Dear Students:

In an effort to encourage the best health and safety for our athletes, the Gettysburg College 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.

Arrange an appointment with your health care provider to have a physical for participation in sports.

Please note that the physical exam given by your health care provider will help us to 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.**

**Please upload the completed Junior Athlete Physical Exam form no later than July 1 via the Medicat Student Patient Portal:**

https://gettysburg.medicatconnect.com

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

Michael Cantele, M.S., Ed., ATC
Director of Athletic Medicine & Sports Performance
Gettysburg College Athletic Department
300 North Washington Street
Gettysburg, PA 17325
JUNIOR ATHLETE PHYSICAL EXAM FORM

To examining provider: Complete the following physical exam for sports participation. Please comment on all “yes” answers. This information is strictly for the use of Athletics. It will not be released without student consent.

I. Student Information
First name: .......................... Middle name: .......................... Last name: .......................... Gender: ..........................

II. Health Information
Height (inches): .......................... Weight (pounds): .......................... BMI: ..........................

Acuity:
☐ with correction  ☐ without correction  Right: 20/............ Left: 20/............

Asthma:
Baseline peak flow (if any history of asthma): ..........................

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.

III. Health Abnormalities
Are there any abnormalities of the following systems?

<table>
<thead>
<tr>
<th>System</th>
<th>No</th>
<th>Yes</th>
<th>Describe Fully</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEENT</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Cardiovascular</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Gastrointestinal</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Genitourinary (inc. hernia)</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Musculoskeletal</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Metabolic/Endocrine</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Neuropsychiatric</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

1. Is there loss or seriously impaired function of any organ?  Yes: ☐ No: ☐
2. Has the student had COVID-19? Yes: ☐ No: ☐ If Yes, Date: __________________
3. Does student have physical appearance of Marfan’s syndrome? Yes: ☐ No: ☐
4. Does the student participate in an intercollegiate sport? Yes: ☐ No: ☐

Which sport does the student participate in? ____________________________________________

5. On the basis of this examination, I find this student medically suitable to participate in intercollegiate sport activity at Gettysburg College. Yes: ☐ No: ☐
6. Do you have any recommendations regarding the care of the student? Yes: ☐ No: ☐

Explain your recommendations:________________________________________________________________________

7. Is this patient now under treatment for any medical or emotional condition? Yes: ☐ No: ☐

Explain:_______________________________________________________________________________________

IV. Provider Authorization
Last name: ___________________________ Address: ________________________________________________
Telephone: ___________________________ Fax: ________________________________________________
Provider’s Signature: ___________________ Date: ____________________________________________

V. Athlete
Please Upload the Completed Physical Form via your Medicat Student Patient Portal: https://gettysburg.medicatconnect.com