



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 of Birth | Gender: M F |
| Student ID # | Sport(s) | Year in School: FR SO JR SR | |

EXAMINATION

| | | | |
|--|----------------|--------------|------------------------------|
| Height: | Weight: | BP: / | Pulse: |
| Vision Corrected : <input type="checkbox"/> Yes <input type="checkbox"/> No R 20/ L 20/ | | | Pupils: Equal/Unequal |

MEDICAL PHYSICAL NORMAL ABNORMAL FINDINGS

| MEDICAL PHYSICAL | NORMAL | ABNORMAL FINDINGS |
|--|--------|-------------------|
| Appearance | | |
| Eyes/Ears/Nose/Throat | | |
| • Hearing | | |
| Lymph Nodes | | |
| Heart | | |
| • Murmurs, (auscultation standing, supine, | | |
| Lungs | | |
| Abdomen | | |
| Genitourinary (males) | | |
| Skin | | |
| • HSV, Lesions suggestive of MRSA, tinea corporis) | | |
| Neurological | | |

MUSCULOSKELETAL NORMAL ABNORMAL FINDINGS

| MUSCULOSKELETAL | NORMAL | ABNORMAL FINDINGS |
|--------------------|--------|-------------------|
| Neck | | |
| 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: _____

I have examined the above-named student-athlete and completed the pre-participation physical evaluation. The student-athlete does not present apparent clinical contraindications to practice and participate in the intercollegiate sport(s) as outlined above. If conditions arise after the student-athlete has been cleared for participation, the physician or health care provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the student-athlete (and parents/guardian if so applies)

Name of MD/DO/APNP/PA (print/type): _____ Date: _____

Address: _____

MD/DO/APNP/PA Signature: _____ Phone: _____

Physician Signature: _____ Phone: _____
(If completed by APNP/PA attending physician Signature)



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 attached.

_____ Date: _____

2.) Attach a copy of recent Sickle Cell screening test result attached.

_____ Date: _____

3.) Sickle Cell Testing Waiver (Sign on ATS)
