

**EASTERN CONNECTICUT STATE UNIVERSITY -- ATHLETIC PRE-PARTICIPATION EVALUATION**

Complete this form **ONLY** if you are planning to try out or participate in an intercollegiate sport.

**Please have your health care provider complete the reverse side.**

**RETURN TO: ECSU Student Health Services • 185 Birch St., Willimantic, CT 06226**

**Fax #: 860-465-4560**

Name: \_\_\_\_\_

Sport: \_\_\_\_\_

ID No. \_\_\_\_\_

Semester/Year: \_\_\_\_\_

**STUDENTS: PLEASE ANSWER THE QUESTIONS BELOW BEFORE TAKING THIS FORM TO YOUR DOCTOR'S APPOINTMENT FOR YOUR PHYSICAL:**

	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
1. Since your last physical, have you been injured?			
2. Have you EVER had any head injury, concussion or been knocked out? If yes, when?			
3. Have you had any hospitalizations, surgery or significant illness within the past year? Past month?			
4. Any problems/pain with joints, muscles or bones?			
5. Have you ever passed out or nearly passed out during or after exercise/sports?			
6. Are you often dizzy during or after exercise/sports?			
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 <u>ever</u> notice your heart racing for no obvious reason or does your heart skip beats during exercise or 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 before age 50 from heart problems or drowned or died suddenly for no apparent reason?			
13. Have you ever been restricted from 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. Have you ever taken any diet supplements or vitamins 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. Do you anticipate any problems participating in sports this year?			
<b><i>Females only</i></b>			
20. Do you have regular menstrual periods?			
21. Number of days period lasts: ____ Do you have a heavy flow?			
22. Date of last menstrual period:			

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

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Medical Provider's Notes Below:***

Pertinent family history (if any):	<b>PLEASE COMMENT ON ALL POSITIVE RESPONSES:</b> _____ _____ _____ _____ _____ _____
Medications (if any):	

Student Name: \_\_\_\_\_

**HEALTH CARE PROVIDERS: Students will be allowed to participate in sports @ Eastern only if the questionnaire on the reverse side has been completed and all positive responses reviewed in the comment section. Additionally, all returning students who have had a previous Eastern athletic pre-participation exam only need to have their BP, pulse and weight rechecked, their hearts reassessed and any other focused physical exam as needed based on their questionnaire responses. All new students must have the entire exam below completed.**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

SYSTEM	NORMAL	ABNORMAL	FINDINGS
General appearance			
Eyes – equal pupil size			
*Lungs			
*Heart (standing & supine)			
*Murmur	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
*Valsalva maneuver performed	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
*Peripheral pulses: (radial & femoral simultaneously to r/o coarctation of the aorta)			
* <b>Marfan's stigmata:</b> Tall & slender ( <i>more so than other family members</i> ), arm span > height, arachnodactyly, pectus excavatum or carinatum, high arched palate, lax ligaments flat feet, scoliosis, myopia.	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Musculoskeletal (if applicable)</b>			
Back/neck			
Shoulders/arms			
Hips/thighs			
Legs/knees			
Feet/ankles			

**Optional:** (If indicated by history or exam) Peak Flow: \_\_\_\_\_ Hgb/Hct \_\_\_\_\_

Urine: GLU \_\_\_\_\_ PRO \_\_\_\_\_ RBC \_\_\_\_\_ WBC \_\_\_\_\_ Sp. Gravity \_\_\_\_\_ Other \_\_\_\_\_

Assessment: \_\_\_\_\_

**Plan: I have reviewed this patient's history, physical findings, and his or her responses to the questions attached to this form. The student is:**

\_\_\_\_\_ Cleared for full participation in intercollegiate sports.

\_\_\_\_\_ Cleared provisionally but for the following restriction: \_\_\_\_\_

\_\_\_\_\_ not cleared for athletic participation at this time.

Examiner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner's name (or stamp): \_\_\_\_\_ Phone: \_\_\_\_\_