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 3/15/22
  ☐ 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 3/15/22
  ☐ 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
2022-2023 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.

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?
   - anemia  - asthma
   - diabetes  - infection(s), significant
   - other:
2. Do you have any ongoing medical conditions? If so, check all that apply.
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.
   - arrhythmia  - Kawasaki disease
   - high cholesterol  - high blood pressure
   - heart infection  - heart murmur
   - 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 YOURknown 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?

MEDICAL QUESTIONS

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?
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?

FEEMALES 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.  
Medical Provider: The above history has been reviewed.
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 3/15/22, 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, 2022

1. VISION, HEIGHT, WEIGHT AND VITAL SIGNS

<table>
<thead>
<tr>
<th>Visual Acuity</th>
<th>R20 /</th>
<th>L20 /</th>
<th>○ corrected</th>
<th>○ uncorrected (athletes must have 20/40 corrected)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height (inches)</td>
<td>Weight (pounds)</td>
<td>Pulse</td>
<td>Blood Pressure</td>
<td></td>
</tr>
</tbody>
</table>

2. SICKLE CELL SCREENING (required)

[ ] Negative  [ ] Positive  A copy of the lab test result or newborn screening is required or participation will be delayed.

3. PHYSICAL EXAMINATION

<table>
<thead>
<tr>
<th>HEENT (include fundi)</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Explanation of Abnormal Finding (For continuity of care, we request that medical records be forwarded for chronic serious medical conditions.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Hearing Screen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymph Nodes / Neck / Thyroid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart (including murmur, auscultation standing and supine) *</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulses (simultaneous femoral and radial)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs/ Chest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hernia / Testicles (males only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurologic (including DTR’s)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

4. MUSCULOSKELETAL EXAMINATION

<table>
<thead>
<tr>
<th>Provider Instructions</th>
<th>Observation</th>
<th>Describe Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check for physical stigmata of Marfan syndrome</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>Look at ceiling, floor over both shoulders; touch ears to shoulders</td>
<td>Acromioclavicular joints, general habitus; cervical spine motion</td>
<td></td>
</tr>
<tr>
<td>Shrug shoulders (examiner resists)</td>
<td>Trapezius strength</td>
<td></td>
</tr>
<tr>
<td>Abduct shoulders 90 degrees (examiner resists at 90 degrees)</td>
<td>Deltoid strength</td>
<td></td>
</tr>
<tr>
<td>Full external rotation of arms</td>
<td>Shoulder motion</td>
<td></td>
</tr>
<tr>
<td>Flex and extend elbows</td>
<td>Elbow motion</td>
<td></td>
</tr>
<tr>
<td>Arms at sides, elbows 90 degrees Flexed; pronate and supinate wrists</td>
<td>Elbow and wrist motion</td>
<td></td>
</tr>
<tr>
<td>Spread fingers; make fist</td>
<td>Hand or finger motion and deformities</td>
<td></td>
</tr>
<tr>
<td>“Duck walk” four steps (away from examiner with buttocks on heels) /single leg hop</td>
<td>Hip, knee, ankle motion</td>
<td></td>
</tr>
<tr>
<td>Back to examiner</td>
<td>Shoulder symmetry, scoliosis</td>
<td></td>
</tr>
<tr>
<td>Knees straight, touch toes</td>
<td>Scoliosis, hip motion, hamstring tightness</td>
<td></td>
</tr>
<tr>
<td>Raise up on toes, raise heels</td>
<td>Calf symmetry, leg strength</td>
<td></td>
</tr>
</tbody>
</table>

5. PARTICIPATION IN SPORTS

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: _____________________________