

**May 2007**

**Junior Physical Form**

Dear Students:

In an effort to encourage the best health and safety for our athletes, the Gettysburg College Health Services and Athletic Department requires that all intercollegiate athletes, who are **Juniors** in the 2007-2008 year, have a complete physical exam by their home health care provider prior to returning from Summer Break.

It is important that you comply with this policy so that you are not held from practice and competing with your team when you arrive on campus.

Fill out the questions on page 2 of the Health Evaluation Form, **before** your appointment with your health care provider. Be sure to comment on all "yes" answers by stating the date of occurrence and **identify those that have occurred since your first year sports physical.**

Arrange an appointment with your health care provider to have a physical for participation in sports, and be sure to bring the Report of Health Evaluation form with you to the appointment.

**Potential Athletes: Please note that the physical exam given by your health care provider will help us determine your eligibility to participate in intercollegiate sports. Additionally, please send to us any medical records, testing reports, echocardiogram reports, clearances or specific releases to participate in sports from orthopedists, cardiologists or surgeons for heart murmurs, chronic medical conditions, illnesses, injuries especially orthopedic related or any surgery you may have had since your last college clearance. YOU WILL NOT BE ALLOWED TO TRY OUT OR PRACTICE WITHOUT THESE CLEARANCES.**

Return the completed Report of Health Evaluation form **no later than July 1, 2007** to:

Director, Student Health Services  
.Gettysburg College Campus Box 436  
300 N. Washington Street  
Gettysburg, PA 17325  
(Phone) 717-337-6970 (Fax) 717-337-6978

**Remember, this is not optional; it is required to participate on an intercollegiate athletic team at Gettysburg College.**

Frederick Kinsella, M.S. N., R.N.C.S.  
Family Nurse Practitioner  
Director of Health Services

Joseph Donolli, M.Ed., ATC  
Head Athletic Trainer

Health Care Provider  
Completes This Form

Student Health Services  
Gettysburg College  
**PHYSICAL EXAMINATION**

Must be completed by  
July 1, 2007

TO THE EXAMINING PROVIDER: Please review the student's history and complete this form. Please comment on all affirmative answers. **THIS STUDENT HAS BEEN ACCEPTED.** The information supplied will not affect his/her status. It will be used only as a background for providing health care. This information is strictly for the use of the Health/Counseling Services and will not be released without student consent.

\_\_\_\_\_  M  F

Last Name (Print) \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Height \_\_\_\_\_ inches Weight \_\_\_\_\_ lbs BP \_\_\_\_\_ Pulse \_\_\_\_\_

**Athletes (recommended)**  
Hct/Hgb \_\_\_\_\_  
Ferritin \_\_\_\_\_

Acuity (Recommended) with  without  correction Right 20/ Left 20/

Baseline peak flow (if any Hx of Asthma ) \_\_\_\_\_

Urinalysis (Recommended) Dipstick: Glucose \_\_\_\_\_ Blood \_\_\_\_\_ Protein \_\_\_\_\_ Bilirubin \_\_\_\_\_  
Ketones \_\_\_\_\_ pH \_\_\_\_\_ Leukocytes \_\_\_\_\_

**Examiner please note any deviations from normal innocent or not (i.e. innocent heart murmurs/ varicocele, etc.) Anything not noted and found later will be assumed to be a new problem.**

**This will be considered a pre-sport participation physical.**

Are there any abnormalities of the following systems?

	Yes	No	Describe fully
HEENT			
Respiratory			
Cardiovascular			
Gastrointestinal			
Genitourinary (inc. hernia)			
Musculoskeletal			
Metabolic/Endocrine			
Neuropsychiatric			
Skin			

1. Is there loss or seriously impaired function of any organ? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Does the student plan on participating in an intercollegiate sport? Yes \_\_\_\_\_ No \_\_\_\_\_  
Which sport(s)? \_\_\_\_\_

3. **On the basis of this examination, I find this student medically suitable to participate in intercollegiate sport activity at Gettysburg College.** Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you have any recommendations regarding the care of this student? Yes \_\_\_\_\_ No \_\_\_\_\_  
Explain: \_\_\_\_\_

5. Is this patient now under treatment for any medical or emotional condition? Yes \_\_\_\_\_ No \_\_\_\_\_  
Explain: \_\_\_\_\_

Provider's Signature \_\_\_\_\_ MD, DO, NP, PA  
Address \_\_\_\_\_  
Print Last Name \_\_\_\_\_ Date \_\_\_\_\_

Return all information to:  
Director, Student Health Service  
Gettysburg College Box 436  
Gettysburg, PA 17325  
Fax # 717-337-6978

**Attention: Provider must also complete immunization record.**

**Students Complete This Form Before Your Appointment**

**Have you ever had or do you now have any of the following? Please answer all questions and comment on all "YES" answers with dates of occurrence.**

Have you ever had?	Yes	No		Yes	No
1. Anemia			25. Orthopedic Injury		
2. Asthma			26. Pneumonia		
3. Blindness (total/partial)			27. Seizures (Epilepsy)		
4. High blood pressure			28. Sickle Cell Trait		
5. Bleeding Disorders			29. Suicide Attempt		
6. Chicken Pox			30. Stomach (Ulcers)		
7. Cancer (Hodgkins/Leukemia)			31. Thyroid Problems		
8. Diabetes			32. Do you drink alcohol?		
9. Eating Disorders			33. Treatment for an alcohol problem		
10. Elevated Cholesterol			34. Use Tobacco Products		
11. Emotional Disorder			35. Treatment for a drug problem		
12. Hepatitis			36. Treated by psychologist, psychiatrist or counselor		
13. Head injury with unconsciousness			37. Do you exercise regularly		
14. Concussion			38. Ever dizzy, pass out or faint during exercise		
15. Recurrent Headaches (migraines)			39. Palpitations (heart)		
16. Hearing loss Total/partial			40. Irregular heart beat		
17. Rheumatic Heart Disease			41. Chest pain		
18. Mitral Valve Prolapse			42. Shortness of breath with or without exercise. Which?		
19. Heart Murmur			43. Ever told cannot participate in sports		
20. Hemorrhoids/Rectal Bleeding			44. Any history of heat related illness		
21. Intestinal Problems			45. Learning Disorder ADD/ADHD		
22. Kidney Problems			67. Medication for ADD/ADHD		
23. Mononucleosis					
24. Marfan's Syndrome					

Females Only	Yes	No		Males Only	Yes	No
Irregular periods				Do regular testicular self exams?		
Severe cramps				Lump or mass in testicle or scrotum		
Yearly gyn exam				Hernia		
Abnormal Pap Smear						
Do regular breast self exams?						
Cystic breasts or breast changes						
Hernia						

**This form will be returned for completion if "YES" answers are not explained.**

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