

## **Pre-Participation Physical Exam Form Valparaiso University Athletics Department**

The Pre-participation Physical Exam Form must be completed and submitted before a student-athlete is allowed to participate in a Valparaiso University athletic program.

The form is comprised of two sections: the student-athlete's past medical history and the physician exam. The NCAA athlete Pre-Participation Questionnaire is the student-athlete's past medical history and contains several questions asking about previous injuries, illnesses, and other medical conditions. It should be completed carefully and completely by the student-athlete and his or her parent(s)/guardian(s). Please be sure all "YES" answers are explained in the space provided.

The Physical Exam is to be completed by a physician after the physician completes a medical exam. The physician will then indicate participation status, sign the form, and include any other recommendations.

### **NCAA Banned Drug and Medical Exceptions Policy**

The NCAA bans certain drugs because they may cause harm to student-athletes and/or create an unfair advantage in competition. Medications used in the management of **Attention Deficit Hyperactivity Disorder (ADHD)** often are classified as stimulants and are included in this ban. The NCAA does grant medical exceptions to this policy, but requires specific documentation outlining the diagnosis and treatment plan for student-athletes who use prescribed stimulants for the management of ADHD. IF you (the student-athlete) or your son/daughter uses medication for ADHD, please contact **Nathan Twedt, Director of Sports Medicine, at 219-464-5236**, to ensure proper documentation is obtained. As with all medical information, strict confidentiality will be maintained.

More information about this NCAA policy can be found at:

<http://www.ncaa.org/sport-science-institute/topics/2019-20-ncaa-banned-substances>

### **Sickle Cell Trait Testing for Incoming Athletes**

The NCAA and Valparaiso University are committed to prevention of sudden death and catastrophic incidents in sport. The Division I Legislative Council decided that all incoming Division I student-athletes must be tested for the sickle cell trait, show proof of prior test or sign a waiver.

Often, sickle cell trait screening is performed on all U.S. babies at birth. However, many student-athletes may not know whether they have the trait. Screening can be accomplished with a simple, relatively inexpensive blood test. Following the recommendations of the National Athletic Trainer's Associations (NATA) and College of American Pathologists (CAP) if the trait is not known, the NCAA recommends athletic departments confirm sickle cell trait status in all student-athletes during the medical examination (Bylaw 17.1.5)

You will be unable to participate in practices or games until we have received either proof of the test signed by a physician or a signed waiver. IF you are under 18 years of age, these will also need to be signed by a parent or guardian. Three options are available to comply with this requirement:

1. You may perform the screening with a blood test. We recommend that you request the test be done during your Pre-participation physical exam with your family doctor. You will be able to perform the test on campus; however, Results may take some time which could result in time loss from practices and games
2. You may provide proof of prior test. In order for this to be accepted, it must be signed by a physician.
3. You may also sign a waiver. Waiver forms will also be available upon arrival.



# Valparaiso University

## NCAA Athlete Pre-Participation Questionnaire

Sport: \_\_\_\_\_ Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Explain "Yes" answers below:

	Yes	No
1. Have you ever been hospitalized?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you presently under a doctor's care? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever passed out during or after exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever felt dizzy during or after exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had high blood pressure? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told you have a heart murmur? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats? .....	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family died of heart problems or sudden death before age 50? .....	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family had Marfan's syndrome? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any skin problems (itching, rashes, acne)? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a head injury? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you been knocked out or unconscious? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure or epilepsy? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had heat cramps, heat illness or muscle cramps? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have trouble breathing or do you cough during or after activity? .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you use any special equipment (pads, braces, neck rolls, eye guards, etc.)? .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had any problems with your eyes or vision? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear glasses or contacts or protective eye wear? .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you missing an eye, kidney or testicle? .....	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of bones or joints? .....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Foot		
<input type="checkbox"/> Forearm <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hip <input type="checkbox"/> Hand		
11. Have you had any other medical problems (infectious mononucleosis, diabetes, anemia, etc.)?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had a medical problem or injury since your last evaluation? .....	<input type="checkbox"/>	<input type="checkbox"/>
13. When was your first menstrual period? _____ Last menstrual period? _____		
What was the longest time between your periods last year? _____		
14. Family History:		
<input type="checkbox"/> Arthritis <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Sickle Cell <input type="checkbox"/> Ulcers <input type="checkbox"/> Hemophilia <input type="checkbox"/> Heart Disease		
Explain "Yes" answers/check marks: _____		
_____		
_____		
_____		
15. Have you had a Sickle Cell screening blood test? .....	<input type="checkbox"/>	<input type="checkbox"/>
If No, have you signed a waiver in the athletic department .....	<input type="checkbox"/>	<input type="checkbox"/>

I hereby state that, to the best of my knowledge, my answers to the above questionnaire are correct.

