

SPORT (s): _____

NAME: _____
(PRINT) First Last

College M#: _____

MONTGOMERY COLLEGE – ROCKVILLE CAMPUS

SPORTS MEDICINE PACKET



INSTRUCTIONS:

4/08

- **DO NOT remove any papers – this includes the four physical exam pages!**
- **If downloading from our website - Print all pages in order and staple together.
(DO NOT copy pages back to back – print each page)**
- **All pages must be completed before turning this packet in to your coach.**



MONTGOMERY COLLEGE - ROCKVILLE

PREPARTICIPATION EXAM

PLEASE PRINT CLEARLY

Name: _____ Sport(s): _____

Age: _____ Date of Birth: _____ Sex: M F

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

In case of Emergency contact: _____ (H) _____ (C)

Please answer the following for the doctor's review and explain all "YES" answers in the space provided at the end of questions. Circle questions you don't know the answer to.

- | | YES | NO |
|--|-------|-------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | _____ | _____ |
| 2. Do you have ongoing medical condition (like diabetes or asthma)? | _____ | _____ |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicine or pills? | _____ | _____ |
| 4. Do you have allergies to medicines, pollens, foods or stinging insects? | _____ | _____ |
| 5. Have you ever passed out or nearly passed out DURING exercise? | _____ | _____ |
| 6. Have you ever passed out or nearly passed out AFTER exercise? | _____ | _____ |
| 7. Have you ever had discomfort, pain or pressure in your chest during exercise? | _____ | _____ |
| 8. Does your heart race or skip beats during exercise? | _____ | _____ |
| 9. Has a doctor ever told you that you have (check all that applies): | | |
| _____ High blood pressure _____ A heart murmur _____ High cholesterol _____ A heart infection | | |
| 10. Has a doctor ever ordered a test for your heart? (example: ECG, Echocardiogram) | _____ | _____ |
| 11. Has anyone in your family died for no apparent reason? | _____ | _____ |
| 12. Does anyone in your family have a heart problem? | _____ | _____ |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50? | _____ | _____ |
| 14. Does anyone in your family have Mar fan syndrome? | _____ | _____ |
| 15. Have you ever spent the night in a hospital? | _____ | _____ |
| 16. Have you ever had surgery? | _____ | _____ |

- | | | |
|---|-------|-------|
| 17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game? If yes, circle affected area below: | _____ | _____ |
| 18. Have you had any broken or fractured bones or dislocated joint? If yes, circle below: | _____ | _____ |
| 19. Have you had a bone or joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: | _____ | _____ |

Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/ Fingers	Chest
Upper Back	Lower Back	Hip	Thigh	Knee	Calf/ Shin	Ankle	Foot/ Toes

- 20. Have you ever had a stress fracture? _____
- 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? _____
- 24. Do you cough, wheeze, or have difficulty breathing during or after exercise _____
- 25. Is there anyone in your family who has asthma? _____
- 26. Have you ever used an inhaler or taken asthma medicine? _____
- 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? _____
- 28. Have you had infectious mononucleosis (mono) within the last month? _____
- 29. Do you have any rashes, pressure sores, or other skin problems? _____
- 30. Have you had a herpes skin infection? _____
- 31. Have you ever had a head injury or concussion? _____
- 32. Have you been hit in the head and been confused or lost your memory? _____
- 33. Have you ever had a seizure? _____
- 34. Do you have headaches with exercise? _____
- 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? _____
- 36. Have you ever been unable to move your arms or legs after being hit or falling? _____
- 37. When exercising in the heat, do you have severe muscle cramps or become ill? _____
- 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? _____
- 39. Have you had any problems with your eyes or vision? _____
- 40. Do you wear glasses or contact lenses? _____
- 41. Do you wear protective eyewear, such as goggles or a face shield? _____
- 42. Are you happy with your weight? _____
- 43. Are you trying to gain or lose weight? _____
- 44. Has anyone recommended you change your weight or eating habits? _____
- 45. Do you limit or carefully control what you eat? _____
- 46. Do you have any concerns that you would like to discuss with a doctor? _____

FEMALES ONLY

- 47. Have you ever had a menstrual period? _____
- 48. How old were you when you had your first menstrual period? _____
- 49. How many periods have you had in the last 12 months? _____

EXPLAIN ALL "YES" ANSWERS HERE:

QUESTION # EXPLANATION

HEALTH HISTORY SHOULD BE REVIEWED BY PHYSICIAN

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 (under 18yo) _____ Date _____

Name _____ Date of Birth _____

Height _____ Weight _____ %Body Fat (optional) _____ Pulse _____ BP _____ / _____ (/) (/)

Vision R 20/ _____ L 20/ _____ Corrected Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eye/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)+			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

* Multiple-examiner set-up only

+ Having a third party present is recommended for the genitourinary examination.

