

NORTHWOOD UNIVERSITY PREPARTICIPATION PHYSICAL

This exam must be completed in its entirety or the student will not be able to participate in practice. Please complete this form and provide all necessary information. Please be sure to initial, sign, or comment when indicated. Thank you for your time and cooperation.

NAME _____ SPORT _____

DOB ____/____/____ Date of Examination ____/____/____ Height _____ Weight _____

Heart Rate _____ Resting BP _____ Vision _____ Glasses / Contacts / Both

Attention M. D. : Please complete ALL blanks on this form.

	NORMAL	ABNORMAL
1. Eyes		
2. Ears / Nose / Throat		
3. Mouth / Teeth		
4. Neck		
5. Cardiovascular / Murmur		
6. Pulses		
7. Chest / Lungs		
8. Abdomen		
9. Skin		
10. Genitalia – Hernia (males)		
11. MUSCULOSKELETAL STRENGTH		
Neck		
Spine		
Shoulder		
Arms / Elbows / Wrists		
Hips		
Thighs		
Knees		
Ankles		
Feet		
12. Neuromuscular (reflexes)		
13. FLEXIBILITY		
Toe Touch		
Back Extension		
Back Flexion		
Cervical Rotation		
Shoulder		

Comments regarding abnormal findings:

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Comments regarding abnormal findings (continued):

CLEARANCE FOR ATHLETIC PARTICIPATION:

_____ A. I recommend and clear this athlete for participation in intercollegiate athletics at Northwood University for _____(sport).

_____ B. Cleared only after completing evaluation/rehabilitation for _____.

_____ C. Not cleared for _____ collision _____ contact _____ non-contact

Recommendations / Limitations: _____

If student is NOT recommended for athletic participation, please document required follow-up.

Physician's Signature _____ **Date** ____/____/____

Physician's Name (please print) _____

Physician's Address _____

Physician's Phone Number _____

Physician's Fax Number _____

Athlete: I authorize the release of any medical information to the team physician, athletic trainers, and health services of Northwood University for the purpose of evaluation for the participation in intercollegiate athletics.

Signature of Athlete _____ **Date** ____/____/____

NORTHWOOD UNIVERSITY MEDICAL HISTORY

This information will be kept confidential

NAME: _____ DATE: _____

SPORT(S): _____

INSTRUCTIONS: Please CIRCLE the appropriate response. Please explain any YES responses in the space provided at the end of the medical history form.

GENERAL

- | | | |
|--|-----|----|
| 1. Have you ever experienced or been advised that you have epilepsy? | YES | NO |
| 2. Have you ever been diagnosed with hepatitis in the past? | YES | NO |
| 3. Have you ever been treated for diabetes, or been told that you might have it? | YES | NO |
| 4. Have you ever been treated for a condition or abnormality of the heart or circulatory system? | YES | NO |
| 5. Have you ever experienced chest pain? | YES | NO |
| 6. Have you ever experienced lightheadedness or dizziness before or after exercise? | YES | NO |
| 7. Have you ever been told you have asthma? | YES | NO |
| 8. Have you ever had surgery? | YES | NO |
| 9. Have you ever been hospitalized? | YES | NO |
| 10. Have you ever been diagnosed with any type of tumor or cancer? | YES | NO |
| 11. Have you ever had a hernia? | YES | NO |
| 12. Have you ever had any additional serious injury, illness, or health problems? | YES | NO |
| 13. Are you currently taking any prescribed medications? | YES | NO |
| 14. Do you have any allergies, including to medications? | YES | NO |

FAMILY HISTORY

If any relative has suffered any of the following, please respond YES and indicate what relative:

- | | | |
|------------------------|-----|----|
| 1. Heart Disease | YES | NO |
| 2. Heart attack | YES | NO |
| 3. Stroke | YES | NO |
| 4. High blood pressure | YES | NO |
| 5. Cancer | YES | NO |
| 6. Migraine Headaches | YES | NO |
| 7. Mental Illness | YES | NO |
| 8. Diabetes | YES | NO |

Please explain any YES answers to the family history section on the following blanks:

