PRE-PARTICIPATION EXAMINATION

THIS FORM IS TO BE COMPLETED BY FIRST-YEARS, TRANSFERS, THIRD YEAR, FIFTH YEAR AND ANY ATHLETES WHO HAVE NOT PREVIOUSLY PARTICIPATED IN REGIS COLLEGE VARSITY ATHLETICS. THIS FORM IS BROUGHT TO PHYSICIAN'S OFFICE AND REVIEWED WITH THE ATHLETE. ONCE COMPLETED PLEASE UPLOAD THE ENTIRE DOCUMENT TO PRIVIT, MAIL OR FAX.

THIS IS THE ONLY FORM THAT WILL BE ACCEPTED AS OF MAY 20, 2019

Name: ___________________________ **Date of birth:** ____/____/_____ **Sport:** ______________________ **Year:** 1 2 3 4 5

Cell #:___________________________ **Email Address:**___________________________ **Date:**_______/______/________

Athlete/Guardian: Please review all questions and answer them to the best of your ability.

Physician: Please review with the athlete and provide details of any positive answers. Please sign off that this was done.

☐ Yes ☐ No ☐ Don't Know — Has a doctor ever denied or restricted your participation in sports for any reason?

☐ Yes ☐ No ☐ Don't Know — Have you ever had chest pain/discomfort/tightness/pressure related to exertion or during exercise?

☐ Yes ☐ No ☐ Don't Know — Have you ever passed out or nearly passed out during or after exercise?

☐ Yes ☐ No ☐ Don't Know — Do you have asthma?

☐ Yes ☐ No ☐ Don't Know — Do you get lightheaded or feel more short of breath than expected during exercise? Do you tire more quickly than your friends/teammates during exercise?

☐ Yes ☐ No ☐ Don't Know — Does your heart ever race or skip a beat (irregular beats) during exercise?

☐ Yes ☐ No ☐ Don't Know — Has a doctor ever told you that you have any heart problem? Please circle all that apply:

High Blood Pressure   Heart Murmur   High Cholesterol

Heart Infection   Kawasaki Disease   Other:_____________

☐ Yes ☐ No ☐ Don't Know — Has a doctor ever ordered a test for your heart? (ex. EC/EKG, echocardiogram)

☐ Yes ☐ No ☐ Don't Know — Have you ever had an unexpected seizure?

☐ Yes ☐ No ☐ Don't Know — Has anyone in your family had an unexpected fainting, unexplained seizure or near drowning?

☐ Yes ☐ No ☐ Don't Know — Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?

☐ Yes ☐ No ☐ Don't Know — Has anyone in your family been diagnosed with any of the following? Please circle all that apply:

Hypertrophic Heart   Cardiomyopathy   Marfan's Syndrome   Short QT Syndrome

Arrhythmogenic Right Ventricular Cardiomyopathy   Long QT Syndrome

Brugada Syndrome   Catecholaminergic Polymorphic Ventricular Tachycardia

PRE-PARTICIPATION EXAMINATION

Student Athlete's Name: ____ **Sport:**____________

Last First M.I.

Athlete/Guardian: Please review all questions and answer them to the best of your ability.

Physician: Please review with the athlete and provide details of any positive answers. Please sign off that this was done.

☐ Yes	☐ No	☐ Don't Know	Have you ever broken a bone, had to wear a cast, or had an injury to any joint?
☐ Yes	☐ No	☐ Don't Know	Do you have a history of concussion? If so, how many? ________
☐ Yes	☐ No	☐ Don't Know	Have you ever suffered a heat-related illness (heat stroke)?
☐ Yes	☐ No	☐ Don't Know	Do you have a chronic illness or see a physician regularly for any particular problem?
☐ Yes	☐ No	☐ Don't Know	Do you take any prescribed medicine, herbs or nutritional supplements?
☐ Yes	☐ No	☐ Don't Know	Are you allergic to any medications or bee stings?
☐ Yes	☐ No	☐ Don't Know	Do you have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)?
☐ Yes	☐ No	☐ Don't Know	Have you ever been hospitalized overnight or had surgery?
☐ Yes	☐ No	☐ Don't Know	Do you lose weight regularly to meet the requirements for your sport?
☐ Yes	☐ No	☐ Don't Know	Do you have anything you would like to discuss with the physician?
☐ Yes	☐ No	☐ Don't Know	Do you have a learning disability, ADD/ADHD or dyslexia?
☐ Yes	☐ No	☐ Don't Know	I often have trouble sleeping.
☐ Yes	☐ No	☐ Don't Know	I wish I had more energy most days of the week.
☐ Yes	☐ No	☐ Don't Know	I think about things over and over.
☐ Yes	☐ No	☐ Don't Know	I feel anxious and nervous much of the time.
☐ Yes	☐ No	☐ Don't Know	I often feel sad or depressed.
☐ Yes	☐ No	☐ Don't Know	I struggle with being confident.
☐ Yes	☐ No	☐ Don't Know	I don't feel hopeful about the future.
☐ Yes	☐ No	☐ Don't Know	I have a hard time managing my emotions (frustration, anger, impatience).
☐ Yes	☐ No	☐ Don't Know	I have feelings of hurting myself or others.

This has been reviewed by the physician and the athlete and all positive answers have been discussed

Student Athlete Signature:________________________________ Date:____________________

Health Care Provider's Name (print): _______________________ Title:____________________

Health Care Provider's Signature: __________________________ Date:____________________

Upload to Privit or Mail to: Regis College Sports Medicine, 235 Wellesley St., Weston, MA 02493 or Fax to: 781-768-8329

PRE-PARTICIPATION EXAMINATION

Physical Examination is *recommended for all students.*
NCAA Mandates that this Pre-Participation Physical Examination is completed within 6 months of your first Varsity Athletics practice.
A health care provider must complete this form.

