

Hartwick College Student Athlete
Annual Pre-Participation Examination
 (Freshman and Transfer Students are exempt)

This form **MUST** be completed by your health care provider and returned to Perrella Wellness Center **at least 1 wk prior** to sports participation. **THERE WILL BE NO EXCEPTIONS.**

Name: _____ **Date of Birth:** _____ **Date Of Exam:** _____

Anticipated Sport (s): _____ **Sex:** **M** **F**

HISTORY	No	Yes	Comments
Congenital Problems:			
Injuries:			
Concussion, skull fracture or head injury			
Neck injury			
Stinger, burner, pinched nerve			
Back pain/injury			
Arm/shoulder injury			
Knee/ankle injury			
Stress fracture			
Cardiac:			
Any chest pain or dizziness with exercise / sports			
Murmur			
Rheumatic fever			
High blood pressure or elevated cholesterol			
Sudden cardiac death of relatives under age 50			
Fainting / with or without exertion			
Respiratory:			
Asthma			
Shortness of breath			
Abdominal OR GU:			
Injury esp. spleen /kidney			
Surgery			
Hernia			
Testicular/ovarian problems			
Single organ (eg single kidney, testicle)			
Head:			
Vision problems			
Corrective lens/glasses or contacts			
Protective eye wear			
Loss of consciousness/ head injury			
Ear problems			
Seizures, blackouts, fainting			
Metabolic Disorders:			
Diabetes Mellitus			
Thyroid			
Bleeding problems			
Other			

Name: _____

DOB: _____

Date: _____

HISTORY con't	No	Yes	Comments
Smoking: Now			
In past			
Medication: Now			
Over the Counter			
Prescription			
Other:			
Allergies (pollen, medications, food or stinging insects)			
Mononucleosis Date: _____			
Anemia			
Skin Disorders			
Eating disorders / nutrition concerns			
Other History / Comments:			
Women ONLY:			
Menstrual Cramps			
Date of last Period			

History reviewed by Health Care Provider: _____ Signature: _____ Date: _____

PHYSICAL EXAMINATION

Height _____ feet _____ inches

Weight _____ lbs.

Blood Pressure _____ / _____

Pulse _____/min.

Resp. Rate _____/min.

	Normal	Not Normal / No limits	Limits Needed	Comments
HEENT				
NECK				
CHEST / LUNGS				
HEART / VESSELS				
ECG (Routine Y__N__)				
ECHO (Y__N__)				
ABDOMEN				
GENITOURINARY				
HERNIA				
MUSC-SKEL				
NEURO				
PSYCHOLOGIC				
OTHER				

RESULT: No limitation for sport noted
 Limited Participation

Specify limits: _____

Address _____

Phone # : _____

Date: _____

Health Care Provider name: _____

Health Care Provider name: _____

Signature