

WESTERN CONNECTICUT STATE UNIVERSITY – ATHLETIC PRE-PARTICIPATION EVALUATION FOR NEW PLAYERS

Please have your health care provider complete the reverse side
RETURN TO: WCSU Health Service, 181 White Street, Danbury, CT 06810
 Fax: 203 837-8583

Name: _____ Sport: _____
 Student ID: _____ Semester/Year: _____

ATHLETES: Please answer the questions below BEFORE taking this form to your physical appointment!

		Yes	No	Unsure
1.	Since your last physical, have you been injured?			
2.	Have you ever had a head injury, concussion, or been knocked out? If yes, when?			
3.	Have you had any hospitalizations, surgery, or significant illness within the past year ?			
4.	Any problems/pain with joints, muscles, or bones?			
5.	Have you ever passed out or gotten dizzy during or after exercise/sports?			
6.	Have you ever had a staph or MRSA infection?			
7.	Have you ever had discomfort, pain, or pressure in your chest during exercise/sports?			
8.	Do you get tired more quickly or become more short of breath than your friends during exercise/sports?			
9.	Do you ever notice your heart racing for no obvious reason or does your heart skip beats during exercise/sports?			
10.	Have you ever been told you have a heart murmur, abnormal heartbeat, high cholesterol, high blood pressure, or a heart infection?			
11.	Does anyone in your family have marfan syndrome?			
12.	Has any family member or relative died <u>before age 50</u> from heart problems or died suddenly for no apparent reason?			
13.	Have you ever been restricted from exercise/sports for heart problems or have you ever had a medical test done on your heart?			
14.	Do you have asthma or any wheezing or coughing with exercise?			
15.	Do you have any allergies to medications, foods, pollens, or stinging insects?			
16.	Are you taking ANY medications on a regular basis?			
17.	Do you take any diet pills or supplements to improve your sports performance, reduce weight, or increase your energy?			
18.	Have you ever been told you have anemia or low blood iron?			
19.	MEN: Do you have an undescended testicle or a missing/damaged testicle?			
20.	WOMEN: Do you have irregular or absent periods?			

The above information is true to the best of my knowledge.

Student signature: _____ Date: _____

Health Care Provider's comments below: For participation in WCSU athletics, the questionnaire must be completed and reviewed, with all positive responses addressed below.

Pertinent family history (if any):	PLEASE COMMENT ON ALL POSITIVE RESPONSES:
Medications (include Epi-Pens or inhalers, if needed):	

STUDENT NAME: _____

Health care provider: All athletes must have the **entire exam** below completed and provide **Sickle Cell Trait screening** result. Please review the reverse questionnaire and comment on positive responses.

Height: _____ Weight: _____ BMI: _____ B/P: _____ Pulse: _____

Sickle Cell Trait screen results: _____

SYSTEM	NORMAL	ABNORMAL	FINDINGS
General appearance			
Eyes (equal pupil size)			
Lungs			
Heart (standing & supine), PMI			
Murmur			
Valsalva maneuver performed			
Peripheral pulses (radial & femoral simultaneously to r/o coarctation of the aorta)			
Marfan's stigmata: Tall & slender (more so than family members), arm span > height, arachnodactyly, pectus excavatum, high arched palate, lax ligaments, flat feet, scoliosis, myopia			
Musculoskeletal			
Back/neck			
Shoulders/arms			
Hips/thighs			
Legs/knees			
Feet/ankles			

Optional: (If indicated by history or exam) Peak Flow: _____ Hbg/Hct: _____
Urine: GLU _____ PRO _____ RBC _____ WBC _____ Sp. Gravity _____ Other _____

Assessment: _____

I have reviewed the patient's history, physical findings, and his or her responses to the attached questionnaire. The student is:

_____ **Cleared** for full participation in varsity athletics.

_____ **Cleared provisionally**, but with the following restriction _____

_____ **NOT cleared** for athletic participation at this time.

Examiner's signature: _____ Date: _____

Examiner's name: _____ Phone: _____
(WCSU HS 1/11)