



Physical Examination Form

This form is required if you are living on campus or a varsity student-athlete.
 Physical exam must be performed **within 6 months of the due date** listed:
 Due **August 1** for students entering fall semester. Due **January 1** for students entering spring semester.

THIS PAGE IS TO BE COMPLETED BY THE PHYSICIAN.

Last Name: _____ First Name: _____ Date of Birth: _____

PHYSICIAN REMINDERS

- Consider reviewing questions on **History Form** regarding cardiovascular systems (questions 5-14).
- Consider additional questions on more sensitive issues:
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?

EXAMINATION		
Height: _____	Weight: _____	Sex: <input type="radio"/> M <input type="radio"/> F BP: _____ / _____ (_____ / _____) Pulse: _____ Vision: R 20/ _____ L 20/ _____ Corrected: <input type="radio"/> Yes <input type="radio"/> No
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance — Marfan Stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 		
Pulses — Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)**		
Skin — HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic***		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional — Duck-walk, single leg hop		
<small>*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider GU exam if in private setting. Having third party present is recommended. ***Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.</small>		

Date Examined: _____ Address: _____
 PRINT Physician Name: _____
 Physician Signature: _____ Phone: _____



Medical History Form

This form is required if you are living on campus or a varsity student-athlete. Due August 1 for students entering fall semester. Due January 1 for students entering spring semester.

THIS PAGE IS TO BE COMPLETED BY THE STUDENT (WITH A PARENT IF UNDER 18 YEARS OLD).

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Varsity Sports: _____

Legal Sex: Male Female

ALLERGIES & MEDICINE

Do you have any allergies? No Yes (please identify below)

Medicines:	Pollens:	Food:	Stinging Insects:
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Please list all prescriptions, over-the-counter medicines, and supplements (herbal and nutritional) that you are currently taking:

Explain YES answers below. Circle any questions you don't know the answer to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied/restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify: <input type="radio"/> Asthma <input type="radio"/> Anemia <input type="radio"/> Diabetes <input type="radio"/> Infections <input type="radio"/> Other		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats during exercise?		
8. Has a doctor ever said you have any heart problems? Check all that apply: <input type="radio"/> High blood pressure <input type="radio"/> Heart murmur <input type="radio"/> High cholesterol <input type="radio"/> Heart Infection <input type="radio"/> Kawasaki disease <input type="radio"/> Other		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain any YES answers here: _____

I hereby state that, to the best of my knowledge, answers to the questions above are complete and correct.

Date: _____ Student Signature: _____ Parent/Guardian Signature: _____