

MEDICAL CERTIFICATE FOR UPGRADE

I, the undersigned Doctor in Medicine _____

certify that I have examined Mr /Mrs/Miss _____

Date of Birth _____ (dd/mm/yyyy)

and have found no contradiction in training or playing rugby with or against teams of higher age categories.

The FSR mandatory examinations were carried out

- *Medical and sports history: completing of the "Current Sports Medical Questionnaire" by the athlete and in addition the "Female Athlete Questionnaire" if female athlete.*
- *Completing of the clinical examination (including complete spinal examination).*
- *Completing of the SCAT 3 questionnaire (as a guideline, for baseline assessment).*
- *Anthropometric data, including at least Height, Weight, Body Mass Index.*
- *Estimation of biological age according to the Mirwald method If in doubt about the biological age: perform a front hand-wrist X-ray: estimation according to the Greulich and Pyle method.*

The complementary examinations recommended by the FSR were carried out (check off tests made):

- 12-lead resting ECG with direct interpretation.*
- X-rays of the lumbar spine face + Profile.*
- Radiographs of the cervical spine according to symptomatology: Static: Face, Profile, ¾ and face open mouth. Dynamic: Profile in flexion and extension. Calculation of the Torg index.*
- MRI of the cervical spine if clinical or radiological doubt.*
- Filling of the "Medical-Sports Examination" report by the physician.*
- Filling of the final medical report.*

All protocols and documents are available on the following link:

<https://www.suisserugby.com/federation/documents/>

Date : _____ (dd/mm/yyyy)

Signature and mandatory stamp of the doctor