NOTES: _____

Name of physician (print/ type) _____ Date of exam : _____

Address _____ Phone _____

Signature of physician _____, MD or DO

PHYSICIAN OFFICE STAMP:

Continue to clearance form ->

PHYSICIAN CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of birth _____

_____ Cleared without restriction
_____ Cleared, with recommendations for further evaluation or treatment for: _____

_____ Not Cleared for: _____ All Sports _____ Certain sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION:

Allergies _____
Other information _____

Name of physician (print/type) _____ **Date** _____

Address _____ **Phone** _____

PHYSICIAN SIGNATURE: _____, MD or DO

PHYSICIAN OFFICE STAMP:

FOLLOW UP CLEARANCE FORM
Only to be completed if "not cleared" above.

Name _____ Sex _____ Age _____ Date of birth _____

_____ Cleared without restriction
_____ Cleared, with recommendations for further evaluation or treatment for: _____

_____ Not Cleared for _____ All Sports _____ Certain sports: _____ Reason: _____

Recommendations/Allergies/other information: _____

Name of physician (print/type) _____ **Date** _____

Address _____ **Phone** _____

PHYSICIAN SIGNATURE: _____, MD or DO

PHYSICIAN OFFICE STAMP:



MONTGOMERY COLLEGE - ROCKVILLE

Student – Athlete’s Name: _____

To all student athletes:

Montgomery College Athletic Department **DOES NOT** provide medical insurance for injuries sustained while participating in athletics. The College also does not pay for any medical expenses incurred when school personnel recommends/requires the athlete to seek medical attention before being allowed to return to play. All medical expenses are the responsibility of the athlete and /or their families. We strongly recommend that athletes carry their own medical insurance policy.

I _____ understand Montgomery College does not have medical insurance for athletes and that they are not responsible for my medical costs. My signature below indicates that I have read the above, understand, and accept my responsibilities.

NAME _____ DATE _____
(Student signature)

PARENT/GUARDIAN _____ DATE _____
(Signature if student under 18yo)

_____ I DO NOT CURRENTLY HAVE MEDICAL INSURANCE

_____ I HAVE MEDICAL INSURANCE:

INSURANCE COMPANY: _____

PHONE NUMBER: _____

PRIMARY CARE PHYSICIAN: _____

PHONE NUMBER: _____



MONTGOMERY COLLEGE - ROCKVILLE

Student – Athlete’s name: _____

Please read the following consent forms carefully. The Student- Athlete’s signature, and Parent’s signature if student under the age of 18, is required.

Medical Consent

I hereby grant permission to Montgomery College and team physicians and/or their consulting physicians and other medical personnel under their direction to render to my son/daughter/myself any treatment and medical or surgical care that they deem reasonably necessary to the health and well being of the student-athlete. I also hereby authorize the athletic trainers at Montgomery College, who are under the direction and guidance of their team physicians, to render to my son/daughter/myself any preventative, first aid, rehabilitative or emergency treatment that they deem reasonably necessary to the health and well-being of the student-athlete. I also hereby authorize the coaching staff at Montgomery College to render first aid and seek treatment for my son/daughter/myself as deemed necessary. Also, when necessary for executing such case, I grant permission for emergency transportation and hospitalization at an accredited hospital. This consent specifically includes consent to release of all information that may be required for treatment, including, but not limited to, insurance information.

STUDENT ATHLETE’S SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____
(If athlete under the age of 18)

Release and Assumption of Risk

Participation in a sport involves inherent risk of bodily harm and requires an acceptance of risk of injury. Student-athletes must assume that their participation can result in injury to them, even serious injury.

I understand that by willingly participating in athletics at the collegiate level, I am knowingly undertaking and assuming a non-controllable risk which may result in an injury that may be severe in nature. Such an injury may result in paralysis or death. I understand these risks and agree to accept full personal responsibility for all risks, foreseen and unforeseen, in connection with my participation in athletics at the collegiate level.

I hereby assume all risks associated with participation in athletics at Montgomery College (including transportation to and from events) and agree to waive from liability and hold harmless Montgomery College, its employees, agents, representatives, coaches, volunteers and athletic trainers from and against any and all claims, demand, losses, or liabilities of any kind or nature which may arise in connection with injuries suffered while participating in, or in any way in connection with, intercollegiate athletics.

STUDENT ATHLETE’S SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____
(If athlete under the age of 18)

Authorization for Release of Information

In signing the release of information form, I authorize hospitals, physicians, certified athletic trainers, rehabilitation clinics, and student health services to release medical information to the Montgomery College Athletic Training Staff, team physicians, and coaches concerning my health and welfare. The medical information may relate to my past, present, and future medical conditions, injuries or illnesses that may occur, or already have occurred, in connection with or relevant to intercollegiate athletics at Montgomery College or otherwise.

Also, by giving the authorization for the release of medical information, I permit the representatives of Montgomery College, medical staff and athletic training staff to disclose information concerning my health to parents/guardians, potential professional scouts or four year university coaches interested in recruiting me, if the opportunity arises in the future. I understand that a record and date will be kept of all individuals receiving such information.

STUDENT ATHLETE'S SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

(If athlete under the age of 18)