

# SUNY Potsdam Sports Medicine

## PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Sport \_\_\_\_\_ Date of birth \_\_\_\_\_

### PHYSICIAN REMINDERS

Consider additional questions or more sensitive issues:

- Do you ever feel sad, hopeless, depressed, or anxious?
- Do you feel safe at your home or residence?
- Are you currently using tobacco products?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or have used any performance supplements?
- Have you ever taken any supplements to help you gain or lose weight?



EXAMINATION		
Height:	Weight:	Male <input type="checkbox"/> Female <input type="checkbox"/>
BP / ( / ) Pulse	Vision R20/ L20/	Corrected: Y <input type="checkbox"/> N <input type="checkbox"/>
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance •Marfan stigmata (Kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat •Pupils equal •Hearing		
Lymph nodes		
Cardiovascular		
Respiratory		
Abdomen		
Genitourinary (males only)		
Skin •HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional/ROM		

-Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
 -Consider GU exam if in private setting. Having third party present is recommended.  
 -Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- No contraindication to Full Athletic Participation  
 No contraindication to Full Athletic Participation but further evaluation and treatment recommended

for: \_\_\_\_\_

- This student should not participate in athletics:

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

I have examined the above-named student and completed the pre-participation physical evaluation. The recommendations I have made above indicate my professional assessment regarding this athlete's ability to safely participate in the sport(s) indicated. A copy of the physical exam is on record in my office and can be made available to the school at the request of the athlete (or parent/guardian if the athlete is a minor). I understand that conditions may arise that may change my recommendations. I understand I may alter my recommendations until the conditions are safely resolved and the potential consequences are completely explained to the athlete (or parents/guardians if the athlete is a minor).

Name of physician (Print/Type) \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

**ATHLETIC QUESTIONNAIRE**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sport(s): \_\_\_\_\_

PLEASE ANSWER ALL QUESTIONS. **EXPLAIN "YES" ANSWERS ON THE BACK**

<b>GENERAL</b>	<b>YES</b>	<b>NO</b>
Has a medical provider ever denied or restricted your participation in sports for any reason?		
Were you born without or are you missing a kidney, eye, testicle, spleen, or any other organ?		
Do you have groin pain, a painful bulge, or a hernia in your groin area?		
Are you on a special diet or do you avoid certain kinds of foods?		
Have you ever had an eating disorder?		
Do you take any nutritional supplements?		
Have you ever used anabolic steroids?		
Any abnormal weight loss or weight gain?		
Have you ever become ill while exercising in the heat?		
Do you get frequent muscle cramps when exercising?		
Do you or does anyone in your family have sickle cell trait or sickle cell disease?		
Have you ever had herpes, MRSA, sores, or other skin conditions?		
Have you ever had an eye injury?		
Have you had any problems other than wearing glasses or contacts with your eyes or vision?		
<b>CARDIOVASCULAR</b>		
Has a family member or relative died unexpectedly before the age of 50?		
Has anyone in your family ever been diagnosed with a heart dysfunction?		
Has anyone in your family had heart problems, a pacemaker, or an implanted defibrillator?		
Has anyone in your family had unexplained fainting, seizures, or near drowning?		
Have you ever passed out, or nearly passed out, during or after exercise?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
Does your heart ever race abnormally or skip beats (irregular beats) during exercise?		
Have you ever had a test for your heart (e.g. EKG, stress test, echocardiogram)?		
Has a medical provider ever told you that you have any of the following problems (check those that apply)? <input type="checkbox"/> High Blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Heart infection <input type="checkbox"/> Kawasaki disease		
<b>RESPIRATORY</b>		
Do you get more tired or become short of breath more quickly than your peers during exercise?		
Do you cough, wheeze, or have more difficulty breathing than expected during exercise?		
<b>ORTHOPEDIC</b>		
Have you ever had a musculoskeletal injury that caused you to miss a practice or game?		
Have you ever had a fractured bone?		
Have you ever had a dislocated joint?		
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
Have you ever been told you have had an x-ray for, neck instability or atlantoaxial instability?		
Do you regularly use a brace, orthotics, or other assistive device?		
Do you have a history of arthritis?		
<b>NEUROLOGICAL</b>		
Have you ever been diagnosed with a concussion or traumatic brain injury?		
Have you ever had seizures?		
Do you get headaches when you exercise?		
Have you ever had numbness, tingling, weakness, or paralysis in your arms or legs after being hit or falling?		
<b>WOMEN ONLY</b>		
How old were you when you began menstruating?		years
How many menstrual cycles have you had in the last 12 months?		

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

Reviewed by: \_\_\_\_\_



IF YOU ARE A FRESHMAN, TRANSFER OR RETURNER THAT DID NOT COMPETE WITHIN THE PAST 6+ MONTHS YOU ARE REQUIRED TO FULLY COMPLETE THIS HEALTH FORM AND HAVE A PHYSICIAN COMPLETE THE PHYSICAL FORM IN ORDER TO BE COMPLIANT. IF YOU ARE NOT COMPLIANT BY THE DUE DATE (SEE WEBSITE) YOU WILL NOT PARTICIPATE IN YOUR SPORT!

SEE CONTACT INFORMATION ON SPORTS MEDICINE WEBSITE.

WE DO NOT ACCEPT PHYSICALS COMPLETED ON ANY OTHER FORM.