



BROWN

INSTRUCTIONS FOR SPORTS PHYSICAL FORM

WELCOME TO BROWN!

This form is **required** before you can practice or participate in any intercollegiate sport (including Crew and Women's Rugby).

Completion is strongly recommended even if you do not anticipate participation in intercollegiate athletics. This form is also recommended for club or intramural sports.

In compliance with NCAA regulations, we **cannot** clear a student to practice or participate in any team sport without a fully completed history and physical on file.

Failure to submit a completed form will result in delayed team participation.

COMPLETION OF ALL SECTIONS IS REQUIRED

Please use this checklist to ensure that all sections are completed.

- ☐ **Page 1: Sports Physical Form** – *to be completed by the student and reviewed and **signed** by your healthcare provider.* Sport may be left blank if you are undecided.
 - ☐ Please explain any “yes” answers here and indicate question #. Attach additional pages as necessary. Incomplete responses will delay clearance.
- ☐ **Page 2: Sports Physical Form** – *must be completed by your provider after 3/15/21*
 - ☐ Name, Date of Birth
 - ☐ Section 1: Vision screen, Height, Weight and Vital Signs - **all must be completed.**
 - ☐ Section 2: Sickle Cell Screening (A copy of the lab test result or newborn screening is required or participation will be delayed.)
 - ☐ Section 3: Physical Examination - **must be after 3/15/21**
 - ☐ Section 4: Musculoskeletal examination
 - ☐ Section 5: Participation in Sports – **must select one of the 4 check boxes**
- ☐ For continuity of care, we request that medical records be forwarded for chronic, ongoing or serious medical conditions.
- ☐ To return form, student must log in at <https://patientportal.brown.edu> and upload under Upload - Sports Physical Form

QUESTIONS?

Call 401-863-1330 or email Nursing@health.brown.edu



2021-2022 Sports Physical Form Page 1

To be completed by the student and signed by the healthcare provider

To return form, student must log in at <https://patientportal.brown.edu> and upload.

Name: _____

Date of Birth: _____ Gender: _____

Medication (list prescription, over the counter, herbal & nutritional supplements): _____

Allergies: ☐ Medicines ☐ Environmental ☐ Food ☐ Stinging Insects

Explain: _____

Banner ID # _____ Sport(s) _____

GENERAL QUESTIONS- please explain any yes response below	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, check all that apply. <input type="checkbox"/> anemia <input type="checkbox"/> asthma <input type="checkbox"/> diabetes <input type="checkbox"/> infection(s), significant <input type="checkbox"/> other:		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply. <input type="checkbox"/> arrhythmia <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> high cholesterol <input type="checkbox"/> high blood pressure <input type="checkbox"/> heart infection <input type="checkbox"/> heart murmur <input type="checkbox"/> other:		
9. Has a doctor ever ordered a test for your heart (for example, ECG/EKG, echocardiogram)?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR KNOWN BIOLOGICAL RELATIVES		
13. Has anyone died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?		
14. Has anyone had hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone have a heart problem, pacemaker or implanted defibrillator?		
16. Has anyone had unexplained fainting, unexplained seizures or near drowning?		
MUSCULOSKELETAL		
17. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had a stress fracture?		
20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?		
21. Have you ever been told that you have or have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?		
22. Do you regularly use a brace, orthotics or other assistive device?		
23. Do you have a bone, muscle or joint injury that bothers you?		

24. Do any of your joints become painful, swollen, feel warm or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		
MEDICAL QUESTIONS		
26. Do you cough, wheeze or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you ever used tobacco in any form?		
52. Do you drink alcohol or use street drugs?		
53. Have you ever taken anabolic steroids or performance supplements?		
FEMALES ONLY		
54. Have you ever had a menstrual period?		
55. How old were you when you had your first menstrual period?		
56. How many menstrual periods have you had in the last 12 months?		

Please explain any "yes" answers here and indicate question #. Attach additional pages as necessary. Incomplete responses will delay clearance.

Student Athlete: The above questions are complete and correct.

Signature: _____ Date: _____

Medical Provider: The above history has been reviewed.

Signature: _____ Date: _____

Sports Physical Form Page 2: to be completed by your healthcare provider To return form, student must log in at https://patientportal.brown.edu and upload.	Any student wishing to enter intercollegiate athletics, must have an examination after 3/15/21, both pages of this form completed and a sickle cell screening test. Failure to complete any component will result in delayed team participation. In compliance with NCAA regulations, we cannot clear a student to practice or participate in any team sport without a completed history and physical on file. COMPLETION OF ALL SECTIONS IS REQUIRED
Name:	Date of Birth:
Date of Physical Exam: MUST be after March 15, 2021	

1. VISION, HEIGHT, WEIGHT AND VITAL SIGNS			
Visual Acuity	R20 /	L20 /	<input type="checkbox"/> corrected <input type="checkbox"/> uncorrected (athletes must have 20/40 corrected)
Height (inches)	Weight (lbs)	Pulse	Blood Pressure

2. SICKLE CELL SCREENING (required)	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	A copy of the lab test result or newborn screening is required or participation will be delayed.
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3. PHYSICAL EXAMINATION	✓ Normal	✓ Abnormal	Explanation of Abnormal Finding (For continuity of care, we request that medical records be forwarded for chronic serious medical conditions.)
HEENT (include fundi)			
Gross Hearing Screen			
Lymph Nodes / Neck / Thyroid			
Heart (including murmur, auscultation standing and supine) *			
Pulses (simultaneous femoral and radial)			
Lungs/ Chest			
Abdomen			
Hernia / Testicles (males only)			
Extremities			
Musculoskeletal			
Skin			
Neurologic (including DTR's)			

*consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam to rule out hypertrophic cardiomyopathy (send reports)

4. MUSCULOSKELETAL EXAMINATION		
Provider Instructions	Observation	Describe Abnormal
Check for physical stigmata of Marfan syndrome	Very tall; long limbs, fingers / hands; pectus excavatum, kyphoscoliosis; high arched palate; hyperlaxity, arm span exceeds height; upper body short compared to lower; myopia; mitral valve prolapse; aortic insufficiency	
Look at ceiling, floor over both shoulders; touch ears to shoulders	Acromioclavicular joints, general habitus; cervical spine motion	
Shrug shoulders (examiner resists)	Trapezius strength	
Abduct shoulders 90 degrees (examiner resists at 90 degrees)	Deltoid strength	
Full external rotation of arms	Shoulder motion	
Flex and extend elbows	Elbow motion	
Arms at sides, elbows 90 degrees Flexed; pronate and supinate wrists	Elbow and wrist motion	
Spread fingers; make fist	Hand or finger motion and deformities	
"Duck walk" four steps (away from examiner with buttocks on heels) /single leg hop	Hip, knee, ankle motion	
Back to examiner	Shoulder symmetry, scoliosis	
Knees straight, touch toes	Scoliosis, hip motion, hamstring tightness	
Raise up on toes, raise heels	Calf symmetry, leg strength	

5. PARTICIPATION IN SPORTS	Explanation
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I have examined this student, reviewed their comments (page 1), completed the Sports Physical (page 2) and have determined that the athlete:

- ☐ is cleared to participate in all sports without restrictions ☐ is not cleared to participate
☐ is cleared to participate with restrictions ☐ has a medical or orthopedic problem that must be further evaluated before participation is allowed

Signature of Healthcare Provider: _____ Today's Date: _____

Healthcare Provider Name (Print) /Clinic Stamp _____

Address _____

Phone number: _____ Fax Number: _____