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 competes a medical exam. The physician will then indicate participation status, sign the form, and include any other recommendations.

REQUIRED 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 or show proof of prior test.

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.

You will be unable to participate in practices or games until we have received either proof of the test signed by a physician. Two 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.

NCAA Banned Drug and Medical Exceptions Policy

The NCAA bans certain drugs because they may cause harm to student-athletes and/or create and 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 **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

Valparaiso University

NCAA Athlete Pre-Participation Questionnaire

Sport:________________________Student Name:________________________________ Birth Date:_____/_____/_____

Explain "Yes" answers below:

	Yes	No
1. Have you ever been hospitalized?	☐	☐
Have you ever had surgery?	☐	☐
Are you presently under a doctor's care?	☐	☐
2. Have you ever passed out during or after exercise?	☐	☐
Have you ever felt dizzy during or after exercise?	☐	☐
Have you ever had chest pain during or after exercise?	☐	☐
Have you ever had high blood pressure?	☐	☐
Have you ever been told you have a heart murmur?	☐	☐
Have you ever had racing of your heart or skipped heartbeats?	☐	☐
Has anyone in your family died of heart problems or sudden death before age 50?	☐	☐
Has anyone in your family had Marfan's syndrome?	☐	☐
3. Do you have any skin problems (itching, rashes, acne)?	☐	☐
4. Have you ever had a head injury?	☐	☐
Have you been knocked out or unconscious?	☐	☐
Have you ever had a seizure or epilepsy?	☐	☐
5. Have you ever had heat cramps, heat illness or muscle cramps?	☐	☐
6. Do you have trouble breathing or do you cough during or after activity?	☐	☐
7. Do you use any special equipment (pads, braces, neck rolls, eye guards, etc.)?	☐	☐
8. Have you had any problems with your eyes or vision?	☐	☐
Do you wear glasses or contacts or protective eye wear?	☐	☐
9. Are you missing an eye, kidney or testicle?	☐	☐
10. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of bones or joints?	☐	☐

☐Head ☐Shoulder ☐Thigh ☐Neck ☐Elbow ☐Knee ☐Foot
☐Forearm ☐Shin/Calf ☐Back ☐Wrist ☐Ankle ☐Hip ☐Hand

	Yes	No
11. Have you had any other medical problems (infectious mononucleosis, diabetes, anemia, etc.)?	☐	☐
12. Have you had a medical problem or injury since your last evaluation?	☐	☐

13. When was your first menstrual period?___________________Last menstrual period?_____________________

What was the longest time between your periods last year?____

14. Family History:

☐Arthritis ☐Cancer ☐Diabetes ☐Epilepsy ☐Sickle Cell ☐Ulcers ☐Hemophilia ☐Heart Disease

Explain "Yes" answers/check marks:____

____

____

____

	Yes	No
15. Have you had a Sickle Cell screening blood test?	☐	☐

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 Pulse

Vision R 20/ L 20/ Corrected: Y N

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

☐ Sickle Cell Screening blood test Results:_________________________

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 ____

Injury/Medical Conditions Form

Name: ___________________________________ Date: ____________________

Please list any recent athletic related injuries that required surgical intervention and the date of that surgery:

____
____
____
____
____
____
____
____
____

Please check any boxes that apply to you:

☐ Asthma → Do you have an inhaler ☐ yes ☐ no

(if possible please provide extra inhaler to the training room for practices and games)

☐ Diabetes → Do you have an insulin pump or carry insulin with you ☐ yes ☐ no

☐ ADHD/ADD → Please have physician complete NCAA exemption form

☐ Allergies → Do you carry an epi pen with you ☐ yes ☐ no

Please list allergies:

____
____
____
____

☐ Any other medical conditions we should be aware of:

____
____
____
____
____

NCAA Medical Exception Documentation Reporting Form to Support the Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and Treatment with Banned Stimulant Medication

- Complete and maintain (on file in the athletics department) this form and required documentation supporting the medical need for a student-athlete to be treated for ADHD with stimulant medication.
- Submit this form and required documentation to Drug Free Sport in the event the student-athlete tests positive for the banned stimulant (see Drug Testing Exceptions Procedures at www.ncaa.orz/drugtesting). To be completed by the Institution:

Institution Name:____

Institutional Representative Submitting Form:

Name:____

Title:____

Email:____

Phone:____

Student-Athlete Name:______________________________________Student-Athlete Date of Birth:__________________

To be completed by the Student-Athlete's Physician:

Current Treating Physician (print name):____

Specialty:____

Office address:____

Physician signature:____Date:_________________________

Check off that documentation representing each of the items below is attached to this report

- Diagnosis.
- Medication(s) and dosage.
- Blood pressure and pulse readings and comments.
- Note that alternative non-banned medications have been considered, and comments.
- Follow-up orders.
- Date of clinical evaluation:
- Attach written report summary of comprehensive clinical evaluation. Please note that this includes the original clinical notes of the diagnostic evaluation.
  The evaluation should include individual and family history, address any indication of mood disorders, substance abuse, and previous history of ADHD treatment, and incorporate the DSM criteria to diagnose ADHD. Attach supporting documentation, such as completed ADHD Rating Scale(s) (e.g., Connors, ASRS, CAARS) scores. The evaluation can and should be completed by a clinician capable of meeting the requirements detailed above.

DISCLAIMER: The National Collegiate Athletic Association shall not be liable or responsible, in any way, for any diagnosis or other evaluation made, or exam performed, in connection herewith, or for any subsequent action taken, in whole or in part, in reliance upon the accuracy or veracity of the information provided hereunder.