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)

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
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: ________________________________

Signature

Date: ________________________________

Name: ________________________________

Designation: ________________________________

Signature

Date: ________________________________

Name: ________________________________

Designation: ________________________________

Signature

PHOTOGRAPH

Attested by Gazetted Officer

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*Signature*

*(Candidate / Guardian)*