

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/Waived _____ Family history of Sickle Cell Anemia _____

***REQUIRED FOR PARTICIPATION IN ANY NCAA 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 _____
 Td _____ Tdap _____

MMR _____ **HEPATITIS B** _____

MENINGOCOCCAL MCV4 _____ **OTHER: (Optional) – Hepatitis A, Gardasil, Pneumovax** _____

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

Tel.# _____ Fax# _____