INSTRUCTIONS FOR SPORTS PRE PARTICIPATION HISTORY & PHYSICAL

WELCOME TO BROWN!

This form is **required** before you can practice or participate in any intercollegiate sport (including Crew, Equestrian and Fencing).

Completion is strongly recommended even if you do not anticipate participation in intercollegiate athletics. This form is also recommended for club or intramural sports, but not required.

In compliance with NCAA regulations, we **cannot** clear a student to practice or participate in any team sport without a completed history and physical on file. Failure to submit a completed form will result in delayed team participation.

**COMPLETION OF ALL SECTIONS IS REQUIRED**
Please use this checklist to ensure that all sections are completed.

- **Side 1: Sports Pre Participation History form** – *to be completed by the student and reviewed by your provider*
- **Side 2: Sports Pre Participation Physical Exam Form** – *to be completed by your provider*
- Name, Banner ID #, Date of Birth and anticipated sport (sport may be left blank if undecided)
- 1. Vision, Height, Weight and Vital Signs
- 2. Sickle Cell Screening (A copy of the lab test result is required or participation will be delayed.)
- 3. Physical Examination (after February 1, 2015); for continuity of care, we request that medical records be forwarded for chronic serious medical conditions.
- 4. Orthopedic examination (after February 1, 2015)
- 5. Participation in Sports
- To return form, student must log in at [https://osh.brown.edu](https://osh.brown.edu) and upload.

**QUESTIONS?**

Call 401-863-1330 or email [Nursing@brown.edu](mailto:Nursing@brown.edu)
GENERAL QUESTIONS

1. Has a doctor ever denied or restricted your participation in sports for any reason?
2. Do you have any ongoing medical conditions? If so, check all that apply.
   - anemia
   - asthma
   - diabetes
   - infection(s), significant
   - other:
3. Have you ever spent the night in the hospital?
4. Have you ever had surgery?

HEART HEALTH QUESTIONS ABOUT YOU

5. Have you ever passed out or nearly passed out during or after exercise?
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?
7. Does your heart ever race or skip beats (irregular beats) during exercise?
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply.
   - arrhythmia
   - Kawasaki disease
   - high cholesterol
   - high blood pressure
   - heart infection
   - heart murmur
   - other:
9. Has a doctor ever ordered a test for your heart (for example, ECG/ECG, echocardiogram)?
10. Do you get lightheaded or feel more short of breath than your friends during exercise?
11. Have you ever had an unexplained seizure?
12. Do you get more tired or short of breath more quickly than your friends during exercise?

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?
15. Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?
16. Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?

MUSCULOSKELETAL

17. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?
18. Have you ever had any broken or fractured bones or dislocated joints?
19. Have you ever had a stress fracture?
20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?
21. Have you ever been told that you have or have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?
22. Do you regularly use a brace, orthotics or other assistive device?
23. Do you have a bone, muscle or joint injury that bothers you?
24. Do any of your joints become painful, swollen, feel warm or look red?
25. Do you have any history of juvenile arthritis or connective tissue disease?

MEDICAL QUESTIONS

26. Do you cough, wheeze or have difficulty breathing during or after exercise?
27. Have you ever used an inhaler or taken asthma medicine?
28. Is there anyone in your family who has asthma?
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?
30. Do you have groin pain or a painful bulge or hernia in the groin area?
31. Have you had infectious mononucleosis (mono) within the last month?
32. Do you have any rashes, pressure sores, or other skin problems?
33. Have you had a herpes or MRSA skin infection?
34. Have you ever had a head injury or concussion?
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?
36. Do you have a history of seizure disorder?
37. Do you have headaches with exercise?
38. Have you had numbness, tingling, or weakness in your arms or legs after being hit or falling?
39. Have you ever been unable to move your arms or legs after being hit or falling?
40. Have you ever become ill while exercising in the heat?
41. Do you get frequent muscle cramps when exercising?
42. Do you or someone in your family have sickle cell trait or disease?
43. Have you had any problems with your eyes or vision?
44. Have you had any eye injuries?
45. Do you wear glasses or contact lenses?
46. Do you wear protective eyewear, such as goggles or a face shield?
47. Do you worry about your weight?
48. Are you trying to or has anyone recommended that you gain or lose weight?
49. Are you on a special diet or do you avoid certain types of foods?
50. Have you ever had an eating disorder?
51. Have you ever used tobacco in any form?
52. Do you drink alcohol or use other street drugs?
53. Have you ever taken anabolic steroids or performance supplements?

FEMALES ONLY

54. Have you ever had a menstrual period?
55. How old were you when you had your first menstrual period?
56. How many menstrual periods have you had in the last 12 months?

