

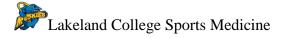
Sport(s)	
1 \ /	

ATHLETIC PHYSICAL EXAMINATION FORM

(Required Physical for Lakeland) OTHER FORMS WILL NOT BE ACCEPTED.

Lakeland College athletics requires a physician (MD or DO) to complete the designated Lakeland College Athletic Physical Examination Form and sign/date the physical form. Nurse Practitioner or Physician Assistant signatures require a secondary signature from the supervising physician. Failure to have the appropriate signatures on physical will be considered incomplete. Physicals signed by a CHIROPRACTORS (DC) WILL NOT be accepted. Walgreens/CVS/ Local pharmacy physicals will also NOT be accepted.

ATHLETE INFORMATION														
Name							Date o	f Birth			Gende	r: M	I	7
Student ID #	Sp	ort(s)							Year in So	chool:	FR	SO	JR	SR
EXAMINATION										T				
Height:		Weigh	t:			BP:		/		Pulse	e:			
Vision Corrected : ☐ Yes		□ No	R	20/		20/				Pupi	ls: Eq	jual/U i	nequa	l
MEDICAL PHYSICAL				NORMAL	AB	NORM	IAL FI	NDINGS						
Appearance Eyes/Ears/Nose/Throat • Hearing Lymph Nodes Heart														
Murmurs, (auscultation standing, su	pine	e,												
Lungs														
Abdomen														
Genitourinary (males)														
Skin • HSV, Lesions suggestive of MRSA, Neurological	tin	ea corpo	ris)											
MUSCULOSKELETAL				NORMAL	A D	NODN	TAT ET	NDINGS	1					
Neck				NORMAL	AD	NUKIV.	IAL FII	NDINGS						
Back														
Shoulder/Arm														
Elbow/Forearm														
Wrist/Hand/Fingers														
Hip/Thigh														
Knee														
Leg/Ankle														
Foot/Toes														
CLEARANCE Cleared for all intercollegiate athletic sports without restriction Cleared for all intercollegiate athletic sports with recommendations for further evaluation, treatment, or modification: Not Cleared														
 □ Pending Further Evaluation □ For any sports □ For certain Sports: Reason: 	on 													
I have examined the above-name present apparent clinical contrain the student-athlete has been clear resolved and the potential consec	ndio red	cations for par	to pract ticipatio	ice and participon, the physicia	oate in in or l	the into	ercolleg are prov	iate sport ider may	t(s) as outlin rescind the	ed abo clearai	ve. If c	onditio l the pi	ns aris	e after
Name of MD/DO/APNP/PA (pri	nt/1	type): _							Da	te:				
Address:														
MD/DO/APNP/PA Signature:									Pho	one: _				
Physician Signature:(If completed by APNP/PA atten	dir	ng phys	ician Si	gnature)					Pho	one: _				



5port(3)

SICKLE CELL TRAIT FORM FOR NCAA INTERCOLLEGIATE ATHLETICS

About Sickle Cell Trait

- Sickle Cell Trait is an inherited condition affecting the oxygen-carrying protein, hemoglobin, in the red blood cells.
- Sickle Cell Trait is a common condition (> three million Americans)
- Although Sickle Cell Trait occurs most commonly in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry, persons of all races and ethnicities may test positive for this condition.
- Unlike persons with actual Sickle Cell Disease, those with Sickle Cell Trait usually have no symptoms or any significant health problems. However, sometimes during very intense, sustained physical activity, as can occur with collegiate sports, certain dangerous conditions can develop in those with Sickle Cell Trait, leading to blood vessel and organ (kidneys, muscles, heart) damage that can cause sudden collapse and death. Some of the settings in which this can occur include timed runs, all out exertion of any type for 2 to 3 continuous minutes without a rest period, intense drills and other bursts of exercise after doing prolonged conditioning training. Extreme heat and dehydration increase the risks.

Sickle Cell Trait Testing

- The *NCAA recommends* that all student-athletes have knowledge of their Sickle Cell Trait status. Athletes have the following options: 1) show proof of sickle cell testing done at birth; 2) consent to a blood test to check for the Sickle Cell Trait; or 3) sign a waiver declining options 1 and 2. Whichever option is chosen, it must be completed before the student-athlete participates in any intercollegiate athletic event, including strength and conditioning sessions, try-outs, practices, or competitions.
- Athletes who are positive for the trait will not be prohibited from participating in intercollegiate athletics.

1.) Attach a copy of student athlete's newborn Sickle Cell testing result atta	ched.		
		Date:	_
2.) Attach a copy of recent Sickle Cell screening test result attached.		Date:	_
3.) Sickle Cell Testing Waiver (Sign on ATS)			