



Fit to Compete – Pre-Participation Examination (PPE)

Name:	
D.O.B:	
Membership No:	
Address:	
Email:	

As per World Triathlon requirements it is compulsory that ALL athletes have undergone a pre participation examination BEFORE being entered into any elite junior, U23, senior or para World Triathlon race. The purpose of the screening is to identify athletes that may be at risk where conditions may lay undetected without testing, but where there could be increased risk to the athlete whilst competing.

To complete the PPE process, the following steps need to be followed:

- 1) **Complete the World Triathlon medical questionnaire.**
 - a. This should be filled in by the athlete and given to and reviewed by the Doctor/Consultant who is carrying out the medical examination.

- 2) **Have a physical examination by a Doctor/Consultant:**
 - a. This should follow the IOC recommendations published in the “Lausanne Recommendations” about the Sudden Cardiovascular Death in Sport Consensus.
 - i. Cardiac auscultation:
 - Rate/rhythm
 - Murmur: systolic/diastolic
 - Systolic click
 - ii. Blood pressure
 - iii. Radial and femoral pulses
 - iv. Marfan stigmata

- 3) **Have a 12 led rest electrocardiogram (ECG).**
- 4) **Athlete to complete all details on page 2 of this form.**
- 5) **Doctor/consultant to complete all details on page 3 of this form.**

On completion of the above, this form must be emailed to eliteentries@britishtriathlon.org before the relevant nomination deadline for the competition. Nomination deadlines for all races can be found in the relevant selection policy on the [BTF website](#).

Failure to complete the PPE process will make you ineligible for entry into any World Triathlon events.

It is the athlete’s responsibility to inform BTF of any changes that may occur to the information submitted on this form. Failure to do so could result in the athlete not being selected for races and/or removed from any start lists they are currently on.

Athlete Declaration

Medical History		Yes	No
1	Have you ever been diagnosed with a heart condition?		
2	Have you ever suffered from seizures?		
3	Have you ever been diagnosed with epilepsy?		

- I confirm that I have completed the World Triathlon medical questionnaire and given this to the Doctor/Consultant carrying out my medical examination to review.

- I confirm that the information I have provided on this form and the World Triathlon medical questionnaire is accurate and true to my knowledge at the point the forms were completed.

- I confirm that if anything changes to the information that is provided at the point the PPE is completed that I will inform BTF immediately of these changes and understand that this may require another PPE to take place.

Athlete Name:

Athlete Signature:

Date:.....

Medical Declaration

Name of Doctor/Consultant:	
GMC Number:	
Practice Address:	
Practice Stamp:	
Name of Athlete:	

I confirm that I have:

- Reviewed the athletes completed World Triathlon medical questionnaire.
- Carried out a physical examination of the athlete as per the World Triathlon requirements detailed on page 1.
- Carried out a 12 led rest electrocardiogram or reviewed the results of the test if carried out by a third party.

On review of the above information and completion of the PPE I can confirm the athlete is fit to compete in World Triathlon events.

Doctor/Consultant Name:

Doctor/Consultant Signature:

Date: