

Saint Anselm College
PHYSICAL EXAMINATION
(by your medical provider)

Name: _____ Date of Birth: _____ Sport(s) Participation: _____

*****PE ON EVERY STUDENT*****

(WITHIN 1 YEAR FROM START OF SCHOOL)

*******NCAA RULING - MANDATORY SPORTS PE ON ANY ATHLETE WITHIN 6 MONTHS FROM DATE OF 1ST SPORT TRYOUT*******

BP _____ P _____ Weight _____ Height _____ BMI _____

Visual Acuity: R _____ L _____ With or without corrective lenses

MENTAL/EMOTIONAL STATUS _____

SKIN _____

HEENT _____

NECK, THYROID _____

LUNGS _____

CARDIO (Murmur, Pulses, Dysrhythmia) _____

Precordial auscultation – Supine/Standing _____

ABDOMEN _____

Femoral artery pulses _____

EXTREMITIES / SPINE _____

Musculoskeletal: ROM / strength / laxity _____

NEUROLOGICAL _____

UROGENITAL _____

Hernia (males) _____

LMP (females) _____ ANY IRREGULARITIES _____

PERTINENT PAST MEDICAL HISTORY _____

CURRENT MEDICATIONS: _____

ALLERGIES TO MEDICINE / FOOD / OTHER? _____

HISTORY: Please circle if + Prior exertional chest pain, exertional syncope or / near syncope

Excessive, unexplained shortness of breath or fatigue with exercise

Prior history of heart murmur or increased blood pressure

Family history of premature death from cardiovascular disease in a relative younger than age 50 or unexplained sudden death.

Occurrence in family of hypertrophic cardiomyopathy, dilated cardiomyopathy, long QT syndrome or Marfan's syndrome YES or NO

*Sickle Cell trait _____ Date Tested _____ Family history of Sickle Cell Anemia _____

***REQUIRED FOR PARTICIPATION IN ANY NCA VARSITY SPORT AS A FRESHMAN OR TRANSFER STUDENT**

SPORTS INJURIES: Explain with dates

Concussion/Head Injuries/"Bellrung" _____ Shoulders _____ Hips _____

Time missed _____ Elbows _____ Knees _____

Surgeries _____ Wrists _____ Ankles _____

Back _____ Hands _____ Feet _____

Neck _____ Fingers _____ Toes _____

ANY RESTRICTIONS ON SPORTS PARTICIPATION? _____ **Date of this exam** _____

IMMUNIZATON HISTORY (with dates) ALL REQUIRED ON EVERY STUDENT / Provider please read! Some info not on your immunization sheets

Year of chickenpox disease _____ or Varivax _____

TB RISK (circle) Low or High: if high risk or international student **REQUIRED** Mantoux within 30 days from start of college.

Result _____ mm. date _____ If (+) CXR required result _____ and treatment plan _____

POLIO (circle IPV or OPV) _____

TETANUS, Diphtheria, Pertussis series _____

MMR _____ Td _____ Tdap _____

HEPATITIS B _____

MENINGOCOCCAL MCV4 _____

OTHER: (Optional) – Hepatitis A, Gardasil, Pneumovax

COVID-19 Date(s) _____ Manufacturer Name: _____

Signature of provider _____ **Date of this exam** _____

Tel.# _____

Fax# _____