

**COLLEGE OF SAINT ELIZABETH**

**ATHLETIC PRE-PARTICIPATION HISTORY AND PHYSICAL EXAMINATION**

**PHYSICIAN INSTRUCTIONS**

**Dear Physician:**

Please complete in full the pre-participation history and physical. Be aware NCAA level sports require a high level of physical involvement both in training activities and competitive play. Please evaluate and explain all significant medical history in detail before allowing the athlete to participate.

Describe the history and physical findings, evaluations, treatments, management and follow-up care of their medical history and physical findings.

Include additional sports clearance from specialists as required and indicated;

- i.e. shoulder, knee, back injury or surgery - requires orthopedist evaluation & clearance
- i.e. heart murmur, arrhythmia, syncope - requires cardiac evaluation & clearance
- i.e. concussions, seizure disorder – requires neurologist evaluation & clearance

Include: diagnosis and summary of evaluation, treatment, management, follow-up care, limitation, restrictions, if any and clearance to participate in NCAA level sport.

When considering clearance the athlete's medical condition and functional abilities, and the demands of the sport, need to be taken into consideration.

# **ATHLETIC PRE-PARTICIPATION HISTORY AND PHYSICAL EXAMINATION**

## **STUDENT-ATHLETE INSTRUCTIONS**

Dear Student-Athlete:

The NCAA requires a comprehensive **ATHLETIC PRE-PARTICIPATION HISTORY AND PHYSICAL EXAMINATION** no more than 6 months prior for to participation.

Please **complete** the attached forms and return them to the athletic office **no later than July 1** for the fall semester.

It is important for all athletes to be able to participate at the first scheduled practice. **Without the appropriate completed forms on file and full clearance from the College of Saint Elizabeth athletic director, you will not be allowed to participate in practice or competition. Only College of Saint Elizabeth original forms will be accepted.**

### **Information about Athletic Injuries**

**Whenever a student is injured in a particular sport and requires a physician's note, she shall not be permitted to practice or take part in athletics until she has received a release from the attending physician. This release must be placed on file in the Health Office and in the Athletic Director's Office. The athletic trainer/athletic director must be notified of any injuries within 24 hours of the injury.**

# COLLEGE OF SAINT ELIZABETH

## ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

**Part A: HEALTH HISTORY QUESTIONNAIRE**-Completed by the student and reviewed by the physician

**Part B: PHYSICAL EVALUATION FORM**-Completed by the physician

**Part A: HEALTH HISTORY QUESTIONNAIRE**

Today's Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_ Sex: M F (circle one)  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Sport(s): \_\_\_\_\_  
 Physician Name/ Address \_\_\_\_\_  
 Physician Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Directions: Please answer the following questions about the student's medical history by **CIRCLING** the correct response.

**Explain all "yes" responses** on the lines below the questions. Please respond to all questions.

**1. Have you ever had or do you currently have:**

- |  |                    |
|--|--------------------|
| a. Restriction from sports for a health related problem?   | Y / N / Don't Know |
| b. An injury or illness since your last exam?  | Y / N / Don't Know |
| c. A chronic or ongoing illness (such as diabetes or asthma)?  | Y / N / Don't Know |
| (1.) An inhaler or other prescription medicine to control asthma?  | Y / N / Don't Know |
| d. Any prescribed or over the counter medications that you take on a regular basis?  | Y / N / Don't Know |
| e. Surgery, hospitalization or any emergency room visit(s)?  | Y / N / Don't Know |
| f. Any allergies to medications?   | Y / N / Don't Know |
| g. Any allergies to bee stings, pollen, latex or foods?  | Y / N / Don't Know |
| (1.) If yes, check type of reaction:   |                    |
| <input type="checkbox"/> Rash <input type="checkbox"/> Hives <input type="checkbox"/> Breathing or other anaphylactic reaction |                    |
| (2.) Take any medication/Epipen taken for allergy symptoms? (List below)   | Y / N / Don't Know |
| h. Any anemia's, blood disorders, sickle cell disease/trait, bleeding tendencies or clotting disorders?                        | Y / N / Don't Know |
| i. A blood relative who died before age 50?  | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all medications here:

Medication Name Dosage Frequency (Prescription and non-prescription include supplements, vitamins and performance enhancers)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**2. Have you ever had, or do you currently have, any of the following head-related conditions:**

- a. Concussion or head injury (including "bell rung" or a "ding")? Y / N / Don't Know
- b. Memory loss? Y / N / Don't Know
- c. Knocked out? Y / N / Don't Know
- c. A seizure? Y / N / Don't Know
- d. Frequent or severe headaches (With or without exercise)? Y / N / Don't Know
- e. Fuzzy or blurry vision Y / N / Don't Know
- f. Sensitivity to light/noise Y / N / Don't Know

Explain all "yes" answers here (include relevant dates):

