



CATAWBA COLLEGE
SPORTS MEDICINE

2020-2021 Preparticipation Physical Exam
Must be completed NO EARLIER than June 1, 2020

DATE COMPLETED: _____ SPORT: _____ ARE YOU ADOPTED? YES NO
NAME DATE OF BIRTH SEX M / F BANNER ID

Explain "Yes" answers below. Circle questions you don't know the answer to.

YES NO

YES NO

- 1 Has a doctor ever denied or restricted your participation in sports for any reason?
2 Are you currently being treated by a physician for any reason?
3 Do you have any ongoing medical condition (like diabetes, asthma, or migraine headaches)?
... 51 When was your last Tetanus (dT) booster shot?
52 Do you have any concerns that you would like to discuss with a doctor at this time?
53 Do you know of or do you believe there is any health reason why you should not participate in Catawba athletics at this time?
54 Have you ever had a menstrual period?
55 How old were you when you had your first menstrual period?
56 How many periods have you had in the past 12 months?

FEMALES ONLY

Explain "Yes" answers here: _____

The undersigned, herewith,

- Give authorization to the team physician, athletic trainer, physical therapist, and other sports medicine consultants to evaluate and treat any injuries that occur as a result of my athletic participation at Catawba College.
Understands that I must refrain from practice or play while ill or injured, whether or not receiving medical treatment until I am discharged from treatment or am given permission by the clinical practitioner to restart participation despite continuing treatment;
Understands that having passed the physical examination does not necessarily mean that I am physically qualified to engage in athletics, but only that the examiner did not find a medical reason to disqualify me at time of said examination; and
States that, to the best of my knowledge, my answers to the above questions are complete and correct.

Athlete's Signature: _____

Date: _____

Parent or Witness' Signature: _____

Date: _____

