



Athletic Health Screening Form

Directions: All students must complete this form, even if athletic participation is not expected — many change their minds. The student should fill out this page and then give the form to his/her health care provider to complete and sign at the end. **NCAA rules require all physicals be dated within six months of the first sports participation. Connecticut College does not accept physical exams performed by a family member.**

When completed, mail this form along with the Student Health Form in the enclosed envelope to Student Health Services, Connecticut College, 270 Mohegan Avenue, New London, CT 06320-4196 by **July 14, 2008**. This form will later be sent to an athletic trainer for review.

Last name: _____ First name: _____ MI: _____
 Class year: _____ Any sport(s) you might play: _____

Medical History

Have you had the following in the past five years? If so, please note month and year.

	Yes	No	Date (mm/yy)		Yes	No	Date (mm/yy)
Anemia	<input type="checkbox"/>	<input type="checkbox"/>		Heart murmur*	<input type="checkbox"/>	<input type="checkbox"/>	
Mono/Spleen Pb.	<input type="checkbox"/>	<input type="checkbox"/>		Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>		Fainting**	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Eating disorder	<input type="checkbox"/>	<input type="checkbox"/>		Irregular pulse	<input type="checkbox"/>	<input type="checkbox"/>	
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>		Seizures	<input type="checkbox"/>	<input type="checkbox"/>	

Have you had an acute illness, surgery or hospitalization in the past year? Please explain:

*Do you still have this heart murmur? Yes No (if yes, make sure your health care provider fills in the information on the reverse side)

**Was your fainting related to exercise? Please explain:

Previous Injury History

If you have injured any of the following joints within the last five years, severely enough to limit play for more than five days, please describe (include strains, sprains, fractures, dislocations, surgery, etc.):

Ankle: _____ Knee: _____
 Back: _____ Shoulder: _____
 Elbow: _____ Neck: _____

Any head injury/concussion? Yes No | Describe: _____

Have you ever been told to stop playing your sport permanently? Yes No | If yes, please explain:

Any other injury or chronic problem we should know about? Yes No | If yes, please explain:

Health Care Provider's Evaluation

Please note: the cardiovascular exam is required by the NCAA. Please answer each question or the student's athletic participation will be delayed.

1. Date of exam (mm/dd/yyyy): _____ 2. SITTING BRACHIAL BLOOD PRESSURE: _____ / _____

3. **PRECARDIAL AUSCULTATION** (note any heart murmurs, especially those consistent with dynamic left ventricular outflow obstruction): _____

A. SUPINE: Normal/no murmur heard | If murmur heard, please describe: _____

B. STANDING: Normal/no murmur heard | If murmur heard, please describe: _____

4. BILATERAL FEMORAL ARTERY PULSES (to exclude coarctation of the aorta): _____

Normal | If not, please describe: _____

5. Any stigmata of Marfan syndrome? Yes No | If yes, please describe: _____

6. Please note if there are any problems that need follow-up: _____

Health Care Provider's Clearance:

Please note: one of the following must be checked or the student's athletic participation will be delayed.

I recommend this student be allowed to participate in any varsity, club or intramural athletics without limits.

I recommend this student be allowed to participate in any varsity, club or intramural athletics with the following limitations:

I recommend this student *not* be allowed to participate in any varsity, club or intramural athletics.

Please print legibly or use a stamp and sign:

Health care provider's name: _____ Signature: _____

Address: _____

Phone number: _____