Please explain any “yes” answers here and indicate question #.

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

Signature of athlete: ____________________________ Date: ________________________
**Sports Pre Participation Physical Exam Form  Side 2: to be completed by your medical provider**

To return form, student must log in at https://osh.brown.edu and upload.

Examination (after February 1, 2015), completion of this form and a sickle cell screening test is required if the student expects to enter intercollegiate athletics. Failure to submit a completed form will result in delayed team participation. In compliance with NCAA regulations, we cannot clear a student to practice or participate in any team sport without a completed history and physical on file. **COMPLETION OF ALL SECTIONS IS REQUIRED**

### Name:  

### Date of Birth:  

### Banner I.D. #: 

### Sport(s):  

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### 1. VISION, HEIGHT, WEIGHT AND VITAL SIGNS

<table>
<thead>
<tr>
<th>Visual Acuity R20 /</th>
<th>L20 /</th>
<th>corrected</th>
<th>uncorrected (athletes must have 20/40 corrected)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height (inches)</td>
<td>Weight (lbs)</td>
<td>Pulse</td>
<td>Blood Pressure</td>
</tr>
</tbody>
</table>

### 2. SICKLE CELL SCREENING (required)

- [ ] Negative
- [ ] Positive

A copy of the lab test result is required or participation will be delayed.

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### 3. PHYSICAL EXAMINATION

- Normal
- Abnormal

**Explanation of Abnormal Finding** *(For continuity of care, we request that medical records be forwarded for chronic serious medical conditions.)*

- HEENT (include fundi)
- Gross Hearing Screen
- Lymph Nodes / Neck / Thyroid
- Heart (including murmur, auscultation standing and supine) *
- Pulses (simultaneous femoral and radial)
- Lungs/ Chest
- Abdomen
- Hernia / Testicles (males only)
- Extremities
- Musculoskeletal
- Skin
- Neurologic (including DTR’s)

*consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam to rule out hypertrophic cardiomyopathy (send reports)

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### 4. ORTHOPEDIC EXAMINATION

**Provider Instructions**

<table>
<thead>
<tr>
<th>Observation</th>
<th>Describe Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check for physical stigmata of Marfan syndrome</td>
<td>Very tall; long limbs, fingers / hands; pectus excavatum, kyphoscoliosis; high arched palate; hyperlaxity, arm span exceeds height; upper body short compared to lower; myopia; mitral valve prolapse; aortic insufficiency</td>
</tr>
<tr>
<td>Look at ceiling, floor over both shoulders; touch ears to shoulders</td>
<td>Acromioclavicular joints, general habitus; cervical spine motion</td>
</tr>
<tr>
<td>Shrug shoulders (examiner resists)</td>
<td>Trapezius strength</td>
</tr>
<tr>
<td>Abduct shoulders 90 degrees (examiner resists at 90 degrees)</td>
<td>Deltoid strength</td>
</tr>
<tr>
<td>Full external rotation of arms</td>
<td>Shoulder motion</td>
</tr>
<tr>
<td>Flex and extend elbows</td>
<td>Elbow motion</td>
</tr>
<tr>
<td>Arms at sides, elbows 90 degrees flexed; pronate and supinate wrists</td>
<td>Elbow and wrist motion</td>
</tr>
<tr>
<td>Spread fingers; make fist</td>
<td>Hand or finger motion and deformities</td>
</tr>
<tr>
<td>“Duck walk” four steps (away from examiner with buttocks on heels) / single leg hop</td>
<td>Hip, knee, ankle motion</td>
</tr>
<tr>
<td>Back to examiner</td>
<td>Shoulder symmetry, scoliosis</td>
</tr>
<tr>
<td>Knees straight, touch toes</td>
<td>Scoliosis, hip motion, hamstring tightness</td>
</tr>
<tr>
<td>Raise up on toes, raise heels</td>
<td>Calf symmetry, leg strength</td>
</tr>
</tbody>
</table>

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### 5. PARTICIPATION IN SPORTS

I have examined this student, reviewed their comments (side 1), completed the Pre-Participation Physical Exam (side 2) and have determined that the athlete:

- [ ] is cleared to participate in all sports without restrictions
- [ ] is cleared to participate with restrictions
- [ ] has a medical or orthopedic problem that must be further evaluated before participation is allowed
- [ ] is not cleared to participate

**Signature of MD/Medical Provider:** ____________________________  

**Date:** ____________________________

**MD/Medical Provider Name (Print) /Clinic Stamp:** ____________________________

**Address:** ____________________________

**Phone number:** ____________________________  

**Fax Number:** ____________________________