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date



## Physical Examination For NCAA Student Athletes

A Physical Exam is **REQUIRED** for all **ATHLETES** and **STRONGLY RECOMMENDED** for student who plan to participate in on-campus activities, travel, or study abroad. Form to be completed by health care provider.

Name	Date of Birth	Age
Height	Weight	Blood Pressure
Vision	R 20/      L 20/	Corrected:   Y   N

<b>MEDICAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>	<b>COMMENTS</b>
Appearance (Marfan's)			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart (Supine and Standing)			
Pulses			
Lungs			
Abdomen			
Genitalia/Hernia			
Skin			
Neurological			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

Sickle Cell Screening blood test       Sickle Cell Waiver (Included in Packet)

Clearance: A. Cleared

B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

C. Not Cleared, Due to: \_\_\_\_\_

I hereby certify that this athlete was examined by me. At that time, no physical condition was detected that would reasonably be anticipated to render this athlete unfit to engage in any sport.

Name of Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Health Care Provider \_\_\_\_\_



**Valparaiso University Sports Medicine  
Student-Athlete Sickle Cell Trait Form**



The NCAA and Valparaiso University recommend that all student-athletes have knowledge of their sickle cell trait status. It is the goal of the Sports Medicine staff to identify persons presenting for physicals that may be in a high-risk category for sickle-cell disease or trait and initiate appropriate testing.

Sickle cell disease is an inherited blood disorder that affects red blood cells—cells that carry oxygen in our bodies. Persons with sickle cell disease make sickle-shaped blood cells, instead of round-shaped. This deformation decreases the cells’ flexibility and results in their restricted movement through the body’s blood vessels, depriving downstream tissue of oxygen. This can lead to serious medical problems or even death.

Certain conditions can make the sickling worse. These are infection, overexertion, dehydration, cold weather, stress and high altitude, among others.

Sickle cell trait means that you carry enough genetic material to pass on the trait to your children. If you have children with someone else who has sickle cell trait, the child could get sickle cell disease. People with sickle cell trait usually do not get the disease, but under certain extreme conditions (especially dehydration and high altitude), some sickling may occur.

Student-athletes of African American, Mediterranean, Middle Eastern, Indian, Caribbean and South and Central American ancestry are in the high-risk category for sickle cell disease.

Student-athletes may choose to waive sickle cell testing. By doing so you demonstrate that you understand the risks stated above and voluntarily agree to release, discharge, indemnify and hold harmless Valparaiso University, the Lutheran University Association, Inc., and any of their officers, trustees, directors, employees, agents and insurers from any and all costs, liabilities, expenses, claims, demands, or causes of action for any loss or personal injury that might result from your non-compliance with the recommendation for sickle cell testing by the NCAA and Valparaiso University.

Please check the appropriate statement below:

\_\_\_\_\_ I understand that I am in the high-risk category and will be/have been tested.  
I further agree to provide VU Sports Medicine with documentation of my test results.  
\_\_\_\_\_Positive          \_\_\_\_\_Negative          \_\_\_\_\_Date of Testing

\_\_\_\_\_ I understand that I am in the low-risk category but will be/have been tested.  
I further agree to provide VU Sports Medicine with documentation of my test results.  
\_\_\_\_\_Positive          \_\_\_\_\_Negative          \_\_\_\_\_Date of Testing

\_\_\_\_\_ I understand that I am in the high-risk category but DO NOT wish to be tested.

\_\_\_\_\_ I understand that I am in the low-risk category and DO NOT wish to be tested.

\_\_\_\_\_  
*Printed Student-Athlete Name*

\_\_\_\_\_  
*Date of Signature*

\_\_\_\_\_  
*Signature of Student-Athlete*

\_\_\_\_\_  
*Sport*

\_\_\_\_\_  
*Printed Parent/Guardian (if student-athlete is under 18 years of age)*

\_\_\_\_\_  
*Date of Signature*

\_\_\_\_\_  
*Signature of Parent/Guardian (if student-athlete is under 18 years of age)*

\_\_\_\_\_  
*Signature of Supervising Athletic Trainer*

\_\_\_\_\_  
*Date of Signature*