

# Connecticut College Athletic Health Screening Form/NCAA Format

All students who planning to participate in **varsity sports** who did not play here last year must submit this form **by July 14, 2017**. NCAA rules require all physicals be dated within six months of the first sports participation with the team. Connecticut College does not accept physical exams performed by a family member. Make sure the form is completed in its **entirety on both pages**; keep a copy, and mail to: **Head Athletic Trainer, Box 5245, Connecticut College, 270 Mohegan Avenue, New London, CT 06320 or fax to (860) 439-5033**.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

CLASS YEAR: \_\_\_\_\_ ANY SPORT(S) YOU MIGHT PLAY: \_\_\_\_\_

## Medical/Cardiac History (To be completed by the student. Please check relevant boxes)

Severe infection  Fainting associated with exercise  Eating disorder  Asthma  Heart condition or disease

Kidney disease  Family history of sudden cardiac death in someone under age 50?

Personal/family history of central nervous system disorder (ADD/ADHD/migraine/sleep disorder/Parkinsons/depression/anxiety)?

Concussion dates & length of time each lasted: \_\_\_\_\_

PLEASE EXPLAIN: \_\_\_\_\_

Have you had any acute illness, surgery or hospitalization in the last 5 years? No  Yes

PLEASE EXPLAIN: \_\_\_\_\_

Are you on any medications? List medications, dosages, and conditions for any medications you take.

MEDICATIONS: \_\_\_\_\_ DOSAGES: \_\_\_\_\_

Do you have any injury or chronic problem that may affect your participation? No  Yes

PLEASE EXPLAIN: \_\_\_\_\_

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

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Exam (To be completed by the physician. No substitute forms are accepted) Date of Exam: \_\_\_/\_\_\_/\_\_\_

HT: \_\_\_\_\_ WT: \_\_\_\_\_ BMI: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respirations: \_\_\_\_\_ BP sitting: \_\_\_\_\_ standing: \_\_\_\_\_

As of January 2013, sickle cell testing is required of all athletes regardless of race. **Either a sickle cell test waiver or a lab report must be sent** (see reverse side).

Sickle cell testing: +  -

NKDA or list allergies: \_\_\_\_\_

<small>(All boxes MUST be checked; indicate WNL or DESCRIBE VARIANT to clear for participation)</small>		WNL	DESCRIBE VARIANT
<b>GENERAL</b>	Healthy appearing, WDNW; no Marfan's stigmata		
<b>HEART*</b>	RRR, S1 S2 without murmur in supine position		
	RRR, S1 S2 without murmur in standing position		
	RRR, S1 S2 without murmur during valsala		
	Brachial & femoral pulses equal bilat		
<b>LUNGS</b>	Clear bilat, no wheeze crackle, rhonchi		

*\*Please submit echo results/work-ups for cardiac murmurs*

**SPORTS CLEARANCE:** I have reviewed the history, physical and cardiac exam to attest this patient does not show signs or symptoms of risk of sudden cardiac death including: hypertension, Marfan's syndrome, left ventricular obstruction (via murmurs), or coarctation of the aorta, and IS cleared for NCAA sport participation as signified by my signature below.

HEALTH CARE PROVIDER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Connecticut College Sports Medicine – Sickle Cell Testing Form

The NCAA requires screening for sickle cell trait as part of the pre-participation medical examination process, unless documented results of a prior test are provided to the institution or the student-athlete declines the test and signs a written release. A copy of the sickle cell solubility test lab report must be received, or the written release signed, prior to athletic participation. Student-athletes wishing to sign a release must engage in mandatory education regarding sickle cell trait.

Please complete the following:

NAME: \_\_\_\_\_ CLASS YEAR: \_\_\_\_\_ SPORT(S): \_\_\_\_\_

Please check the appropriate box below. (Check only one box.)

- I have had a sickle cell test and have attached a copy of the lab report to this form.
- I would like to have the sickle cell test done by Connecticut College Student Health Services (May result in delayed participation.)
- I do not wish to have a sickle cell solubility test done and have read the NCAA Sickle Cell Trait Fact Sheet available at [http://fs.ncaa.org/Docs/health\\_safety/SickleCellTraitforSA.pdf](http://fs.ncaa.org/Docs/health_safety/SickleCellTraitforSA.pdf).  
I have also viewed the videos:  
“Sickle Cell Trait and the Student-Athlete Parts 1 and 2” at <http://youtu.be/EiEpmZLLcuM> and <http://youtu.be/lbFWP39tF1A>, or [http://web1.ncaa.org/web\\_video/health\\_and\\_safety/sickle\\_cell/sickleCell.html](http://web1.ncaa.org/web_video/health_and_safety/sickle_cell/sickleCell.html).

Additionally, I understand and acknowledge that the NCAA and Connecticut College recommend that all student athletes have knowledge of their sickle cell trait status, and I voluntarily agree to release, discharge, indemnify and hold harmless Connecticut College, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my refusal to be tested.

STUDENT ATHLETE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (IF UNDER 18 YEARS OF AGE): \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN (PRINT NAME): \_\_\_\_\_