

# HAMPSHIRE COLLEGE PREPARTICIPATION ATHLETICS PHYSICAL EVALUATION and HISTORY FORM



**THIS FORM IS REQUIRED FOR  
ATHLETES DUE JULY 15 FOR FALL  
AND JANUARY 15 FOR SPRING**

(Note: This form is to be filled out by the patient prior to seeing healthcare provider.)

Date of Exam: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Biological Sex: \_\_\_\_\_ Sport(s): \_\_\_\_\_ Medicines and

Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are 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 provider ever denied or restricted your participation in sports for any reason?

2. Do you have any ongoing medical conditions? If so, please identify: Asthma Anemia Diabetes Infections Other

3. Have you ever spent the night in the hospital?

4. Have ever had surgery?

## HEART 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 (irregular beats) during exercise?

8. Has a provider ever told you that you have any heart problems? If so, check all that apply:

High blood pressure High cholesterol Kawasaki disease

A heart murmur A heart infection Other: \_\_\_\_\_

9. Has a provider ever ordered a test for your heart? (for example ECG/EKG, echocardiogram)

10. Do you get lightheaded or feel more short of breathe 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, pace maker, 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 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 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?

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 \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL QUESTION- CONT.****YES NO****Provider Only**

Height \_\_\_\_\_ Weight \_\_\_\_\_

BP \_\_\_\_\_ / \_\_\_\_\_ (\_\_\_\_/\_\_\_\_) Pulse \_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected Y \_\_\_\_\_ N \_\_\_\_\_

**Screening for Sickle Cell Disease/Trait**

- ☐ Discussed with athlete Yes No
- ☐ Testing completed: Yes No (circle one)
- ☐ Result and date \_\_\_\_\_

**Provider only below line**

52. Have you ever had a menstrual period? \_\_\_\_\_
53. How old were you when you had your first period? \_\_\_\_\_
54. How many periods have you had in the last 12 months? \_\_\_\_\_

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance - <i>Marfan stigmata</i>		
Eyes/ears/nose/throat - <i>Pupils equal -Hearing</i>		
Lymph nodes		
Heart - <i>Murmurs - Location of point of max. impulse(PMI)</i>		
Pulses - <i>Simultaneous femoral and radial pulses</i>		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin - <i>HSV, lesions suggestive of MRSA, tinea corporis</i>		
Neurologic		
<b>MUSCULOSKELETAL</b>		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional - <i>Duck-walk, single leg hop</i>		

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restrictions with recommendations for further evaluation or treatment for \_\_\_\_\_

**Not cleared for:** Pending further evaluation For any sports For certain sports

Reason: \_\_\_\_\_

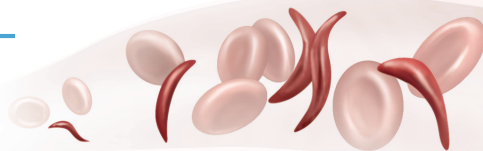
Recommendations: \_\_\_\_\_

Signature of MD, DO, NP, or PA \_\_\_\_\_

Date: \_\_\_\_\_

Name of Provider (print/type) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

# SICKLE CELL TRAIT



## WHAT IS SICKLE CELL TRAIT?

**Sickle cell trait** is not a disease. Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. Sickle cell trait will not turn into the disease. Sickle cell trait is a life-long condition that will not change over time.

- ▶ During intense exercise, red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon, or “sickle.”
- ▶ Sickled red cells may accumulate in the bloodstream during intense exercise, blocking normal blood flow to the tissues and muscles.
- ▶ During intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed and even died.
- ▶ Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense.
- ▶ Athletes with sickle cell trait should not be excluded from participation as precautions can be put into place.

## DO YOU KNOW IF YOU HAVE SICKLE CELL TRAIT?

**People at high risk** for having sickle cell trait are those whose ancestors come from Africa, South or Central America, India, Saudi Arabia and Caribbean and Mediterranean countries.

- ▶ Sickle cell trait occurs in about 8 percent of the U.S. African-American population, and between one in 2,000 to one in 10,000 in the Caucasian population.
- ▶ Most U.S. states test at birth, but most athletes with sickle cell trait don't know they have it.
- ▶ The NCAA recommends that athletics departments confirm the sickle cell trait status in all student-athletes.
- ▶ Knowledge of sickle cell trait status can be a gateway to education and simple precautions that may prevent collapse among athletes with sickle cell trait, allowing you to thrive in your sport.

## HOW CAN I PREVENT A COLLAPSE?

- ▶ Know your sickle cell trait status.
- ▶ Engage in a slow and gradual preseason conditioning regimen.
- ▶ Build up your intensity slowly while training.
- ▶ Set your own pace. Use adequate rest and recovery between repetitions, especially during “gassers” and intense station or “mat” drills.
- ▶ Avoid pushing with all-out exertion longer than two to three minutes without a rest interval or a breather.
- ▶ If you experience symptoms such as muscle pain, abnormal weakness, undue fatigue or breathlessness, stop the activity immediately and notify your athletic trainer and/or coach.
- ▶ Stay well hydrated at all times, especially in hot and humid conditions.
- ▶ Avoid using high-caffeine energy drinks or supplements, or other stimulants, as they may contribute to dehydration.



- ▶ Maintain proper asthma management.
- ▶ Refrain from extreme exercise during acute illness, if feeling ill, or while experiencing a fever.
- ▶ Beware when adjusting to a change in altitude, e.g., a rise in altitude of as little as 2,000 feet. Modify your training and request that supplemental oxygen be available to you.
- ▶ Seek prompt medical care when experiencing unusual physical distress.

**For more information and resources, visit [www.NCAA.org/health-safety](http://www.NCAA.org/health-safety)**