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## BokSmart: Pre-Participation Questionnaire

**AIMS:** Any sport involving physical exertion and contact contains inherent risks and may cause bodily harm. The purpose of this questionnaire is to help coaches, who are often closest to players during exercise, to identify players who may be at risk of serious injury or illness when playing rugby, and to help prevent such medical conditions by referring them for appropriate medical intervention.

**INSTRUCTION:** Ideally this questionnaire should be completed during pre-season, about 4-6 weeks before training starts. Players should answer all questions. A positive answer (YES) to any of the questions requires the player to be followed up by a medical professional associated with the school, club or union, or recommended by SARU. **Written medical clearance** should be received for the specific condition highlighted before participation in any match or training session.

### PLAYER'S PROFILE:

Name: \_\_\_\_\_

Club/School: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Contact number: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Contact number: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Player cleared for play

Player referred

Medical professional to whom referred \_\_\_\_\_

Medical clearance received  (date \_\_\_\_\_)

Coach's signature: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Screening Question</u>	<b>Yes / No</b> <i>(circle the appropriate answer)</i>	<b><u>If answered 'Yes'</u></b> <b><u>Follow suggested course of action</u></b>
1. Have you ever been told by a doctor not to participate, or to limit activity, in sports?	<b>Yes / No</b>	<ul style="list-style-type: none"> <li>• Consult a medical doctor for investigation of the specific condition.</li> </ul>
2. Do you suffer from any medical condition that requires daily medication, e.g. asthma, diabetes, high blood pressure, rheumatic fever, heart disease, epilepsy, bleeding disorder, HIV?	<b>Yes / No</b>	<ul style="list-style-type: none"> <li>• Ascertain that the player has the appropriate prescribed medication.</li> <li>• Receive medical clearance from a medical doctor before exercise.</li> </ul>
3. Do you have any allergies, e.g. bees, grass, pollens or medicines?	<b>Yes / No</b>	<ul style="list-style-type: none"> <li>• Ensure that the player has appropriate prescribed anti-allergy medication (adrenaline, anti-histamines, cortisone) close by at all times.</li> <li>• Ensure you have contact details for the player's doctor or the nearest Emergency Room.</li> <li>• Suggest a medic alert bracelet.</li> </ul>
4. Have you ever passed out or nearly passed out during exercise?	<b>Yes / No</b>	<ul style="list-style-type: none"> <li>• Refer for a medical doctor's evaluation, including exercise stress test.</li> </ul>
5. Has a doctor ever ordered a test for your heart, e.g. ECG, scan, etc.?	<b>Yes / No</b>	<ul style="list-style-type: none"> <li>• Receive medical clearance from the relevant doctor.</li> </ul>
6. During exercise, do you have chest pain or severe shortness of breath?	<b>Yes / No</b>	<ul style="list-style-type: none"> <li>• Consult a medical doctor for an evaluation, including exercise stress test.</li> </ul>

7. During exercise, do you get tired a lot quicker than your friends do?	Yes / No	<ul style="list-style-type: none"> <li>Refer for a medical evaluation citing possible excessive exercise-associated fatigue.</li> </ul>
8. Have you had any 'flu-like' illness during the past 2 weeks?	Yes / No	<ul style="list-style-type: none"> <li>Receive medical clearance that the player has fully recovered.</li> </ul>
9. Has any family member ever died suddenly, for an unexplained reason?	Yes / No	<ul style="list-style-type: none"> <li>Advise that the player gives a thorough medical history to, and be examined by, a medical doctor.</li> </ul>
10. Have you suffered a head injury this season?	Yes / No	<ul style="list-style-type: none"> <li>Receive a medical certificate from a sports doctor, neurologist or neurosurgeon that the player has fully recovered.</li> </ul>
11. Have you sustained 3 or more head injuries or concussions in your life?	Yes / No	<ul style="list-style-type: none"> <li>Refer the player for medical assessment by a sports doctor, neurologist or neurosurgeon before being cleared.</li> </ul>
12. Have you ever suffered from headaches, dizziness, loss of memory or confusion after a blow to the head?	Yes / No	<ul style="list-style-type: none"> <li>Refer the player for medical assessment by a sports doctor, neurologist or neurosurgeon before being cleared.</li> </ul>
13. Do you suffer from headaches, numbness or 'pins and needles' while exercising?	Yes / No	<ul style="list-style-type: none"> <li>Refer the player for medical assessment by a sports doctor, neurologist or neurosurgeon before being cleared.</li> </ul>
14. Have you ever had a seizure (fit)?	Yes / No	<ul style="list-style-type: none"> <li>Refer the player for medical assessment by a neurologist or neurosurgeon before being cleared.</li> </ul>
15. Have you ever injured your neck?	Yes / No	<ul style="list-style-type: none"> <li>Refer the player for medical assessment by a sports doctor, neurologist or neurosurgeon before being cleared.</li> <li>Advise ongoing neck strengthening routine, preferably prescribed by a physiotherapist or biokineticist.</li> </ul>
16. Is there anything that you would like to see a doctor about?	Yes / No	<ul style="list-style-type: none"> <li>Refer to a medical doctor.</li> </ul>