket ball Throw () Sack Race
- () Needle and Thread

B. Novelty Events:

- () Hula hoop
- () Musical chairs
- () Watermelon eating
- () Shoes and Socks

C. Is the senior medically fit to participate in the Council's Cheerleading Competition?

() yes () no

Any other comments: _____

C. Medical Assessment

(To be completed by Doctor/Family Nurse Practitioner)

I,..... certify that I have assessed the above mentioned person and would/would not recommend his/her participation in the in the Senior Citizen Sports Day activities as indicated in the above mentioned *Proposed Area of Participation*.

Name (please print): _____

Telephone Number: _____

Registration Number: _____

Signature: _____

Date: ____/____/____
(dd) (mm) (yyyy)