Name: ______________________ **Date of birth:** ____/____/_____ **Date of exam:** ____/_____/_____ **Year:** 1 2 3 4 5

Height: ___________ Weight: ___________ BMI: __________ BP: ______________ Pulse: ________ Sport:________

Hearing: Right _____ Left_____ Color Vision Normal: Yes / No Vision: R – 20/___ L – 20/____; with correction R – 20/___ L- 20/___

System	Normal	Please describe abnormal findings
Skin		
HEENT		
Lungs/Chest		
Breasts		
Heart/Vascular System (murmur/click)		
Pericardial Activity		
Heart 1st & 2nd sounds		
Abdomen (rectal if indicated)		
Genito-urinary		
Pelvic (if indicated)		
Lymphatic		
Musculoskeletal** (***see Recommended Exam protocol pg. 4)***		
Neurological		
Endocrine		
Psychological		
If labs/bloodwork was performed, please provide results.		

CURRENT MAJOR and CHRONIC PROBLEMS:

____
____
____
____
____

ACUTE or MINOR PROBLEMS:

____
____
____
____
____

IF THE STUDENT IS UNDER YOUR CARE FOR A CHRONIC CONDITION OR SERIOUS ILLNESS, PLEASE PROVIDE ADDITIONAL INFORMATION TO ASSIST US IN PROVIDING CONTINUING CARE

ALLERGIES (meds, food, venom and reaction):

____
____
____
____
____

ALL CURRENT MEDICATIONS (Rx and OTC):

____
____
____
____
____

DOES THE STUDENT-ATHLETE HAVE AN EPI-PEN? YES / NO

Upload to Privit or Mail to: Regis College Sports Medicine, 235 Wellesley St., Weston, MA 02493 or Fax to: 781-768-8329

PRE-PARTICIPATION EXAMINATION

*Recommended EXAM PROTOCOL FOR THE PHYSICIAN

****Musculoskeletal - Have patient:**	**To check for**:
1.Stand facing examiner	AC joints, general habitus
2.Look at ceiling, floor, over shoulders, touch ears to shoulders	Cervical spine motion
3.Shrug shoulders (against resistance)	Trapezius strength
4.Abduct shoulders 90 degrees, hold against resistance	Deltoid strength
5.Externally rotate arms fully	Shoulder motion
6.Flex and extend elbows	Elbow motion
7.Arms at sides, elbows 90 degrees flexed, pronate/supinate wrists	Elbow and wrist motion
8.Spread fingers, make fist	Hand and finger motion, deformities
9.Contract quadriceps, relax quadriceps	Symmetry and knee /ankle effusion
10. “Duck walk” 4 steps away from examiner	Hip, knee and ankle motion
11.Stand with back to examiner	Shoulder symmetry, scoliosis
12.Knees straight, touch toes	Scoliosis, hip motion, hamstrings
13.Rise up on heels, then toes	Calf symmetry, leg strength

Heart Murmur Evaluation (Auscultations standing, supine, Valsalva) in a quiet room using the diaphragm and bell of a stethoscope.

Location point of maximal impulse:	**Rules out**:
1.S1 heard easily; not holosystolic, soft, low-pitched	VSD and mitral regurgitation
2.Normal S2	Tetralogy, ASD and pulmonary
3.No ejection or mid-systolic click	Aortic stenosis and pulmonary stenosis
4.Continuous diastolic murmur absent	Patent ductus arteriosus
5. No early diastolic murmur	Aortic insufficiency
6.Normal femoral pulses (equivalent to brachial/radial pulses in strength and arrival)	Coarctation
7.Brachial Artery Blood Pressure (sitting position)	

Marfan’s Screening – Consider screening all men over 6’0” and all women over 5’10” in height with Echocardiogram and slit lamp if:

1.Family history of Marfan’s syndrome (this finding alone should prompt further investigation)

2.Cardiac murmur or mid-systolic click, aortic insufficiency

3. Kyphoscoliosis

4 Anterior thoracic deformity, pectus excatum, arachnodactyly, myopia, MVP

5. Arm span greater than height

6. Upper to lower body ratio more than 1 SD below mean

PRE-PARTICIPATION EXAMINATION

Student Athlete's Name: ____ Sport:____________
Last First M.I.

PHYSICAL LIMITATIONS OR RESTRICTIONS:

____
____
____
____
____

DIETARY REQUIREMENTS:

____
____
____
____
____

ADDITIONAL COMMENTS AND RECOMMENDATIONS:

____
____
____

CLEARANCE (please check one):

☐ **CLEARED TO PARTICIPATE IN VARSITY INTERCOLLEGIATE ATHLETICS/SCHOOL/CLINICAL PLACEMENTS WITHOUT RESTRICTIONS OR LIMITATIONS**

☐ **CLEARED TO PARTICIPATE IN VARSITY INTERCOLLEGIATE ATHLETICS/SCHOOL/CLINICAL PLACEMENTS WITH RESTRICTIONS/LIMITATIONS** (PLEASE LIST)**:**____

____

☐ **NOT CLEARED FOR VARSITY INTERCOLLEGIATE ATHLETICS/SCHOOL/CLINICAL PLACEMENTS PARTICIPATION**

REASON(S):____

____

HEALTH CARE PROVIDER

Name (please print) ____________________________________ Date _____________

Signature ____

Address ____ Phone (______)____________ Fax (_____)______________

Upload to Privit or Mail to: Regis College Sports Medicine, 235 Wellesley St., Weston, MA 02493 or Fax to: 781-768-8329