AGE ESTIMATION MEDICAL FORM

HOCKEY INDIA

A) CONSENT (TO BE COMPLETED BY ALL PLAYERS / GUARDIAN)

I _____ S/D/O or Guardian of _____voluntarily give my consent for complete medical examination for the purpose of age estimation. I understand that this examination may involve physical examination including genital examination, dental examination and radiography. The purpose, procedure and use of such examination have been explained to me in the language that I understand.

Signature
(Candidate / Guardian)

Signature
(Accompanying person / witness)

(Note: Consent by guardian is essential in respect of athletes below 12 years)

B) PREAMBLE / PERSONAL DETAILS

Name of Player: _____
(Surname)
_____
(Name)

PHOTOGRAPH
Attested by Gazetted Officer

Sex: Male ☐ Female ☐

Age Category: _____

Sports Discipline: Hockey

Age as stated: _____

(Any documentary evidence such as birth certificate should be provided)

Father/Husband Name: _____

Mothers Name: _____

Permanent Address: _____

_____

_____

Corresponding Address: _____

_____

Name of school / college / institute: _____

Contact Number: _____

Email Address: _____

Name of the person accompanying: _____

Date and time of examination: _____

Place of examination: _____

Identification Marks: (Scar / mole / deformity etc)

i) _____

ii) _____

Thumb impression (right in female and left in male)

PHOTOGRAPH
Attested by Gazetted Officer

Signature
(Candidate / Guardian)

C) **GENERAL PHYSICAL EXAMINATION**

Height (cm): _____

Weight (kg): _____

Chest girth at level of the nipples: _____

Abdominal girth at level of the naval: _____

For calculating body development index (BDI):

Biacromial breadth (cm): _____

Biliospinale breadth (cm): _____

Forearm circumference (cm) in males: _____

Mid thigh circumference (cm) in females: _____

Voice (hoarseness of voice): _____

D) **DENTAL EXAMINATION**

PHOTOGRAPH
Attested by Gazetted Officer

i) Dental Data:

(S) 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 (S)
(Rt.)..... (L t.)
(S) 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 (S)

a) Temporary

b) Permanent

c) Space for third molar (S)

d) Partially erupted / completely erupted

Signature
(Candidate / Guardian)

ii) Dental x-ray: oral pantogram (OPG)

iii) Dental x-ray findings:

E) **RADIOLOGICAL EXAMINATION / MRI / CT SCAN (as applicable)**

Note: A single film of hand and wrist is sufficient for age below 13 years. Wherever radiological examination is not indicated MRI/CT Scan may be done.

X-ray advised (as per requirements):

a. Shoulder joint : A.P view _____
b. Elbow joint : A.P and lateral view _____
c. Hand with wrist : A.P view _____
d. Pelvis with hip joint : A.P view _____

Date of radiological examination: _____

Name of the radiographer: _____

Radiological findings:

S.no. X-ray advised Findings Age

Inference

F) **AGE CERTIFCATE**

After performing general physical, dental and radiological examination, we are of the considered opinion that the biological age of the person is about..... years which is consistent /not consistent with birth certificate/ age document.

Signature

Date: _____

Name: _____

Designation: _____

Signature

Date: _____

Name: _____

Designation: _____

Signature

Date: _____

Name: _____

Designation: _____

PHOTOGRAPH
Attested by Gazetted Officer

Signature
(Candidate / Guardian)