Alfred State

SUNY College of Technology

Name _____ DOB ____/_____/_____ Date of Physical ____/_____/_____ Sport(s) _____

PHYSICIAN REMINDERS :

1. Review Health History Form and initial _____
2. Consider additional question on more sensitive issues
   a. Do you feel stressed out or under a lot pressure
   b. Do you ever fees sad, hopeless, depressed, or anxious?
   c. Do you feel safe at your home or residence?
   d. Have you ever tried cigarettes, chewing tobacco, snuff or dip?
   e. During the past 30 days, did you use chewing tobacco, snuff or dip?
   f. Do you drink alcohol or use any other drugs?
   g. Have you ever taken anabolic steroids or used any other performance supplement?
   h. Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   i. Do you wear a seat belt, use a helmet, and use condoms?

EXAM: Height:_____ Weight:_____ ☐ Male ☐ Female

BP:_____/_____ Pulse:_____ Temp:_____ Vision: L_____R____ Corrected: Y or N

MEDICAL	Normal	Abnormal Findings
General Appearance • Marfan Stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aoritic insufficiency)		
Eyes/Ears/Nose/Throat Pupils Equal, Hearing		
Lymph Nodes		
Heart • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary		
Skin • HSV lesions suggestive of MRSA, tinea corporis		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Lower Leg/Ankle		
Foot/Toes		
Functional • Duck-walk, single leg hop		

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

_____

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports: _____

Reason _____

Recommendations _____

_____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and potential consequences are completely explained to the athlete (and parent/guardians).

Name of Physician (print/type)_____ Date_____

Address_____ Phone_____

Signature of Physician _____

Alfred State

SUNY College of Technology

Name _____ DOB ____/_____/_____ Date of Physical ____/_____/_____ Sport(s) _____

PATIENT REMINDER:

Bring form to office appointment with physical form for physician review

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

_____

_____

_____

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy ☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	YES	NO
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: a. ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections b. Other: - _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU		
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 (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease 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 HEATH 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 hypertropic 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		
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, fee 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?		
26. Is there anyone in your family who has asthma?		
27. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
28. Do you have groin pain or a painful bulge or hernia in the groin area?		
29. Have you had infectious mononucleosis (mono) within the last month?		
30. Do you have any rashes, pressure sores, or other skin problems?		
31. Have you had a herpes or MRSA skin infection?		
32. Have you ever had a head injury or concussion?		
33. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
34. Do you have a history of seizure disorder?		
35. Do you have headaches with exercise?		
36. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
37. Have you ever been unable to move your arms or legs after being hit or falling?		
38. Have you ever become ill while exercising in the heat?		
39. Do you get frequent muscle cramps when exercising?		
40. Do you or someone in your family have sickle cell trait or disease?		
41. Have you had any problems with your eyes or vision?		
42. Have you had any eye injuries?		
43. Do you wear glasses or contact lenses?		
44. Do you wear protective eyewear, such as goggles or a face shield?		
45. Do you worry about your weight?		
46. Are you trying to or has anyone recommended that you gain or lose weight?		
47. Are you on a special diet or do you avoid certain types of foods?		
48. Have you ever had an eating disorder?		
49. Do you have any concerns that you would like to discuss with a doctor?		
50. FEMALES ONLY		
51. Have you ever had a menstrual period?		
52. How old were you when you had your first menstrual period?		
53. How many periods have you had in the last 12 months?		

Explain "yes" answers here

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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

Signature of athlete _____ Signature of parent/guardian (if under 18) _____