EYES/DENTAL

- | | | |
|---|-----|----|
| 1. Do you have a known vision impairment? | YES | NO |
| 2. If you wear glasses or contact lenses, do you wear them during athletic participation? | YES | NO |
| 3. Do you wear any dental appliances? | YES | NO |

WOMEN ONLY

- | | | |
|--|-----|----|
| 1. Have you ever experienced irregular, painful, or absence of menstruation? | YES | NO |
| 2. Have you ever been pregnant? | YES | NO |

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CONSENT FORMS

Please read the following consent forms carefully. If you are under 18 years of age your parents must also sign. The basic content of each is:

- A. **Shared responsibility for sport safety:** Acknowledges that there are certain inherent risks involved in participation in intercollegiate athletics and that you are willing to assume responsibility for such risks.
- B. **Release of Information part 1:** Allows those listed to release information concerning your injuries to the media.
- C. **Release of Information part 2:** Allows those listed to release information concerning your injuries to your parents of guardians.
- D. **Medical Consent:** Allows those listed to treat any injury or illness you receive while at Northwood University.
- E. **Responsibilities:** Acknowledges that you have read and understand the responsibilities of being a Northwood University student athlete.

If you should choose to refuse to sign any of these, please write "Refused to Sign", date, and your signature.

A. SHARED RESPONSIBILITY FOR SPORT SAFETY

Participation in sport requires an acceptance of risk of injury. Athletes rightfully assume that those who are responsible for the conduct of sport have taken reasonable precautions to minimize such risk and that their peers participating in the sport will not intentionally inflict injury upon them.

Periodic analysis of injury patterns continuously lead to refinements in the rules and/or other safety guidelines. However, to legislate safety via the rule book and equipment standards, while often necessary, is seldom effective by itself. To rely on officials to endorse compliance with the rulebook is as insufficient as to rely on warning labels to produce behavioral compliance with safety guidelines. "Compliance" means respect on everyone's part for the intent and purpose of a rule or guideline.

Some sport safety problems lend themselves readily to identification and solution (e.g. poor field conditions, faulty equipment, and excessive heat.) Some safety problems remain because of questionable compliance with the legislated solutions.

Because of the great stresses and forces in athletics, even proper coaching techniques, officiating and adequate protective gear is no guarantee against injury. **It is the responsibility of the athlete** in conjunction with the athletic department at Northwood University to be aware of the potential for injury and take the steps necessary to decrease the risk of exposure. I have read and understand the above statement.

Signature: _____ Date: _____

B. RELEASE OF INFORMATION part 1

This is to authorize Northwood University athletic trainers, team physicians, athletic coaches, and administrators to release to Northwood University Sports Information Department and the media at any time, all medical information on myself including but not limited to any information concerning illness or injury relative to my past, present, or future participation in athletics at Northwood University.

Signature: _____ Date: _____

C. RELEASE OF INFORMATION part 2

This is to authorize Northwood University athletic trainers, team physicians, athletic coaches, and administrators to release medical information on myself to my parents or guardians, any information concerning illness or injury relative to my past, present, or future participation in athletics at Northwood University.

Signature: _____ Date: _____

D. MEDICAL CONSENT

I hereby grant permission to Northwood University team physicians and/or their consulting physicians to render to myself any treatment and medical or surgical care that they deem reasonably necessary to the health and well-being of the student-athlete. I also hereby authorize the athletic trainers at Northwood University who are under the direction and guidance of Northwood University athletic team physicians, to render to myself any preventative, first aid, rehabilitative, or emergency treatment that they deem reasonably necessary to the health and well-being of the athlete.

Also, when necessary for executing such case, I grant permission for hospitalization at an accredited hospital.

Signature: _____

Date: _____

E. RESPONSIBILITIES

I furthermore.....

A. Understand that it is my responsibility to report all injuries and illness to my athletic trainers as soon as possible;

B. Understand that I am expected to report promptly as scheduled for treatment and/or rehabilitation;

C. Understand that I will continue to receive treatment/rehabilitation until released by my team trainer;

D. Understand Northwood University cannot be held responsible for any previous medical condition(s) that I might have.

Signature: _____

Date: _____

• My signature release remains valid until revoked by me in writing. •