

INTERCOLLEGIATE ATHLETICS
Athletic Physical Exam Form (2012-13)

(Use black ink only, please)



NAME _____ DATE OF BIRTH _____

SPORT(S) _____ TODAY'S DATE _____

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ PULSE _____

INTERNAL EXAM

Skin _____ Abdomen _____

Nutrition _____ Hernia _____

HEENT _____ Genitourinary _____

Chest _____ Neurologic _____

Lungs _____ Emotional _____

Cardiac _____

ORTHOPEDIC EXAM

Neck _____ Hands _____

Back _____ Hips _____

Shoulders _____ Legs _____

Arms/Elbows _____ Ankles _____

Forearms/Wrists _____ Feet _____

Knees _____

By signing this form, you are stating that this athlete may participate in intercollegiate athletics at St. Norbert College.

RECOMMENDATIONS _____

RESTRICTIONS: _____

NO RESTRICTIONS

PHYSICIAN'S SIGNATURE _____ **DATE** _____

AFFIX PHYSICIAN'S ADDRESS STAMP HERE:

If you have any questions or special concerns regarding this athlete or this exam, please contact Russ Schmelzer, LAT (russ.schmelzer@snc.edu) or Ryan Vandervest, LAT (ryan.vandervest@snc.edu) in the St. Norbert College Athletic Training Room at 920-403-3179.

INTERCOLLEGIATE ATHLETICS
Athletic Health History Form (2012-13)



NAME _____ DATE OF BIRTH _____ TODAY'S DATE _____

IN BLACK INK ONLY, PLEASE CIRCLE ALL ANSWERS EITHER YES OR NO. FOR ALL YES ANSWERS, PROVIDE EXPLANATIONS IN BOX

GENERAL ~ Do you now, or have you ever had.....

High blood pressure	NO	YES:
Tuberculosis	NO	YES:
Appendicitis	NO	YES:
Hepatitis	NO	YES:
Hernia	NO	YES:
Abnormal bleeding tendencies	NO	YES:
Diabetes	NO	YES:
Respiratory problems (asthma, EIA, etc)	NO	YES:
Epilepsy	NO	YES:
Stomach problems	NO	YES:
Kidney disease	NO	YES:
Coughing or wheezing after exercise	NO	YES:
Eczema	NO	YES:
Heat Illness (cramps, stroke, exhaustion)	NO	YES:
Rheumatic fever	NO	YES:
FEMALES: Menstrual irregularities	NO	YES:
Allergies	NO	YES, Allergic to:
Behavioral/ Psychological Disorders (ADD, etc)	NO	YES:
Any other serious illness not listed above	NO	YES:

CARDIAC ~ Do you now, or have you ever.....

Had chest pain during exercise?	NO	YES:
Passed out or fainted during exercise?	NO	YES:
Been dizzy during exercise?	NO	YES:
Been told you had a heart murmur?	NO	YES:
Racing of your heart or skipped heartbeats?	NO	YES:
Had anyone in your family die of a heart attack or sudden death before the age of 50?	NO	YES:

HEAD & NECK ~ Do you now, or have you ever had.....

A concussion that needed medical attention (evaluated by athletic trainer or MD)	NO	YES: How many & when?
A possible undocumented (undiagnosed) concussion?	NO	YES: How many & when?
An eye injury or impairment?	NO	YES:
A nose injury or impairment?	NO	YES:
Frequent headaches?	NO	YES:
A Neck injury?	NO	YES:
A "burner", "stinger", or pinched nerve?	NO	YES:
Surgery relating to any of the above	NO	YES:
Other injury not listed above?	NO	YES:

BACK & SPINE ~ Do you now, or have you ever had.....

A spinal injury?	NO	YES:
Low back pain or impairment?	NO	YES:
Other injuries relating to the back or spine	NO	YES:
Surgery relating to any of the above?	NO	YES:

SHOULDER ~ Do you now, or have you ever had.....

A dislocation?	NO	YES:
A separation?	NO	YES:
Tissue or muscle injury?	NO	YES:
Nerve damage (burner or stinger)?	NO	YES:
Other injury not listed above?	NO	YES:
Surgery relating to any of the above?	NO	YES:

ARM, WRIST & HAND ~ Do you now, or have you ever had.....

A broken arm or elbow	NO	YES:
A broken wrist or hand	NO	YES:
Broken fingers?	NO	YES:
Tissue or muscle injury?	NO	YES:
Other injuries not listed above?	NO	YES:
Surgery relating to any of the above?	NO	YES:

KNEES ~ Do you now, or have you ever had.....

A ligament injury?	NO	YES:
A cartilage injury?	NO	YES:
Muscle or tendon injuries?	NO	YES:
Bone injuries?	NO	YES:
Other injuries not listed above?	NO	YES:
Arthroscopic surgery?	NO	YES:
Other injuries not listed above?	NO	YES:
Open surgery to the knees?	NO	YES:

FEET & ANKLES ~ Do you now, or have you ever had.....

A broken ankle?	NO	YES:
Stress fractures?	NO	YES:
Shin splints?	NO	YES:
Broken toes?	NO	YES:
Chronic sprained ankles?	NO	YES:
Arch problems?	NO	YES:
Other injuries not listed above	NO	YES:
Surgery relating to the ankles or feet?	NO	YES:

MEDICATION ~ Are you taking.....

Any short-course medication?	NO	YES: NAME OF MEDICATION(S)
Any permanent medication?	NO	YES: NAME OF MEDICATION(S)
Any dietary supplements? (creatin, protein, ripped fuel, multivitamin, etc)	NO	YES: NAME OF SUPPLEMENT(S)

I certify that all of the information provided above is accurate and true to the best of my knowledge.

STUDENT- ATHLETE SIGNATURE _____ **TODAY'S DATE** _____