

EASTERN CONNECTICUT STATE UNIVERSITY -- ATHLETIC PRE-PARTICIPATION EVALUATION

STUDENTS: Complete this form if you are planning to try out or participate in either intercollegiate sports or club sports. Please answer the questions below *BEFORE* taking this form to your doctor's appointment for your physical. Your health care provider must complete the second page of this form. **RETURN FORM TO: ECSU Student Health Services, 185 Birch St., Willimantic, CT 06226, or Fax to: 860-465-4560.**
IMPORTANT: Please make sure to read the notice and information on sickle cell trait included with this form.

Name: _____

Sport: _____

ID No. _____

Semester/Year: _____

	Yes	No	Unsure
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 ever 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 any family member or relative have Marfan syndrome or a problem with an irregular heartbeat such as Long QT 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 had a medical test done on your heart?			
14. Have you ever been restricted from sports for heart-related reasons?			
15. Do you have asthma or any wheezing or coughing with exercise?			
16. Do you have any allergies to medications, foods, pollens or stinging insects?			
17. Are you taking ANY medications on a regular basis?			
18. Have you ever taken any diet supplements or vitamins to improve your sports performance, reduce weight, or increase your energy?			
19. Have you ever been told you have anemia or low blood iron?			
20. Do you anticipate any problems participating in sports this year?			
Females only			
21. Do you have regular menstrual periods?			
22. Number of days period lasts: ____ Do you have a heavy flow?			
23. Date of last menstrual period:			

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

Student signature: _____

Date: _____

Medical Providers to complete section below

Pertinent family history (Heart, DM, HTN, Lipids, etc. if any)	<p>HEALTH CARE PROVIDER: PLEASE REVIEW ALL POSITIVE RESPONSES TO THE QUESTIONS ABOVE AND COMMENT BELOW.</p> _____ _____ _____ _____ _____
Medications (if any):	

Student Name: _____

HEALTH CARE PROVIDERS: Students will not be allowed to participate in any sports activity at Eastern unless the questionnaire on the reverse side has been completed and all positive responses have been reviewed with the student and explained in the comment section provided. Additionally, all returning students who have completed 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. No exceptions. Also, the required sickle cell trait section below must be completed for all students if not previously done.

Height: _____ Weight: _____ BMI: _____ BP: _____ Pulse: _____

SYSTEM	NORMAL	ABNORMAL	FINDINGS
General appearance			
Eyes – equal pupil size			
*Lungs			
*Heart (standing & supine)			
*Murmur present	<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)			
* Marfan's stigmata: Tall/ slender (more than other family members), 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	
Musculoskeletal (if applicable)			
Back/neck			
Shoulders/arms			
Hips/thighs			
Legs/knees			
Feet/ankles			
Other			

Required: Sickle cell trait status: Submit newborn test result Submit new test result student to submit signed waiver declining testing. (Waiver form on website.)

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 responses to the questions attached to this form. The student is:

_____ Cleared for full participation in intercollegiate sports.

_____ Not cleared for athletic participation at this time. Please give reason: _____

Examiner's signature: _____ Date: _____

Examiner's name (or stamp): _____ Phone: _____

**Eastern Connecticut State University
Intercollegiate Athletics
Sickle Cell Trait Policy**

IMPORTANT NOTICE TO STUDENT-ATHLETES REGARDING SICKLE CELL TESTING

Dear Parents and ECSU Incoming Athlete,

The NCAA now recommends that all athletes be tested for sickle cell trait. So, starting in fall 2011, all new, incoming students who plan to try out, practice, and/or train for or compete in collegiate sports must either 1) show proof of a prior test for sickle cell trait, 2) get tested for sickle cell trait if a prior test is not available, or 3) sign a waiver releasing ECSU of liability if you decline to be tested.

Therefore, you must do one of the following:

1. Provide ECSU Student Health Services with documentation showing your sickle cell trait status. Many states, including Connecticut, routinely test for this at birth. Contact your health care provider to see if a copy of this result is available.

Or
2. If no previous sickle test is available, schedule an appointment with your health care provider to have a sickle cell trait blood test done and have the result submitted to ECSU Student Health Services. Alternatively, you can call us at 860-465-5263 and make an appointment to get tested here.

Or
3. Sign a waiver releasing the State of Connecticut, Eastern Connecticut State University, its officers, employees and agents from any and all costs, liability, expense claims, demands or causes of action on account of any loss or personal injury that might result from your refusal to be tested. Submit the completed and signed waiver to ECSU Student Health Services.*

Prior to signing the waiver, we advise all student-athletes to please:

- **Consult with their parent or guardian**
- **View NCAA Educational Video**
http://web1.ncaa.org/web_video/health_and_safety/sickle_cell/sickleCell.html
- **Read NCAA "A Fact Sheet for Student Athlete"**
http://web1.ncaa.org/web_files/health_safety/SickleCellTraitforSA.pdf

Sincerely,

Office of Student Health Services

Department of Athletics

Sickle Cell Trait Information

What is Sickle Cell Trait?

- Sickle cell trait is a genetic condition involving the oxygen-carrying substance, hemoglobin, found in our red blood cells. A person with this trait person inherits one abnormal hemoglobin gene from just one parent unlike those with actual sickle cell disease who inherit two abnormal genes – one from each parent.

- Because those persons with sickle cell trait inherit only one abnormal gene, they usually have no symptoms and suffer no significant health problems unlike those with actual sickle cell disease. 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, etc.) damage that can cause sudden 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.

Who is affected by it?

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.

What are the signs and symptoms?

Common signs and symptoms of a sickle cell trait emergency include, but are not limited to: increased pain and weakness in the working muscles (especially the legs, buttocks, and/or low back); cramping type pain of muscles; soft, flaccid muscle tone; Sometimes there are no early warning signs.

For Athletes Confirmed Positive For The Sickle Cell Trait, The Following Reasonable Precautions Will Be Taken In Order To Appropriately Manage This Condition:

- The student athlete will slowly build up the intensity and duration of their training with paced progressions. This will also include longer periods for rest and recovery.
 - The student athlete will participate in pre-season conditioning programs in order to prepare them for the rigors of their competitive seasons.
 - The student athlete may have modified performance tests such as mile runs, serial sprints, etc.
 - The student athlete will stop all activity and seek medical evaluation with the onset of symptoms such as “muscle cramping,” pain, swelling, weakness, tenderness, undue fatigue, or the inability to “catch breath.”
 - The student athlete will be given the opportunity to set their own pace during conditioning drills.
 - The student athlete’s participation may be altered during periods of heat stress, dehydration, asthma, illness, or activity in high altitudes.
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Resources for more information:

- **National Athletic Trainers Association:** *Consensus Statement: Sickle Cell Trait and the Athlete.*
Retrieved from: <http://www.nata.org/statements/consensus/sicklecell.pdf>.