

**HEALTH SERVICES**

**Athletic Preparticipation Evaluation**

**This form is for use by returning athletes only**

and cannot be completed prior to 6 months before August 27

Name of Student Athlete: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sport/s: \_\_\_\_\_

**Athlete explain all "yes" answers in the space provided**

- |  | <b>Yes</b>               | <b>No</b>                |   | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last check up or sport's physical?<br>Do you have an ongoing or chronic illness?  | <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you use any special protective or corrective equipment that aren't usually for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth or hearing aid)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been hospitalized overnight?<br>Have you ever had surgery?  | <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you had any problems with your eyes or vision?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or over-the-counter medication or using an inhaler?<br>Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?   | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you ever had a sprain, strain or swelling after injury?<br>Have you broken or fractured any bones or dislocated any joints?<br>Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any allergies (for example, to pollen, medicine, food or stinging insects)?<br>Have you ever had a rash or hives develop during or after exercise?  | <input type="checkbox"/> | <input type="checkbox"/> | (If yes check appropriate box and explain below)<br><input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip <input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh <input type="checkbox"/> Back<br><input type="checkbox"/> Hand <input type="checkbox"/> Wrist <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Finger <input type="checkbox"/> Ankle <input type="checkbox"/> Foot<br><input type="checkbox"/> Shin or calf <input type="checkbox"/> Upper Arm <input type="checkbox"/> Shoulder | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out during or after exercise?<br>Have you ever been dizzy during or after exercise?<br>Have you ever had chest pain during or after exercise?<br>Do you get tired more quickly than your friends do during exercise?<br>Have you ever had racing of your heart or skipped heartbeats?<br>Have you ever had high blood pressure or high cholesterol?<br>Have you ever been told you have a heart murmur?<br>Has any family member or relative died of heart problems or of sudden death before age 50?<br>Have you had a severe viral infection like myocarditis or mononucleosis within the last month?<br>Has a health care provider ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you want to weigh more or less than you do now?<br>Do you regularly lose weight to meet weight requirements for your sport?<br>Have you ever been or are you presently anorexic or bulimic?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?   | <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you feel stressed out?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a head injury or concussion?<br>Have you ever been knocked out, become unconscious, or lost your memory?<br>Do you have frequent or severe headaches?<br>Have you ever had numbness or tingling in your arms, legs or feet?<br>Have you ever had a burner, stinger or pinched nerve?  | <input type="checkbox"/> | <input type="checkbox"/> | <b>FEMALES ONLY</b><br>15. When was your first menstrual period? _____<br>When was your most recent menstrual period? _____<br>How many periods have you had in the last year? _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever become ill from exercising in the heat?   | <input type="checkbox"/> | <input type="checkbox"/> | <b>Explain all "yes" answers here and continue on reverse</b><br>_____<br>_____<br>_____<br>_____   |                          |                          |
| 9. Do you cough, wheeze or have trouble breathing?<br>Do you have asthma?  | <input type="checkbox"/> | <input type="checkbox"/> | <b>I hereby state that, to the best of my knowledge, my answers to the questions are complete and correct.</b><br>Signature of Athlete _____<br>Date _____  |                          |                          |

**The remainder of this form to be completed by the health care provider**

After reviewing this health history form with the patient/athlete I have determined that he/she is ...

- Cleared  Cleared with Recommendations (reason and comments on reverse)  Not Cleared (reason and comments on reverse)

MD/DO/NP/PA (print or type name) \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

**HEALTH SERVICES**

# Athletic Preparticipation Physical Examination

**This form is for use by returning student athletes**

(Not to be used by freshman or transfer student athletes)

Name of Student Athlete: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sport/s: \_\_\_\_\_

Height : \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Vision R 20/: \_\_\_\_\_ L 20/: \_\_\_\_\_ Corrected:  Yes  No

	Normal	Abnormal Findings
Medical		
Appearance		
Eyes/ Ears/Nose Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (Males only)		
Skin		
Musculoskeletal		
Neck		
Back		
Shoulder/ Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

**Cleared**  **Cleared with Recommendations** (reason and comments on reverse)  **Not Cleared** (reason and comments on reverse)

MD/DO/NP/PA (print or type name): \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

## SICKLE CELL TRAIT FORM

### FOR STUDENTS PARTICIPATING IN AN OFFICIAL NCAA ATHLETIC PROGRAM

- Sickle cell trait is not a disease. Sickle cell trait is an inherited condition affecting the oxygen-carrying substance, hemoglobin, in the red blood cells. You are born with sickle cell trait; it cannot be developed over time or contracted like a disease.
- Sickle cell trait is a common condition (> three million Americans).
- Although Sickle cell trait occurs most commonly in African Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry, persons of all races and ethnicities may test positive for this condition.
- Those with sickle cell trait usually have no symptoms or any significant health problems. However, sometimes during very intense, sustained physical activity, as can occur with collegiate sports, certain dangerous conditions can develop in those with sickle cell trait, leading to blood vessel and organ (kidneys, muscles, heart) damage that can cause collapse and death. Some of the settings in which this can occur include timed runs, all out exertion of any type for 2 to 3 continuous minutes without a rest period, intense drills, and other bursts of exercise after doing prolonged conditioning training. Extreme heat and dehydration increase the risks. (NCAA: A Fact Sheet for Coaches, Sickle Cell Trait, <http://www.ncaa.org/health-safety/SickleCellTraitforCoaches.pdf>).
- More information and resources regarding sickle cell trait and the NCAA's recommendation for sickle cell trait testing can be found at the NCAA website resource pages regarding the sickle cell trait, accessible at: [www.NCAA.org/health-safety](http://www.NCAA.org/health-safety).

### Sickle Cell Trait Testing

- The NCAA requires all student-athletes have knowledge of their sickle cell trait status. Student-athletes must submit documentation of prior test results; **OR** have a blood test to check for sickle cell trait. Cost of testing is the responsibility of the student. ***This must be completed once before the athlete participates in any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc.***
- Athletes who are positive for the trait will be allowed to participate in intercollegiate athletics; this does NOT prohibit you from playing.

### One of the following options must be chosen. Include documentation:

1. Copy of athlete's newborn sickle cell testing result attached. Date: \_\_\_\_\_  
Most states require testing at birth, check with your hospital or pediatrician.

OR

2. Copy of recent sickle cell screening test result attached. Date: \_\_\_\_\_  
Cost of testing is the responsibility of the athlete.

**Send Completed Health Forms:**  
Healthservices@wne.edu