



CCSU Varsity Athletics: Supplemental Student Health Services

PRE-PARTICIPATION PHYSICAL EVALUATION

Part 1: Health Questionnaire

Part 2: Physical Examination

These blue pages are to be submitted as a supplement to the Connecticut State University (CSU) Student Health form which is required for all students.

Name _____ Date of Birth: _____ Gender: _____

CCSU Student ID#: _____ Sport(s): _____

Date of Exam: _____ (NCAA requires pre-participation physical exam be completed within 6 months of the first practice)

Instructions (read carefully):

1. You must complete **Part 1: Health Questionnaire** prior to your pre-participation physical examination (PPE)*.
2. Your PCP must **Review Part 1: Health Questionnaire** at the time of your examination **and provide a SIGNATURE** on Page 2.
3. Your PCP must then complete **Part 2: The Physical Examination**, attach any necessary information (i.e., Sickle Cell Trait Lab Results), and **provide a SIGNATURE** on Page 3.
4. All three pages of this Supplemental PPE form **including any additional information, consult letters, lab and/or radiology reports including the MANDATORY SCT lab results** must be uploaded into MEDICAT.

Part 1: Health Questionnaire

Please explain all "Yes" responses on page 3. Circle questions you don't know the answers to.

	Yes	No		Yes	No
1) Do you have any concerns that you would like to discuss with a doctor?			2) Do you have any ongoing medical issues or recent illness?		
3) Have you ever been denied or restricted your participation in sports for a medical reason or injury?			4) Have you ever passed out or nearly passed out DURING or AFTER exercise?		
5) Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			6) Does your heart ever race, flutter, or skip beats (irregular beats) during exercise?		
7) Has a doctor ever told you that you have any heart problems – including myocarditis, or an infection in your heart, or a heart murmur?			8) Has a doctor every requested a test for your heart? For example, ECG, ECHO, stress test.		
9) Do you get light-headed, tired or out of breath more quickly than you would expect given your fitness level?			10) Have you ever had an unexplained seizure?		
11) Has any family member or relative died of heart problems or unexplained death before the age 35, (including drowning or explained car crash)?			12) Does anyone in your family have a genetic heart problem? – such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, Long or Short- QT, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)		
13) Has anyone in your family had a pacemaker or implanted defibrillator before age 35?			14) Have you ever had a stress fracture, an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
15) Do you have a bone, muscle, or joint injury that bothers you?			16) Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17) Have you ever used an inhaler or taken asthma medicine?			18) Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		

Part 1: Health Questionnaire (Continued)

Health Questionnaire: Please explain all "Yes" responses below. Circle questions you don't know the answers to.

	Yes	No		Yes	No
19) Do you have groin pain or a painful bulge or hernia in the groin area?			20) Do you have any recurring skin rashes or rashes that come and go including herpes, or MRSA?		
21) Have you ever had a concussion or head injury that caused confusion, prolonged headache, or memory problems?			22) Have you ever had numbness, tingling, or weakness in your arms or legs or unable to move your arms or legs after being hit or falling?		
23) Have you ever become ill while exercising in the heat?			24) Do you get frequent muscle cramps when exercising?		
25) Do you or someone in your family have sickle cell trait or disease? Reminder: Per NCAA you must provide lab results for of SCT testing with this form.			26) Have you had any problems with your eyes or vision?		
27) Do you worry about your weight?			28) Are you trying to or has anyone recommended that you gain or lose weight?		
29) Are you on a special diet or do you avoid certain types of foods or food groups?			30) Have you ever had an eating disorder?		
31) Have you ever had a menstrual period? FEMALES only questions 31-34			32) How old were you when you had your first menstrual period?		
33) How many periods have you had in the last 12 months?			34) When was your most recent menstrual period?		

Please explain all "Yes" responses here. Please include dates and any tests or medical specialist visits that may be related. Please attach additional sheets if needed.

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

Signature of athlete: _____

Date: _____

Signature of parent/guardian: _____
(If athlete is under 18)

Date: _____

TO THE EXAMINING HEALTHCARE PROVIDER: Please consider further evaluation for any positive responses to questions 2-9. At the very least we may request an EKG or clear explanation as to why no further screening or diagnostic tests are warranted.

I have reviewed the above Medical History and Health Questionnaire at the time of my examination of the patient named above:

Healthcare Provider Signature: _____

Date: _____

END PART 1

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Part 2: Physical Examination: (To be completed by Health Care Provider)

Name _____ Date of Birth: _____ Gender: _____

Date of Exam: _____ (NCAA requires pre-participation physical exam be completed within 6 months of the first practice)

Note to Examining Healthcare Provider: CCSU Student Health Services adheres to the concept of targeted cardiovascular screening for our intercollegiate athletes. Please complete the section below in detail and consider EKG, echocardiogram, and/or referral to cardiology for abnormal cardiac history or exam or for a patient with two or more Marfan stigmata. We do not emphasize the section for the musculoskeletal exam as all athletes will receive a comprehensive musculoskeletal evaluation on campus. Please add any parts of the exam you believe are indicated.

EXAMINATION			
Height:	Weight:	BMI:	BP: Left: / Right: / Pulse:
Vision Right: 20/ _____ Left: 20/ _____ OU: 20/ _____ Corrected?		<input type="checkbox"/> Y <input type="checkbox"/> N Peak Flow or attach PFTs (if history of asthma):	
MEDICAL (Please note "NE" if area not examined)			
General Appearance:			
Marfan Stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)?			
Eyes/Ears/Nose/Throat:			
Lymph Nodes:			
Heart: (please auscultate sitting, supine, and with squat or Valsalva)			
Sitting:	Supine:	Valsalva/Squat:	PMI:
Pulses- include simultaneous femoral and radial pulses:			
Lungs:			
Abdomen:			
Skin			
Neurologic:			
MUSCULOSKELETAL (only perform as indicated by history and Part 1 above)			
Neck:			
Back:			
Upper Extremities:			
Lower Extremities:			

Healthcare Provider notes with explanations and recommendations _____

I have examined the above-named student-athlete and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, clearance may be rescinded until the problem is resolved or clarified.

Reminders: Please attach copies of EKGs, other testing, or pertinent consult notes. If none were indicated, please give detailed explanation below or attach copy of pertinent office notes. Although athletes will have baseline neurocognitive testing (ImPact) on campus, please consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant or multiple concussions.

- Cleared for all sports without restriction.**
- Not cleared**

Signature of Healthcare Provider: _____ Date: _____

Name of Healthcare Provider (print): _____

Address: _____ Phone: _____ Fax: _____