

Medical Check for your athlete

Personal questions

Name_____. Surname _____.Age _____ DOB. _____ Wheat_____

Medical Questions

	<u>yes</u>	<u>no</u>
Have you ever suffered from hart disease?	___	___
Have you ever suffered from high blood pressure?	___	___
Have you ever suffered from any other cardiovascular problems?	___	___
Is there any history of hart disease in your family?	___	___
Have you ever been troubled by any chest pains?	___	___
a. Asthma ?	___	___
b. Bronchitis?	___	___
Are you prone to		
a. Headaches?	___	___
a. Fainting?	___	___
b. Dizziness?	___	___
Are you recovering from any illness or operations?	___	___
Are you currently taking any drugs or medication?	___	___
Do you suffer from pain or limited movement in any joint?	___	___
Are you overweight?	___	___
Are you underweight?	___	___
Are you a newcomer to physical exercise?	___	___

Do you have any medical condition that you feel may interfere with your participation in Competitive Judo if so state why.

If any of the questions is YES you should consult a doctor before starting any vigorous exercise and a written medical report is needed to start this JUDO program.

Medical Checks.

1. Resting heart rate (RHR)

Placing your fingers upon the carotid entry on your neck and count the number of beats for 15 seconds. Then multiply by four to give the number of beats per second.

Record the total number _____.

2. Blood Pressure (BP)

you can get a blood pressure test from your local doctor or at the Dojo. Record both the top (systolic) and the bottom (diastolic) figures.

Record the figures here: Systolic _____ Diastolic _____

3. Body Fat (BF)

Pinch the fat at your waist and measure the width that you are holding between your fingers, for every 0.5cm over 2.5cm you are approximately 4.5Kg overweight.

Record: the figures here: _____

4. Step Test (ST)

(For 15 to 40 year olds.)

- a. Step up and down on a 40 –cm bench for five minutes at a brisk, steady rate.
- b. On completion sit down and find your pulse in your neck count for 15 seconds.
- c. Record the figure and compare with the following chart.

No of Beats in 15 seconds _____

41 – 50 below average

31 – 40 Average

21 – 30 Good

20 Excellent

Physical Check.

1. Push-ups Record the figures here:_____.
2. Sit-ups Record the figures here:_____.
3. Burpees Record the figures here:_____.
4. Pull-ups Record the figures here:_____.
5. 1.5 mile run Record the figures here:_____.

Your fitness level

Well done now Check your results.

<u>Fitness level</u>	<u>Push-ups</u>	<u>Sit-ups</u>	<u>berpees</u>	<u>Pull-ups</u>	<u>1.5 mile run</u>
High	41-50	41-50	31-40	11-15	9 min or less
Average	31-40	31-40	21-30	6-10	9.1-10 min
Low	0-30	0-30	0- 20	0-5	10 min or more