

Sports Physical - Junior Year Athletes – DUE BACK BY JULY 1

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**, 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 cardiac conditions, 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** to:

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.

Judith Williams, CRNP
Medical Director

Michael Cantele, M.S.,Ed.,ATC
Head Athletic Trainer

SPORTS PHYSICAL - JUNIOR YEAR ATHLETES

TO THE EXAMINING PROVIDER: Please review the student's history and complete this form. Please comment on all "yes" answers. This information is strictly for the use of the Health/Counseling Services and will not be released without student consent.

Last Name (Print) First Name Middle Gender _____

Height _____ inches Weight _____ lbs BMI _____

T _____ BP _____ Pulse _____ R _____

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 _____

Athletes (recommended)
Hct/Hgb _____
Ferritin _____

**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?

	NO	YES	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 student have physical appearance of Marfan's Syndrome Yes _____ No _____
3. Does the student plan on participating in an intercollegiate sport? Yes _____ No _____
Which sport(s)? _____
4. **On the basis of this examination, I find this student medically suitable to participate in intercollegiate sport activity at Gettysburg College. Yes _____ No _____**
5. Do you have any recommendations regarding the care of this student? Yes _____ No _____
Explain: _____
6. 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:
Gettysburg College
Student Health Service
300 N. Washington Street Box 436
Gettysburg, PA 17325
Fax # 717-337-6978

NAME _____

Student to complete:

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.

PARTICIPANTS IN NCAA INTERCOLLEGIATE SPORT:

If “yes” checked in the cardiac section below, please submit current cardiac testing results including EKG, echocardiogram, etc. If testing is not available, it is recommended that your **home** primary care sports medicine physician or cardiologist evaluate the student athlete and schedule appropriate testing. If arriving on campus without results (including EKG strips and echocardiogram results), participation in intercollegiate athletics may be **SIGNIFICANTLY DELAYED. The College’s team physician has the final say in participation.**

Have you ever had?	Yes	No	Have you ever had?	Yes	No
Anemia			Learning disorder ADD/ADHD		
Bleeding disorders			Medication for ADD/ADHD		
Sickle cell trait			Treated by psychologist, psychiatrist or counselor		
Cancer (Hodgkin’s/Leukemia)			Ever told cannot participate in sports		
Asthma			Do you exercise regularly		
Blindness (total/partial)					
Chickenpox					
Diabetes					
Hearing loss total/partial			CARDIAC		
Hemorrhoids/Rectal bleeding					
Hepatitis			High blood pressure		
Hernia			Palpitations (heart)		
Intestinal problems			Irregular heartbeat		
Kidney problems			Rheumatic heart disease		
Mononucleosis			Mitral valve prolapse		
Pneumonia			Heart murmur		
Stomach problems (ulcers)			QT syndrome/cardiomyopathy or other arrhythmias		
Thyroid problems			Chest pain/discomfort with or without exercise		
Orthopedic injury			Marfan’s Syndrome		
Joint dislocation			Dizzy, pass out or faint during exercise		
Stress fracture			Shortness of breath with or without exercise		
Headaches recurrent/migraine			Any history of heat related illness		
Concussion			Excessive or unexplained fatigue with exercise past year		
Seizures (Epilepsy)			Ehlers-Danlos Syndrome		
Head injury with loss of consciousness					
Elevated cholesterol			Surgeries?		
Use tobacco products					
Do you drink alcohol					
Treatment for an alcohol issue					
Treatment for a drug problem					
Eating disorder					
Emotional disorder					
Suicide attempt					

All athletes please refer to cover letter for direction on testing/clearances to participate in sports.
