Varsity Student Athlete Physical Examination Form

Only Needs to be Completed by Intercollegiate Varsity Student Athletes. To submit the form, visit medical.mit.edu/athletics and follow the instructions. The deadline to submit the form is July 31.

A **physician, physician assistant, registered nurse, or nurse practitioner** who is not the student or a relative of the student must complete all questions in English and sign this page. Athletes must have a physical within 6 months of their sports start date (fall season date for spring sports) and must have a clinician complete the attached Sickle Cell Trait Status form.

student's surname (family name)	first name (given name)	date of birth (month/day/year)	Sport	MIT ID# if known

History and Review of Systems

Please answer all questions. Check "Y" for yes or "N" for no. If yes, please explain on page 8 under "Explain abnormalities" or add an additional sheet for explanation if necessary.

Has the patient had:

	Y	N		Y	N		Y	N		Y	N
Anemia	☐	☐	Frequent anxiety	☐	☐	Joint reconstruction	☐	☐	Seizure disorder	☐	☐
Asthma	☐	☐	Recurrent headaches	☐	☐	Knee/shoulder problems	☐	☐	Skin disorder	☐	☐
Diabetes mellitus	☐	☐	Head injury/concussion	☐	☐	Back/neck/spine problems	☐	☐	Exertional collapse	☐	☐
Infectious mononucleosis	☐	☐	Anaphylaxis	☐	☐	Stress fracture	☐	☐			
Gum/tooth disease	☐	☐	Shortness of breath	☐	☐	Heat exhaustion	☐	☐	**Biological females:**		
Eye/vision condition	☐	☐	Chest pain or pressure	☐	☐	Hernia/hernia repair	☐	☐	Irregular periods	☐	☐
Ear, nose, or throat trouble	☐	☐	Heart palpitations	☐	☐	Recent weight gain or loss	☐	☐	Severe cramps	☐	☐
H/O appendectomy	☐	☐	High or low blood pressure	☐	☐	Eating disorder	☐	☐	Excessive bleeding	☐	☐
Any other surgery	☐	☐	Heart murmur	☐	☐	Restriction/purging/binging	☐	☐	Amenorrhea	☐	☐
Loss of paired organ	☐	☐	Myocarditis	☐	☐	Dizziness or fainting	☐	☐			
Depression	☐	☐	Joint disease or injury	☐	☐	Weakness or paralysis	☐	☐			

Physical Examination

Height: _____ **Weight:** _____ **BMI:** _____ **Blood Pressure:** _____ **Pulse:** _____

Please check each system below and indicate if it is normal or abnormal. If abnormal, please give details on page 8 under "Explain abnormalities."

System	Normal	Abnormal	System	Normal	Abnormal	System	Normal	Abnormal
Skin	☐	☐	Breasts	☐	☐	Genitourinary	☐	☐
HEENT	☐	☐	Cardiovascular	☐	☐	Extremities	☐	☐
Lymph nodes	☐	☐	Peripheral vascular	☐	☐	Reflexes	☐	☐
Thyroid	☐	☐	Heart murmur	☐	☐	Neurologic	☐	☐
Chest/lungs	☐	☐	Abdomen	☐	☐	**Continues on next page...**		

- **Keep a copy of the completed form for your records.**
- **To submit the form, visit medical.mit.edu/athletics and follow the instructions. The deadline to submit the form is July 31.**

student's surname (family name) | first name (given name) | date of birth (month/day/year)

Physical Examination, continued

Explain any abnormalities:

Is this person under treatment for any medical or mental health condition? If yes, please describe the problem and treatment:

In your opinion, is there any contraindication for this person to participate in collision, contact, or non-contact sports? If yes, please describe the nature of your suggested limitation or your advice for further work-up:

Do you have any recommendations for this person's health care while at MIT?

Certification by health care provider (required)

signature of physician/PA/NP/RN | printed name | date (month/day/year)

mailing address | office phone

MIT Use Only — Intercollegiate sports participation

☐ Approved ☐ Denied ☐ Requires sports med physician review **INITIALS** _____

Sickle Cell Trait Status

Complete this form if you plan to participate in intercollegiate (varsity) sports. Submit this form with your physical examination.

Deadline
July 31 or before participation in intercollegiate sports

surname (family name) _____ first name (given name) _____ date of birth (month/day/year) _____

To be medically cleared for intercollegiate (varsity) sports participation, **all students,** both undergraduate and graduate, are required to have a pre-entrance physical examination within 6 months of the first day of participation for their sport, and submit this form.

About Sickle Cell Trait

- Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
- Sickle cell trait is a common condition.
- Although sickle cell trait is most predominant in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean and South and Central American ancestry, persons of all races and ancestry may test positive for sickle cell trait.
- Sickle cell trait is usually benign, but during intense, sustained exercise, decreased oxygen in the muscles may cause sickling of red blood cells (change from normal disc shape to a crescent, or "sickle," shape). Sickled red blood cells can accumulate in the bloodstream and block blood vessels. This can lead to collapse from rapid breakdown of muscles without blood supply.

Sickle Cell Screening

- Sickle cell trait testing in the form of a **sickle cell screen blood test** should be done by the student-athlete's primary care clinician before coming to campus. If testing is not performed at home, you can request testing at MIT Medical.

Sickle Cell Screening Results and Clinician Signature

Sickle cell screen date: _____ date (month/day/year)	**Result:** _____ positive/negative

Certification by health care provider (required)

signature of physician/PA/NP/RN _____ printed name _____ date (month/day/year) _____