



**Personal History:** Have you ever had or do you currently have:

	Y	N		Y	N		Y	N
1. Anemia			12. Eating problems			23. Sickle Cell Disease		
2. Arthritis			13. Fainting/Blackouts			24. Skin Trouble		
3. Asthma			14. Headaches/blackouts			25. Strep Throat- frequent		
4. Chest Pain with exercise			15. Headaches – frequent			26. Tendency to bleed		
5. Colitis			16. Heart Murmur			27. Tendency to bruise		
6. Convulsions/Epilepsy			17. Hepatitis/Jaundice			28. Tuberculosis		
7. Dental bridges/plates/braces			18. Hernia			29. Tumor		
8. Depression			19. High Blood Pressure			30. Ulcer/Stomach or other		
9. Diabetes			20. Low Blood Pressuer			31. Urinary Tract Infection		
10. Dizziness with exercise			21. Mononucleosis			32. Varicose Veins		
11. Ear Trouble/hearing loss			22. Palpitations/heart			33. Vision Difficulties.		

Others not listed? \_\_\_\_\_

Please Explain any positive answers by using their corresponding numbers: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

List, giving dates, and explanations for any surgeries: \_\_\_\_\_

\_\_\_\_\_

List, giving dates and explanation for any hospitalizations: \_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medications? Give names and doses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Allergies:**

	Y	N		Y	N		Y	N		Y	N
Allergies			Environmental			Ice			Other		
Drugs			Bees/Wasps			Latex					

Do you use a bee sting kit? Y N

Explain: \_\_\_\_\_

**Women Only:**

	Y	N		Y	N	
Irregular Periods			Severe Cramps			Age of menstrual onset?
Breast Lumps			Excessive Flow			

Medications Used? \_\_\_\_\_

In the past year, what was the longest time between your periods? \_\_\_\_\_

Do you know, or is there any possibility that you may be pregnant? \_\_\_\_\_

**Injuries:**

Do you currently have or have you ever had any of the following injuries that caused you to miss at least 1 game or practice, or required x-rays? This information will help us better care for your injuries (present/future). Please be honest and complete.

**A. Concussion (s) & / or Skull Fracture (s).** Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Explain \_\_\_\_\_

**B. Neck Injuries (inc. burners/stingers).** Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Explain \_\_\_\_\_

**C. Shoulder Injuries** Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Explain \_\_\_\_\_

**D. Elbow Injuries** Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Explain \_\_\_\_\_

**E. Wrist/Hand Injuries** Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Explain \_\_\_\_\_

**F. Rib/Chest Injuries** Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Explain \_\_\_\_\_

**G. Back/Spine Injuries** Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Explain \_\_\_\_\_

**H. Hip/Thigh Injuries.** Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Explain \_\_\_\_\_

**I. Knee/Lower Leg Injuries.** Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Explain \_\_\_\_\_

**J. Foot/Ankle Injuries.** Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Explain \_\_\_\_\_

Any special equipment/padding/braces/devises needed to participate in intercollegiate athletics at JSC?

Explain \_\_\_\_\_

**The undersigned, here with:**

- 1) Understands that if I am removed from a practice or a game or willingly leave a practice or game due to an injury or illness, that I must have appropriate medical clearance before I can return to participation;
- 2) Grants permission to JSC athletic trainers, personnel, or physicians to secure necessary and appropriate emergency and non-emergency medical care;
- 3) Understands that having passed a physical examination does not necessarily mean that s/he is physically qualified to engage in athletics, but only that the evaluator did not find a medical reason to disqualify him/her at the time of said physical examination;
- 4) Certifies that the answers to the above questions are true.

Student-Athletes Signature \_\_\_\_\_ sport \_\_\_\_\_ Date \_\_\_\_\_

Student-Athlete's Parent/Guardian Signature if under 18 years of age: \_\_\_\_\_

## PHYSICAL EXAMINATION

**PART B: to be completed by a PHYSICIAN ONLY, and NOT by any other medical practitioner. To be completed by new athletes, and transfers (who have not had a physical in the past 6 months).**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: M F

(Last) (First) (m.i)

Date of last Tetanus Booster: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ (sitting)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hearing acuity: L \_\_\_\_\_ R \_\_\_\_\_

Visual acuity: L \_\_\_\_\_ R \_\_\_\_\_ Corrective Lenses: L \_\_\_\_ R \_\_\_\_ Type: Glasses Contacts Both

Are there any abnormalities of the following systems?

	Y	N	If "yes", please explain
Head, ears, nose, throat, or mouth			
Respiratory/Lungs			
Cardiovascular/Heart			
Auscultation in supine position			
Auscultation in standing position			
Femoral pulses assessment			
Physical stigmata of Marfan's Syndrome			
Gastrointestinal			
Hernia			
Abdomen			
Eyes			
Urogenital			
Musculoskeletal			
Neck/Thyroid			
Neurological			
Skin			
Mental Status			

**Musculoskeletal Exam:** any abnormalities (decrease ROM or strength, laxity) or current injury to:

	Y	N	If "yes", please explain
Neck			
Shoulder			
Elbow/Forearms			
Hands/Wrists			
Spine/Back			
Hips/Thighs			
Knees			
Ankles/lower legs			
Feet			
Other			

Is there loss or seriously impaired function of any paired organ? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

Recommendations for Intercollegiate Athletics and the like: Unlimited \_\_\_\_\_ Limited \_\_\_\_\_

If limited, is there any further information which would be helpful in meeting the health care needs of this student-athlete, or any special equipment/padding/braces/devices that are needed to be able to participate? \_\_\_\_\_

I hereby certify that the above information is completed to the best of my knowledge.

Physician Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Physician Signature: \_\_\_\_\_ sport \_\_\_\_\_ Date \_\_\_\_\_