

EASTERN CONNECTICUT STATE UNIVERSITY
ATHLETIC PRE-PARTICIPATION EVALUATION – Page 1: Medical History

Name: _____ **ID#:** _____ **Sport/Semester** _____ / _____

STUDENTS: Complete this form if you are planning to try out or participate in either intercollegiate or club sports. Please answer the questions and sign below **BEFORE** taking this form to your doctor's appointment for your physical. Your health care provider must complete the bottom of page 1 and all of page 2 of this form. **RETURN FORM TO: Athletic Trainers, Sports Center, Eastern Connecticut State University, 83 Windham St, Willimantic, CT 06226, or Fax to: 860-465-0324.** **IMPORTANT:** Please make sure to read the information on the sickle cell trait screening included with this form and complete the process as instructed if not previously done.

Y=yes, N=no, ?=unsure		Y	N	?	Y=yes, N=no, ?=unsure		Y	N	?
1	Since your last physical, have you been injured?				13	Have you ever had a medical test done on your heart (EKG, Echocardiogram) and/or been evaluated by a heart doctor? <i>If yes, please submit a copy of the results.</i>			
2	Have you EVER had any head injury, concussion or been knocked out? If yes, when?				14	Have you ever been restricted from sports for heart-related reasons?			
3	Have you had any hospitalizations, surgery or significant illnesses within the past year? Past month?				15	Do you have asthma or any wheezing or coughing with exercise/sports?			
4	Any new or ongoing problems/pain with joints, muscles, ligaments or bones?				16	Do you have any allergies to medications, foods, pollens or stinging insects?			
5	Have you ever passed out or nearly passed out during or after exercise/sports?				17	Are you taking ANY medications on a regular basis?			
6	Are you often dizzy during or after exercise/sports?				18	Have you ever taken diet supplements or vitamins to improve your performance, reduce weight, or increase your energy?			
7	Have you ever had discomfort, pain or pressure in your chest during exercise/sports?				19	Have you ever been told you have anemia or low blood iron?			
8	Do you get tired more quickly or become more short of breath than other players during exercise/sports?				20	Do you anticipate any problems participating in sports this year, or have any health concerns or symptoms you wish to discuss at this time?			
9	Do you ever notice your heart racing unusually fast for no obvious reason? Does your heart skip beats a lot, especially during exercise or sports?					Females only			
10	Have you ever been told you had a heart murmur, abnormal heartbeat, high cholesterol, high blood pressure or a heart infection?				21	Do you have regular menstrual periods?			
11	Does any family member or relative have Marfan syndrome, a problem with an irregular heartbeat such as Long QT syndrome, or require use of a pacemaker or implanted defibrillator?				22	Do you have a heavy flow? Number of days period lasts: _____			
12	Has any family member or relative died before age 50 from heart problems or drowned or died suddenly or mysteriously for no obvious reason?				23	Date of last menstrual period: _____			

By signing below, I 1) confirm that all of the above information is true to the best of my knowledge and 2) permit Eastern Student Health Services to release medical information contained on this form to the University Athletic Training staff for solely medical purposes:

Student signature: _____ Date: _____

Medical provider to complete section below

Please note any other pertinent family history. (Diabetes, other heart disease, high blood pressure, cholesterol, etc.): Medications, supplements:	PROVIDER COMMENTS: _____ _____ _____ _____
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ECSU Athletic PPE – Page 2: Physical Examination

Student Name: _____ ID No. _____

HEALTH CARE PROVIDERS: Students will not be allowed to participate in club or intercollegiate sports at Eastern unless the questionnaire on the reverse side has been completed and all 'yes' 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 need to have only their BP, pulse and weight rechecked, their hearts reassessed (items with asterisks*) 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. Please note: Physicals done at an earlier date are not acceptable substitutes unless they include ALL of the sections below as described.**

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

SYSTEM	NORMAL	ABNORMAL	FINDINGS
General appearance • ? Marfan's features – see list below			
Eyes – equal pupil size			
Lungs			
*Heart (both standing & supine, PMI)			
*Murmur present	<input type="checkbox"/> No	<input type="checkbox"/> Yes →	
*Valsalva maneuver performed	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Peripheral pulses: (radial & femoral simultaneously)			
Abdomen			
Genitalia (if indicated by history)			
Neuro			
Skin			
Musculoskeletal (strength, laxity, ROM)			
Back/neck			
Shoulders/arms			
Hips/thighs			
Legs/knees			
Feet/ankles			

Marfan features – tall/slender (unlike other family members), arachnodactyly, pectus excavatum or carinatum, arm span > height, high-arched palate, nearsightedness or eye lens problem, significant flat feet, ligament laxity

Required: Sick Cell Trait: (See form below.) Submit newborn test result Submit new test result
 Submit signed waiver declining testing.

Optional: (Do only if indicated by history and/or physical exam findings)

Urine: GLU _____ PRO _____ RBC _____ WBC _____ Sp. Gravity _____

PEFR _____ (Expected: _____) Hemoglobin _____

Assessment: _____

Plan: ↑ Cleared ↑ Cleared with restrictions ↑ Not cleared for participation

Comments: _____

Examiner's signature: _____ Today's Date _____

Date sports physical done (if different from today's date.) Please note: Exam performed at an earlier date is not acceptable unless it includes ALL elements listed in the table above: _____

Examiner's address/telephone number, or stamp: (required)