

# SOUTHERN CONNECTICUT STATE UNIVERSITY -- ATHLETIC PRE-PARTICIPATION EVALUATION

Complete this form ONLY if you are planning to try out or participate in an intercollegiate sport.

**INSTRUCTIONS:**

- A. **SECTION I – STUDENT-ATHLETES:** Complete this form **PRIOR** to taking this form to your doctor’s appointment for the physical examination.
- B. **SECTION II – HEALTH CARE PROVIDERS:** The primary care physician should complete this section.
- C. **SECTION III – INSURANCE INFORMATION:** Parents of the student athlete are requested to complete this section.
- D. **ALL ORIGINAL** sections should be returned, via mail, to: **Ms. Carol Nelson, ATC**  
**Head Athletic Trainer**  
**Southern Connecticut State University**  
**125 Wintergreen Avenue, MFH**  
**New Haven, CT 06515**  
**Phone #: 203-392-6007**

**NOTE: IF YOU PLAN TO PARTICIPATE IN THE  
 FALL, WINTER, or SPRING, ALL PAPERWORK  
 MUST BE RECEIVED BY JULY 31<sup>ST</sup>**

Name: \_\_\_\_\_ Sport (s): \_\_\_\_\_  
 ID No. \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Semester/Year: \_\_\_\_\_

**SECTION I – STUDENT-ATHLETES:**

Please answer the following questions to the best of your knowledge and include additional responses in the spaces below the questions:

	Yes	No	Unsure
<b>General</b>			
Do you anticipate any problems participating in sports this year?			
Do you have any other conditions or injuries that might exclude you from intercollegiate athletics?			
<b>Cardiorespiratory</b>			
Have you ever passed out or nearly passed out during or after exercise/sports?			
Do you often feel dizzy? When?			
Have you ever had any discomfort, pain or pressure in your chest during exercise/sports?			
Do you get tired more quickly or become more short of breath than your friends during exercise/sports?			
Do you ever notice your heart racing for no obvious reason?			
Does your heart skip beats during exercise or sports?			
Have you ever been told you have a heart problem including heart murmur, abnormal heartbeat, high cholesterol, high blood pressure, a heart infection or any other heart condition?			
Has any family member or relative died before age 50 from heart problems or died suddenly for no apparent reason? Who?			
Have you ever been restricted from sports for a heart problem?			
Have you ever had any medical tests done on your heart?			
Do you have asthma or any wheezing or coughing with exercise?			
Do you have any allergies to medications, foods, pollens or stinging insects?			
If yes to the above question, do you have an Epi-pen?			
Have you ever been told you have anemia or low blood iron?			
Have you been diagnosed with asthma?			
If yes, to the above question, do you use an inhaler or other medication?			

<b>General Medical</b>			
Have you had any hospitalizations for surgery or significant illness within the past year?      Past month?      If yes, what type of surgery?			
Do you wear glasses? Contact lens?			
Do you have Sickel Cell Trait?			
Do you have Sickel Cell Anemia?			
Have you ever suffered from a Heat Illnesses (heat cramps, heat exhaustion, heat stroke)?			
Have you ever had or been treated for a hernia?			
Have you or anyone in your family been diagnosed with Marfan syndrome?			
Have you been diagnosed with any of the conditions listed below?			
Diabetes Mellitus			
Mononucleosis			
Epilepsy			
Anemia			
A condition involving a paired organ (kidneys, lungs, eyes, testes, etc.)			
ADD/ADHD			
A circulatory problem, blood clots, DVT's, or numbness and/or cold sensation in extremities			
<b>Dental</b>			
Do you wear an orthodontic retainer?			
Do you wear removable dentures or partial plates?			
<b>Orthopedic</b>			
Have you ever had any problems/pain with your joints, muscles or bones?			
If yes, please indicate the body part, injury, right or left, and date of injury in the appropriate space below			
Foot			
Ankle			
Knee			
Ribs			
Back			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Fingers			
Other			
<b>Medications</b>			
Are you taking ANY medications on a regular basis? Please list below.			
Have you ever taken any diet supplements or vitamins to improve sports performance, reduce weight, or increase energy? Please list and describe below.			

<b>Concussion</b>			
Have you EVER had any head injury, concussion or lost consciousness? If yes, how many have you had and when did you have them?			
<b>Pertinent family medical history:</b>			
Is there any relevant family medical history that we should be made aware of?			

**The above information is true to the best of my knowledge.**

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION II - HEALTH CARE PROVIDERS:**

- **All new student-athletes** must have the entire exam below completed.
- **All returning student-athletes** who have had previous SCSU athletic pre-participation exams *only* need to have their BP, pulse and heart reassessed, as well as any other focused physical exam based on their questionnaire responses.

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

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 performed	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
*Peripheral pulses: (radial & femoral simultaneously to r/o coarctation of the aorta)			
* <b>Marfan’s stigmata:</b> Tall & slender ( <i>more so than other family members</i> ), arm span > height, arachnodactyly, pectus excavatum or carinatum, high-arched palate, lax ligaments, flat feet, scoliosis, myopia.	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
*Abdomen (including hernias)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

**Required:** Sickle Cell Trait testing results: \_\_\_\_\_

**ALL Optional:** (If indicated by history or exam) Peak Flow: \_\_\_\_\_ Hgb/Hct: \_\_\_\_\_ Urine: GLU \_\_\_\_\_

PRO \_\_\_\_\_ RBC \_\_\_\_\_ WBC \_\_\_\_\_ Sp. Gravity \_\_\_\_\_ Other \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I have reviewed this patient’s history, physical findings, and his or her responses to the questions attached to this form. The student is:**

\_\_\_\_\_ Cleared for full participation in intercollegiate sports.

\_\_\_\_\_ Cleared provisionally, but with the following restriction:

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ **NOT** cleared for athletic participation at this time.

Examiner’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner’s name (or stamp): \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION III: INSURANCE INFORMATION:**

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: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

<b>Father's/ Guardian's Name:</b>	<b>Mother's/Guardian's Name:</b>
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.

\_\_\_\_\_ 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**