

# AGE ESTIMATION MEDICAL FORM



## 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.

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*Signature*  
*(Candidate / Guardian)*

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*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)*

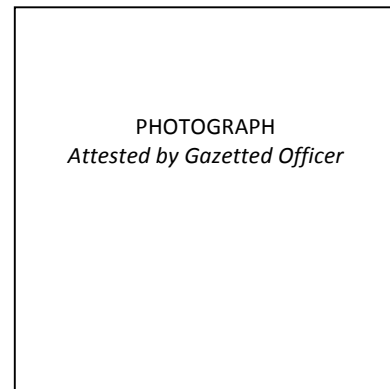
Sex: Male  Female

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: \_\_\_\_\_

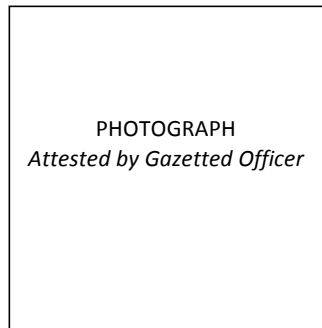
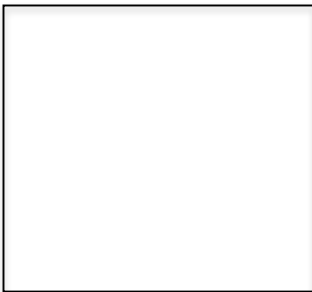
Place of examination: \_\_\_\_\_

Identification Marks: (Scar / mole / deformity etc)

i) \_\_\_\_\_

ii) \_\_\_\_\_

Thumb impression (right in female and left in male)



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*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**

i) Dental Data:

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

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 \_\_\_\_\_

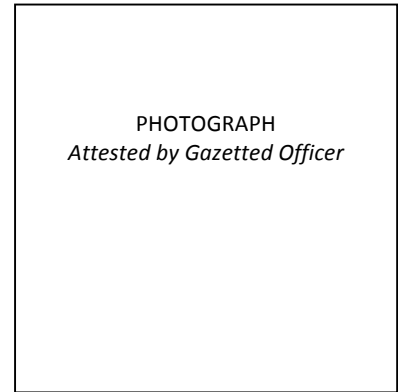
Date of radiological examination: \_\_\_\_\_

Name of the radiographer: \_\_\_\_\_

Radiological findings:

|       |                        |     |
|-------|------------------------|-----|
| S.no. | X-ray advised Findings | Age |
|-------|------------------------|-----|

Inference



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*Signature*  
*(Candidate / Guardian)*

F) AGE CERTIFICATE

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.

Date: \_\_\_\_\_

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

Designation: \_\_\_\_\_

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*Signature*

Date: \_\_\_\_\_

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

Designation: \_\_\_\_\_

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*Signature*

Date: \_\_\_\_\_

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

Designation: \_\_\_\_\_

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*Signature*

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*Signature*  
(Candidate / Guardian)