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**3. Have you ever had, or do you currently have, any of the following heart-related conditions:**

- a. Restriction from sports for heart problems? Y / N / Don't Know
- b. Chest pain or discomfort? Y / N / Don't Know
- c. Heart murmur? Y / N / Don't Know
- d. High blood pressure? Y / N / Don't Know
- e. Elevated cholesterol level? Y / N / Don't Know
- i. Racing or skipped heartbeats? Y / N / Don't Know
- j. Unexplained difficulty breathing or fatigue during exercise? Y / N / Don't Know
- k. Any family member (blood relative):
  - (1.) Under age 50 with a heart condition? Y / N / Don't Know
  - (2.) With Marfan Syndrome? Y / N / Don't Know
  - (3.) With a heart murmur? Y / N / Don't Know
  - (3.) Died of a heart problem before age 50? If yes, at what age? \_\_\_\_\_ Y / N / Don't Know
  - (4.) Died with no known reason? Y / N / Don't Know
  - (5.) Died while exercising? If yes, was it during or after? (Circle one.) Y / N / Don't Know

Explain all "yes" answers here (include relevant dates):

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**4. Have you ever had, or do you currently have, any of the following eye, ear, nose, mouth or throat conditions:**

- a. Vision problems? Y / N / Don't Know
  - (1.) Wear contacts, eyeglasses or protective eye wear? (Circle which type.) Y / N / Don't Know
- b. Hearing loss or problems? Y / N / Don't Know
  - (1.) Wear hearing aides or implants? Y / N / Don't Know
- c. Nasal fractures or frequent nose bleeds? Y / N / Don't Know
- d. Wear braces, retainer or protective mouth gear? Y / N / Don't Know
- e. Frequent strep or any other conditions of the throat (e.g. tonsillitis)? Y / N / Don't Know

Explain all "yes" answers here (include relevant dates):

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**5. Have you ever had, or do you currently have, any of the following neuromuscular/orthopedic conditions:**

- |   |                    |
|---|--------------------|
| a. Numbness, a "burner", "stinger" or pinched nerve?      | Y / N / Don't Know |
| b. A sprain?  | Y / N / Don't Know |
| c. A strain?  | Y / N / Don't Know |
| d. Swelling or pain in muscles, tendons, bones or joints? | Y / N / Don't Know |
| e. Dislocated joint(s)?                                   | Y / N / Don't Know |
| f. Upper or lower back pain?                              | Y / N / Don't Know |
| g. Fracture(s), stress fracture(s), or broken bone(s)?    | Y / N / Don't Know |
| h. Do you wear any protective braces or equipment?        | Y / N / Don't Know |

Explain all (yes) answers here (include relevant dates):

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**6. Have you ever had or do you currently have any of the following general or exercise related conditions:**

- |   |                    |
|---|--------------------|
| a. Difficulty breathing?  |                    |
| (1.) During exercise?   | Y / N / Don't Know |
| (2.) After running one mile?  | Y / N / Don't Know |
| (3.) Coughing, wheezing or shortness of breathe in weather changes?             | Y / N / Don't Know |
| (4.) Exercise-induced asthma?   | Y / N / Don't Know |
| i. Controlled with medication? (specify _____)                                  | Y / N / Don't Know |
| ii. Experience dizziness, passing out or fainting?                              | Y / N / Don't Know |
| b. Viral infections (e.g. mono, hepatitis, Coxsackie virus)?                    | Y / N / Don't Know |
| c. Become tired more quickly than others?                                       | Y / N / Don't Know |
| d. Any of the following skin conditions:  |                    |
| (1.) Cold sores/herpes, impetigo, MRSA, ringworm, warts?                        | Y / N / Don't Know |
| (2.) Sun sensitivity?   | Y / N / Don't Know |
| e. Weight gain/loss (of 10 pounds or more)?                                     | Y / N / Don't Know |
| (1.) Do you want to weigh more or less than you do now?                         | Y / N / Don't Know |
| f. Ever had feelings of depression?   | Y / N / Don't Know |
| g. Heat-related problems (dehydration, dizziness, fatigue, headache)?           | Y / N / Don't Know |
| (1.) Heat exhaustion (cool, clammy, damp skin)?                                 | Y / N / Don't Know |
| (2.) Heat stroke (hot, red, dry skin)?  | Y / N / Don't Know |
| (3.) Muscle cramps?   | Y / N / Don't Know |
| h. Absence or loss of an organ (e.g. kidney, eyeball, spleen, testicle, ovary)? | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

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Age of onset of menstruation: \_\_\_\_\_ How many menstrual periods in the last twelve (12) months? \_\_\_\_\_  
How many periods missed in the last twelve (12) months? \_\_\_\_\_

**STUDENT SIGNATURE**

**I certify that the information provided herein is accurate to the best of my knowledge as of the date of my signature.**

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**Signature of Student**

**Date**

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**Parent/Guardian for Student under 18 years old**

**Date**

## ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

THE COMPLETED AND SIGNED HEALTH HISTORY MUST BE REVIEWED BY THE PHYSICIAN AT THE TIME OF THE MEDICAL EXAM.

