

## **COMPETITOR'S DETAILS:**

| First Name: | Last Name: |
|-------------|------------|
| Team:       |            |

## To be completed by Cardiologist:

Please note that a Cardiac Stress Test is strongly recommended for patients with history of coronary heart disease and those over 50-years of age and competing in heavy stress level events. All Cardiac Stress Tests should be done not earlier than six (6) months before the start of the Games. Coronary angiograms may be required if the stress test is abnormal.

| l, Dr   | Telephone: ( ) |
|---|----------------|
| Email:  |                |
| I have witnessed the stress test and blood pressure profile carri   | ed out on      |
| Mr/Mrs/Ms   | Dated:         |
| Here are the results: (enclose a copy of the test)  |                |
| Maximum strength tolerated and duration:  |                |
| Percentage of maximal theoretic frequency:  |                |
| Reason for stopping test:   |                |
| ECG - rhythm abnormality Y / N; Resting pulse and maximal:  |                |
| I certify that he/she has no contraindications to participate in the following sporting activities/events:    5km Road Running Race 50m Freestyle swimming Long Jump   100m Athletics sprint Ball Throw |                |
| Name:   | Stamp          |
| Qualification:  |                |
| Signature:  |                |
| Date:   |                |
|   |                |

Should you choose to not complete the stress test as requested, please complete the below I understand and accept the risk of not performing the stress test as suggested.

| Name:      | Date: |
|------------|-------|
| Signature: |       |