

SOUTHERN CONNECTICUT STATE UNIVERSITY -- ATHLETIC PRE-PARTICIPATION EVALUATION
RETURNING ATHLETE

Complete this form **ONLY** if you are planning to **RETURN** to participation in an intercollegiate sport.

INSTRUCTIONS:

A. **SECTION I – MEDICAL HISTORY UPDATE:** The Student-Athlete is required to complete this form **PRIOR** to taking it to your physician for the physical exam. When having a physical exam with your personal physician, have him/her complete the physical form.

B. **SECTION II – INSURANCE INFORMATION:** Parents of the student athlete are asked to complete this section. **Please be sure to attach a copy of the insurance card (front and back) to the form.**

C. **ALL sections should be returned via US mail to:** Carol Nelson, ATC
Head Athletic Trainer
Return Date Deadline: June 30th Southern Connecticut State University
125 Wintergreen Avenue, MFH
New Haven, CT 06515

If you have any questions regarding the forms, please call Carol Nelson at 203-392-6007.

SECTION I: MEDICAL HISTORY UPDATE

DATE: _____ **DATE OF BIRTH:** _____

SPORT: _____

**SOUTHERN CONNECTICUT STATE UNIVERSITY
RETURNING ATHLETES
MEDICAL HISTORY UPDATE**

Name: _____ **Student ID #** _____
Local Address: _____ **Local/Cell Phone:** _____
 _____ **Year of Graduation (SCSU):** _____
Home Address: _____ **Home Phone:** _____

ORTHOPEDIC INJURIES: (Please indicate any injuries that you have sustained)

<u>BODY PART</u>	<u>R or L</u>	<u>YEAR</u>	<u>DESCRIPTION</u>
Foot	_____	_____	_____
Ankle	_____	_____	_____
Knee	_____	_____	_____
Ribs	_____	_____	_____
Back	_____	_____	_____
Neck	_____	_____	_____
Shoulder	_____	_____	_____
Elbow	_____	_____	_____
Wrist	_____	_____	_____
Hand	_____	_____	_____
Fingers	_____	_____	_____
Other	_____	_____	_____

OTHER MEDICAL PROBLEMS: (Please indicate any medical problems you have had)

Have you ever suffered a head injury (concussion).	YES/NO
Were you ever diagnosed with a heart condition (attack, murmur, hypertension, etc.)?	YES/NO
Have you ever experienced or been diagnosed with breathing problems (asthma)?	YES/NO
Have you ever experienced or been diagnosed with circulatory problems (blood clots, DVT, numbness and/or cold sensation in extremities)	YES/NO
Have you ever experienced an allergic reaction to any foods, bees, medicines, etc.?	YES/NO
If YES, do you carry an Epi-Pen?	YES/NO
Do you wear glasses or contact lenses?	YES/NO
Have you ever been diagnosed with a hernia, ulcer, epilepsy, diabetes, or hepatitis?	YES/NO
Have you ever experienced fainting spells?	YES/NO
Have you ever been diagnosed with a condition involving a paired organ (kidneys, lungs, eyes, testes, etc.)?	YES/NO
Do you now have an injury or condition which may exclude you from intercollegiate athletics?	YES/NO
Have you ever been diagnosed with an eating disorder?	YES/NO
Are you presently taking any medications?	YES/NO
Are you now taking or have you ever taken supplements (creatine, herbal supplements, etc.)?	YES/NO
Have you had any surgeries?	YES/NO

If you answered YES to any of these questions, please use the space provided below to explain including dates.

FEMALES ONLY:

What was the date of your last menstrual period? _____
 Did you have any problems associated with menstruation (amenorrhea, etc.)? YES/NO
 Are you presently taking contraceptive medications? YES/NO
 Are you pregnant at the present time? YES/NO

I certify to the best of my knowledge that the information on this form is complete and correct.

 (Signature of Student-Athlete) (Date)

Sport _____ **B/P** ___ / ___ **Pulse** ___ **Hgt** ___ **Wgt** ___ **BMI** _____
SO _____ **JR** _____ **SR** _____

MEDICAL EXAM

SYSTEM	NORMAL	ABNORMAL	FINDINGS
General appearance			
Eyes – equal pupil size			
*Lungs			
*Heart (standing & supine), PMI			
*Murmur	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
*Valsalva maneuver			
*Peripheral pulses:			
*Abdomen including hernias			

Comments: _____

Examiner’s signature: _____ Date: _____

SECTION II: INSURANCE INFORMATION:

Academic Year: 20__ - 20__

As is the case with most universities, the Southern Connecticut State University Athletic Department carries a *supplemental* accident insurance policy that covers medical bills incurred as a result of sports-related injury *after* the student-athlete's primary insurance carrier has paid. If the student-athlete has purchased the University's health insurance policy with Aetna Student Health as the primary insurance carrier, please provide the insured's ID number.

Eligibility for athletic participation requires that the following information and authorization be COMPLETED FULLY, SIGNED AND ON FILE in the Athletic Training Department PRIOR TO PARTICIPATION in Southern Connecticut State University's intercollegiate athletics program.

Student Name: _____ Student ID # _____
 Home Address: _____ Sport: _____
 City: _____ State: _____ DOB: _____
 Zip: _____ Country: _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION

Father's/ Guardian's Name:	Mother's/Guardian's Name:
Home Address (if different than above)	
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone: (_____)	Home Phone: (_____)
Work Phone: (_____)	Work Phone: (_____)
Cell Phone: (_____)	Cell Phone: (_____)

INSURANCE INFORMATION

PLEASE CHECK ONE:

_____ My son/daughter has purchased and is covered under the University's health insurance policy.

_____ I hereby authorize a claim to be filed on the medical insurance policy indicated below, in the event that my son/daughter sustains an injury while participating in athletics at SCSU.
 Policy holder: Father _____ Mother _____

_____ I am an international student.

Does your medical insurance carrier require:

A second opinion for surgery?	_____ YES	_____ NO
*Referrals for service?	_____ YES	_____ NO
Pre-certification?	_____ YES	_____ NO

* Name of Primary Care Physician: _____ Phone: _____

I hereby certify that the answers provided are true, complete and correct to the best of my knowledge.

 Signature of Parent/Guardian or Student-athlete over 18 years old

 Date

Tape copy of *front* of insurance card here

Tape copy of *back* of insurance card here