**Part B: Physical Evaluation Form (Completed by the physician)**

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex: M F (circle one) Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

**EXAMINING PHYSICIAN CONTACT INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### FINDINGS OF PHYSICAL EVALUATION

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_ / \_\_\_\_ Pulse: \_\_\_\_ bpm.

Vision: R 20/ \_\_\_\_ L 20/ \_\_\_\_ Corrected: Y / N Contacts: Y / N Glasses: Y / N

INDICATORS	NORMAL?	ABNORMAL FINDINGS - COMMENTS
General Appearance		
Head/Neck		
Eyes/Sclera/Pupils		
Ears		
Gross Hearing		
Nose/Mouth/Throat		
Lymph Glands		
Cardiovascular		
Heart Rate		
Rhythm		
If murmur present		Standing makes it:: Louder Softer No Change
		Squatting makes it:: Louder Softer No Change
		Valsalva makes it:: Louder Softer No Change
Femoral Pulses		
Lungs: Auscultation/Percussion		
Chest Contour		
Skin		
Abdomen (liver, spleen, masses)		
Assessment of physical maturation or Tanner Scale		
Testicular Exam (Males Only)		
Neck/Bone/Spine:		
Range of Motion		
Scoliosis		
Upper Extremities: (ROM, Strength, Stability)		
Lower Extremities: (ROM, Strength, Stability)		
Neurological: Balance & Coordination		
Hernia		
Evidence of Marfan Syndrome		



Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**CLEARANCES: (See notes at bottom for conditions requiring attention and for a list of sports by level of contact)**

- A. Student is cleared for participation in all sports without restriction.
- B. Student is withheld clearance for participation in any sport until evaluation / treatment of:  
\_\_\_\_\_  
\_\_\_\_\_
- C. Student is cleared for participation in limited types of sports which exclude the following types of sports

Contact: (CHECK ALL THAT APPLY)

- CONTACT/COLLISION       NON-CONTACT/STRENUOUS
- LIMITED CONTACT       NON-CONTACT/NON-STRENUOUS

Due to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HISTORY REVIEWED AND STUDENT EXAMINED BY: Physician's/Provider's Stamp:**

Physician \_\_\_\_\_ Date of Exam \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ Today's Date: \_\_\_\_\_

HISTORY REVIEWED BY:

Name \_\_\_\_\_ Today's Date: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Review Date: \_\_\_\_\_

**NOTES TO THE EXAMINING PROVIDER**

Conditions requiring clearance before sports participation include, but are not limited to the following:  
Anaphylaxis; Atlantoaxial instability; Bleeding disorder; Hypertension; Congenital heart disease; Dysrhythmia; Mitral valve prolapse;  
Heart murmur; Cerebral palsy; Diabetes mellitus; Eating disorders; Heat illness history; One-kidney athletes; Hepatomegaly,  
Splenomegaly; Malignancy; Seizure Disorder; Marfan Syndrome; History of repeated concussion; Organ transplant recipient; Cystic  
fibrosis; Sickle cell disease; and/or One-eyed athletes or athletes with vision greater than 20/40 in one eye.

SAMPLES OF CLASSIFICATION OF SPORTS BY CONTACT			
Contact/Collision	Limited contact	Non-Contact	
		<u>Strenuous</u>	<u>Non-strenuous</u>
Basketball	Baseball	Discus	Bowling
Diving	Cheerleading	Javelin	Golf
Field Hockey	Fencing	Shot put	
Football	High Jump	Rowing	
Ice hockey	Pole Vault	Running/Cross Country	
Lacrosse	Gymnastics	Strength Training	
Soccer	Skiing	Swimming	
Wresting	Softball	Tennis	
	Volleyball	Track	

Effects of physiologic maneuvers on heart sounds:

Standing	Increases murmur of HCM Decreases murmur of AS, MR MVP click occurs earlier in systole
Squatting	Increases murmur of AS, MR, AI Decreases murmur of MCH MVP click delayed
Valsalva	Increases murmur of HCM Decreases murmur of AS, MR MVP click occurs earlier in systole

Physical Stigmata of Marfan's Syndrome

- Kyphosis
- High arched palate
- Pectus excavatum
- Arachnodactyly
- Arm span > height 1.05:1 or greater
- Mitral Valve Prolapse
- Aortic Insufficiency
- Myopia
- Lenticular dislocation

HCM = Hypertrophic Cardio Myopathy

AS = Aortic Stenosis

AI = Aortic Insufficiency

MR = Mitral Regugitation

MVP = Mitral Valve Prolapse