CATAWBA COLLEGE
SPORTS MEDICINE
704-637-4350

CATAWBA COLLEGE STUDENT-ATHLETE PREPARTICIPATION QUESTIONNAIRE & PHYSICAL EXAM

*Must be Completed **NO EARLIER** than June 1st*

Name:			Catawba ID#: C
DOB:	Sport:	Male or Female	Date Completed:

Please complete ALL questions honestly and to the best of your ability.

Mark YES or NO and Explain at the end of the form for ALL YES.

MEDICAL HISTORY QUESTIONNAIRE	YES	NO
1. Are you adopted? If so do you NOT know your medical history?		
2. Has a doctor ever denied or restricted your participation in sports for any reason?		
3. Are you currently being treated by a physician for any reason?		
4. Do you have any ongoing medical condition?		
5. Are you currently taking ANY prescription or nonprescription (over-the-counter) medicines, s, or supplements?		
6. Do you have any allergies?		
7. Have you ever passed out or nearly passed out DURING exercise?		
8. Have you ever passed out or nearly passed out AFTER exercise?		
9. Have you ever had discomfort, pain or pressure in your chest during exercise?		
10. Does your heart race or skip beats during exercise?		
11. Has a doctor ever told you that you have (circle all that apply): High Blood Pressure Heart Murmur High Cholesterol Heart Infection		
12. Has a doctor ordered a test for your heart (for example ECG, echocardiogram or stress test)?		
13. Has anyone in your family died for no apparent reason?		
14. Does anyone in your family have a heart problem?		
15. Has any family member or relative died of heart problems or of sudden death before age 50?		
16. Have you been diagnosed with Marfan Syndrome?		
17. Have you ever been hospitalized or had a major illness?		
18. Have you ever had surgery?		
19. Have you ever had an injury, like a sprain, muscle tear, ligament tear, or tendonitis?		
20. Have you ever had any broken or fractured bones?		
21. Have you ever had a dislocated joint?		
22. Have you ever had a bone or joint injury that required x-rays, MRI, or CT scan?		
23. Have any of your previous injuries ever required injections, rehabilitations or physical therapy?		
24. Have you ever had a stress fracture?		
25. Do you regularly use a brace or assistive device?		
26. Have you ever had a MRSA or Staph infection?		
27. Do you have any rashes, pressure sores, or other skin problems?		
28. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
29. Has a doctor ever told you that you have asthma?		
30. Do you use an inhaler or taken asthma medication?		
31. Do you have or have had any of the following: (Please circle ANY that apply) Pneumonia Diabetes Hernia Mononucleosis Anemia Clotting Disorder Recurrent Headaches Eating Disorder Depression or Other Mood Disorder Epilepsy		
32. Have you ever had a head injury or concussion?		
33. Have you ever been hit in the head and been confused, disoriented or lost your memory?		
34. Have you ever had numbness, tingling, or weakness in your arms or legs after a hit or falling?		
35. Have you ever had a seizure?		

CATAWBA COLLEGE
SPORTS MEDICINE
704-637-4350

MEDICAL HISTORY QUESTIONNAIRE	YES	NO
36. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?		
37. Have you ever experienced severe muscle cramps, heat illness, or passing out because of heat?		
38. Has a doctor told you that you have sickle cell trait or sickle cell disease?		
39. Do you have headaches with exercise?		
40. Do you have any problems with your eyes or vision?		
41. Do you wear glasses or contacts?		
42. Are you happy with your weight?		
43. Are you trying to lose or gain weight?		
44. Do you limit or closely monitor what you eat?		
45. Do you feel safe?		
46. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?		
47. Do you feel stressed, anxious or under a lot of pressure?		
48. Are you using any performance enhancing substances or drugs?		
49. Do you have any concerns that you would like to discuss with a doctor at this time?		
50. Do you know of or believe there is any health reason why you should NOT participate in Catawba athletics at this time?		
51. Is there any other medical conditions or concerns that we should know about that was not previously asked?		
54. Have you been diagnosed with COVID-19? Date of Diagnoses: _____		
54a. If you were diagnosed with COVID-19, Circle what symptoms you had and write number of days? Pain/Difficulty Breathing_____ Shortness of Breath____		
54b. Have you been cleared by a doctor after being diagnosed with COVID-19?		
54c. Did you require any testing for clearance after being diagnosed with COVID-19, for example Echo, EKG, bloodwork, stress test?		
54d. After being diagnosed with COVID-19 were you able to return to your previous activity level?		
55. Have you been vaccinated for the COVID-19 virus? Vaccination date: 1st Dose: _____ 2nd Dose: _____ Vaccine Brand: Booster?:		
FOR FEMALES ONLY		
52. Have you ever lost your menstrual cycle for any reason?		
53. How old were you when you had your first menstrual cycle?		
54. How many menstrual cycles have you had in the past 12 months?		

If YES to any above questions, please explain (Please include question number and explanation, include body part and date or year if applicable): _____

_____

_____

_____

The undersigned, herewith,

- 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

Student- Athlete Signature: _____ DATE: _____

Print Name: _____

Parent Signature (under 18 Only): _____ DATE: _____

CATAWBA COLLEGE
SPORTS MEDICINE
704-637-4350

NEW STUDENT-ATHLETE PHYSICAL EXAM

Name:		**Date of Birth:**	
Height:	**Weight:**	**BP Sitting:**	**Resting HR:**
Vision: L 20/	**R 20/**	**Corrected: YES NO**	**Pupils: Equal Unequal**

	NORMAL	ABNORMAL FINDING / HISTORY
Appearance	☐	
Eyes/ears/nose/throat	☐	
Hearing	☐	
Lymph Nodes	☐	
Cardiopulmonary		
Auscultations (murmurs)		Supine _____ Standing _____ Pulses: Brachial _____ Femoral _____
Lungs		
Marfan's		Arm span>height _____ Kyphoscoliosis _____ Concave chest _____ + Thumb/wrist _____
		High arch/palate/feet _____ Inguinal Hernia _____ Nearsighted _____ Heart murmur _____
Tanner Stage		1 2 3 4 5
Skin	☐	
Abdomen	☐	
Genitourinary	☐	

Musculoskeletal	**NORMAL**	**ABNORMAL FINDING / HISTORY**
Head	☐	
Neck	☐	
Back	☐	
Shoulder/arm	☐	
Elbow/forearm	☐	
Wrist/hand/fingers	☐	
Hip/thigh	☐	
Knee	☐	
Leg/ankle	☐	
Foot/toes	☐	

I certify that I have on this date examined this student and that, on the basis of the examination requested by the institution and the student's medical history as furnished to me, this student is:

☐ CLEARED WITHOUT RESTRICTION

☐ CLEARED, WITH RECOMMENDATIONS FOR FURTHER EVALUATION OR TREATMENT FOR:

_____

☐ NOT CLEARED ☐ ALL SPORTS ☐ Certain Sports Reason: _____

_____
Name of Physician (Print) Physician Signature Date

_____
Clinic Name & Physician Address City State Zip Code Phone

_____ _____
Athlete Signature Date

_____ _____
Parent Signature (If athlete under the age of 18) Date