

## Bryn Mawr College Athletics Orthopedic Pre-Participation Physical Evaluation

Please print clearly

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Sport(s): \_\_\_\_\_ Year: Fr. So. Jr. Sr.

**All of the following questions must be answered. Failure to disclose pertinent medical information may invalidate your insurance coverage, and under NCAA rules, may cancel your eligibility to participate in intercollegiate athletics. Any further health problems must be discussed with the physician/certified athletic trainer at the time of this examination.**

I give my permission for the pre-participation screening to be provided by the Bryn Mawr College Athletics Department. I agree to indemnify and hold harmless the professionals performing the screening, for any injury, condition, disability or expense resulting directly or indirectly from their performance, evaluation or failure to make recommendations. I give permission for the University and its agents to administer first aid and/or medical care at the time of any injury, including actual game competition. I give permission for pertinent medical information to be shared between the Sports Medicine Department and the Health Center. In the case of an emergency my medical information maybe shared with University authorities, the coach of my sport and my parents/guardian.

**Medical History:** Please circle appropriate response.  
Explain all "yes" answers in the space provided below.

- |   |   |   |  |   |   |
|---|---|---|--|---|---|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason?  | Y | N | 16. Have you been diagnosed with having sickle cell trait or any other blood disorder? | Y | N |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)?  | Y | N | 17. Have you ever spent the night in a hospital?                                       | Y | N |
| 3. Are you currently taking <b>any</b> prescription or non-prescription medication (i.e. birth control)?  | Y | N | 18. Have you ever had surgery?   | Y | N |
| 4. Are you currently taking <b>any</b> nutritional supplements or dietary agents?   | Y | N | 19. Has a doctor ever told you that you have asthma or allergies?                      | Y | N |
| 5. Do you have allergies to medicines, pollens, foods, or stinging insects?   | Y | N | 20. Do you cough, wheeze, or have difficulty breathing during or after exercise?       | Y | N |
| 6. Have you ever passed out or nearly passed out <b>DURING</b> exercise?  | Y | N | 21. Is there anyone in your family that has asthma?                                    | Y | N |
| 7. Have you ever passed out or nearly passed out <b>AFTER</b> exercise?   | Y | N | 22. Have you ever used an inhaler or taken asthma medicine?                            | Y | N |
| 8. Have you ever experienced chest pain during or after exercise?   | Y | N | 23. Were you born without or are you missing a kidney, an eye or any other organ?      | Y | N |
| 9. Has a doctor ever told you that you have:<br>(Check all that applies):<br>___ High Blood Pressure    ___ A heart murmur<br>___ High Cholesterol        ___ A heart infection |   |   | 24. Have you had infectious mononucleosis (mono) within the last month?                | Y | N |
| 11. Has a doctor ever ordered a test for you heart?<br>(For example, ECG, echocardiogram)   | Y | N | 25. Do you have any rashes, pressures sores or any other skin problems?                | Y | N |
| 12. Has anyone in your family died for no apparent reason?  | Y | N | 26. Have you ever had a head injury (concussion)?                                      | Y | N |
| 13. Has anyone in your family been diagnosed with a heart problem?  | Y | N | 27. Have you been hit in the head and been confused or lost your memory?               | Y | N |
| 14. Has any family member or relative died of heart problems before the age of 50?  | Y | N | 28. Have you ever had a seizure  | Y | N |
| 15. Has anyone in your family been diagnosed as having Marfan syndrome?   | Y | N | 29. Have you ever been unable to move your arms or legs after being hit or falling?    | Y | N |
|   |   |   | 30. When exercising in the heat, do you have severe muscle cramps or become ill?       | Y | N |
|   |   |   | 31. Have you ever been dizzy or passed out during or after working out in the heat?    | Y | N |
|   |   |   | 32. Have you ever had problems with your eyes or with your vision?                     | Y | N |
|   |   |   | 33. Do you wear glasses or contact lenses?   | Y | N |

