

# Athletic History/Physical Form

(All spaces must be completed for this form to be considered for athletic eligibility.)

Planned Sport(s) \_\_\_\_\_

Student Name \_\_\_\_\_

Student ID # \_\_\_\_\_

Home Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**Current Medications** (including Rx, OTCs and supplements): \_\_\_\_\_

**Allergies** - Medications/Environmental/Food/None \_\_\_\_\_

Glasses/Contacts  Yes  No

Temp. Caps/Partial Plate  Yes  No

**Medical History: (all questions must be answered to be considered for sports participation)**

Yes  No hypertension  **Yes**  **No arrhythmias**  Yes  No heart murmur

Yes  No asthma  **Yes**  **No dehydration treatment**  Yes  No diabetes

Yes  No head injury or concussion - Dates: \_\_\_\_\_  Yes  No seizures

Yes  No fatigue or shortness of breath while exercising  Yes  No sickle cell anemia/trait

If yes to any of the above, comment \_\_\_\_\_ **\*\*Copy of Sickle cell results must be attached to this form\*\***

Yes  No History of an EKG, echocardiogram, stress test or cardiology consults?

If yes, provide date, reason and attach copy to this form? \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

**Please provide copies of all EKGs, diagnostic tests and evaluations with this form.**

Yes  No History of ADHD/ADD Current Medication \_\_\_\_\_

**Family History** of sudden Cardiac Death under age 35, heart disease before age 50 or cardiomyopathy?

Yes  No If yes, comment \_\_\_\_\_

## Musculoskeletal Injuries or Fractures

Yes  No History of a sprain, strain, tear, tendonitis, fracture or dislocation?

Yes  No History of a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, brace, cast or crutches?

**If yes, circle location/s and provide specific dates and injuries below.**

Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/fingers	Chest
Upper back	Lower back	Hip	Thigh	Knee	Calf-strain	Ankle	Foot/toes

Explain Yes answers **(include dates)** \_\_\_\_\_

Yes  No Surgical Hx. **(Dates and Procedures)** \_\_\_\_\_

Yes  No Hospitalization Hx. **(Dates/Explain)** \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_/\_\_\_\_ Pulse \_\_\_\_\_

Cardiac \_\_\_\_\_ Vision R 20/\_\_\_\_ Corrected R 20/\_\_\_\_

**(Detailed description required)**

Lungs \_\_\_\_\_ L 20/\_\_\_\_ Corrected L 20/\_\_\_\_

**(Detailed description required)**

Abdomen \_\_\_\_\_ Hernia Yes \_\_\_ No \_\_\_ Deferred \_\_\_

**(Detailed description required)**

Musculoskeletal \_\_\_\_\_ Describe: \_\_\_\_\_

**(Detailed description required)**

Evidence of Marfan's Syndrome? Yes \_\_\_ No \_\_\_

I have examined this person and find him/her physically fit to participate in college athletics: \_\_\_\_\_ without limitations **OR** \_\_\_\_\_ with the following limitations \_\_\_\_\_

**OFFICE STAMP (Required)**

Provider Signature \_\_\_\_\_ MD/DO/CRNP/PA

Provider Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_



# Athletic History and Physical Examination

(NCAA and University Requirement)

## 1.) Athletic History & Physical Exam for NCAA Intercollegiate Teams & Club Sport form:

According to NCAA bylaws, athletic physicals must be completed by primary care providers **within six months prior to participation** in any practice, competition, or out of season conditioning activity. If an athlete has **sustained any major illness/injury/surgery/hospitalization within the past 12 months**, documentation from the treating professional must be provided with the completed physical and forwarded to Student Health Services. Documentation must include: diagnosis, treatment and any limitations as a result of that injury on provider letterhead. Failure to comply will jeopardize an athlete's eligibility to participate at the collegiate level. **Club Sport** participants must also meet these university requirements.

**Note:**  
This examination will be performed by a health care provider of the student's choice and paid for at the student's expense. Forms will be reviewed only if the following are present: **thorough completion of all form sections, examining provider signature, office stamp at bottom left hand corner and copy of sickle cell trait testing laboratory result.**

## 2.) Sickle Cell Testing Requirements:

**All** incoming student-athletes (freshman and transfers) must do one of the following to meet the university sickle cell trait status requirement:

- Provide test results of prior Sickle Cell Trait testing to Student Health Services  
**Note:** A routine sickle cell titer may have been performed at birth. Contact your pediatrician for copy of those results.

**OR**

- Get tested for Sickle Cell Trait and submit the test results to the Student Health Services

**Note: A copy of the sickle cell trait laboratory results must accompany the completed history and physical form.**

**3.) Traumatic Brain Injury – TBI (Concussion)** If you have ever been diagnosed with a TBI, you are asked to forward all documentation related to that treatment with your physical form. If you have more than one, please send documentation for each TBI. You will not be cleared for sport until all supporting documentation has been reviewed in our office.

## 4.) Complete the Medical Exemption Stimulant form and provide documentation for any Banned Prescription Medications (if applicable):

Widener University Athletic Department in conjunction with the **NCAA Medical Exemption Banned Stimulant policy** requires strict documentation regarding the use of stimulant medications. This documentation must demonstrate that the student-athlete has had a recent clinical assessment, is routinely monitored for use of stimulant medication, and has a current prescription on file in Student Health Services in order to be approved for a medical exemption to the banned drug policy. Failure to comply with this requirement could keep an athlete from participating in their chosen sport for up to one year should you have a positive drug test, as a result of the NCAA's Year Round Drug Testing Program. The **Medical Exemption Banned Stimulant Form** is available on both the Student Health Services and Athletic Department websites.

### Intercollegiate Sports:

Baseball	Men	Lacrosse	Men/Women
Basketball	Men/Women	Outdoor Track	Men/Women
Cheerleading	Men/Women	Soccer	Men/Women
Cross Country	Men/Women	Softball	Women
Field Hockey	Women	Swimming	Men/Women
Football	Men	Volleyball	Men/Women
Golf	Men/Women	Indoor Track	Men/Women

### Club Sports:

Ice Hockey    Roller Hockey    Rugby (M/W)    Volleyball (M)    Water Polo    Soccer (M)