

**PART I: MEDICAL HISTORY OF STUDENT-ATHLETE FOR PARTICIPATION IN
INTERCOLLEGIATE ATHLETICS AT CCBC CATONSVILLE, DUNDALK AND ESSEX**

***To be completed by student-athlete, OR PARENT/GUARDIAN IF UNDER 18 YEARS OF AGE, and
submitted to the examining physician BEFORE the pre-participation physical exam.***

Student-Athlete Name _____
Last First Middle

Home Address _____
City/State Zip

Date of Birth _____ Cell Phone _____ Sport _____

Email _____

PERSONAL HEALTH AND MEDICAL HISTORY OF STUDENT-ATHLETE:

Please provide further explanation if you answer "YES" to any of the questions.

1. Do you have any known allergies? Y / N
If yes, please explain: _____
2. Do you have an ongoing or chronic illness? Y / N
If yes, please explain: _____
3. Have you ever been hospitalized overnight? Y / N
If yes, please explain when and for what: _____
4. Have you ever had a surgery? If yes, which body part? (Indicate left or right if applicable) Y / N

5. Are you currently taking any prescription or over-the-counter medications? Y / N
If yes, please explain: _____
6. Have you ever taken any supplements, vitamins or herbs to help you gain or lose weight or
improve your performance? Y / N
If yes, please explain: _____
7. Have you ever passed out or felt dizzy during or after exercise? Y / N
8. Have you ever experienced chest pain during or after exercise? Y / N
If yes, have you had a cardio exam? _____
9. Do you get tired more quickly than your friends during exercise? Y / N
10. Have you felt your heart racing or skipping a beat? Y / N
11. Have you ever been told you have sickle cell trait or sickle cell anemia (disease)? Y / N
12. Have you or any direct family member had high blood pressure or high cholesterol? Y / N
13. Have you ever been told that you have a heart murmur? Y / N
14. Has any family member died of heart problems or of sudden death before age 45? Y / N
If yes, from what and state relationship to you: _____
15. Has a physician ever denied or restricted your participation in sports for any heart problem? Y / N
If yes, please explain: _____
16. Have you had a severe viral infection (i.e. mononucleosis) within the last month? Y / N
If yes, please explain: _____
17. Do you have any current skin problems (i.e., acne, itching, rashes, warts, fungus, or blisters)? Y / N
If yes, please explain: _____

PART I: Page 2

18. Have you ever had a head injury or concussion? Y / N
If yes, when and number of times: _____
19. Have you ever been knocked out, become unconscious or lost your memory? Y / N
If yes, when and number of times? _____
20. Have you or any direct family member ever had a seizure? Y / N
21. Do you have frequent or severe headaches? Y / N
22. Have you had numbness or tingling in arms, hands, legs or feet? Y / N
If yes, please explain: _____
23. Have you ever had a “stinger,” “burner” or a pinched nerve? Y / N
24. Have you ever become ill from exercising in the heat? Y / N
If yes, when and were you hospitalized? _____
25. Do you have severe coughing, wheezing or difficulty breathing during or after activity? Y / N
26. Do you have asthma? Y / N
If yes, are you medicated and/or use an inhaler*? _____
***Please provide a spare inhaler to your athletic trainer for emergency situations.**
27. Have you had any problems with your eyes or vision? Y / N
28. Do you wear glasses, contacts or protective eyewear? Y / N
29. Do you want to weigh more or less than you do now? Y / N
30. Do you feel stressed out? Y / N
31. Do you use any special protective or corrective equipment (i.e., knee brace, orthotics, hearing aid)? Y / N
If yes, please explain: _____
32. Do you have any pins, plates, screws or anything metal in your body? Y / N
If yes, please explain: _____
33. Have you ever had a sprain, strain or swelling after injury? Y / N
If yes, please explain: _____
34. Have you ever broken or fractured any bone or dislocated any joint? Y / N
If yes, what/where? _____
35. Do you have other illnesses or orthopedic problems which require medical attention that your athletic trainer should be aware of? Y / N
If yes, please explain: _____
36. **Female only:**
When was your first menstrual period? _____
When was your most recent menstrual period? _____
Do you have severe cramps or irregular flow? _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. I give my permission to the physician to complete PART II for confidential use in meeting my health for sports participation and educational needs in school.

Signature of Student-Athlete or Parent/Guardian (if student-athlete is under age 18)

Date

Preparticipation Physical Examination Form



PHYSICAL EXAMINATION

This page is to be completed by the physician/nurse practitioner /physician assistant Date of Exam _____

Name _____ Date of Birth _____

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____

Vision R 20/ _____ L 20/ _____ Corrected Y N Flexibility: _____

	Normal	Abnormal Findings		Normal	Abnormal Findings
Medical			Musculoskeletal		
Appearance			Back		
Eyes/Ears/Nose/Throat			Neck		
Lymph Nodes			Shoulder/ Arm		
Heart			Elbow/Forearm		
Pulses			Wrist/ Hand		
Lungs			Hip/Thigh		
Abdomen			Knee		
Genitalia (males only)			Leg/Ankle		
Skin			Foot		
Doctor's Signature: _____			Doctor's Signature: _____		
Printed Name: _____			Printed Name: _____		
<input type="checkbox"/> MedStar PCSM <input type="checkbox"/> MedStar PromptCare <input type="checkbox"/> Other			<input type="checkbox"/> MedStar Orthopedics <input type="checkbox"/> MedStar PCSM <input type="checkbox"/> Other		

*Station-based examination only

CLEARANCE

Cleared

Cleared after completing evaluation/rehabilitation for:

Not cleared for sports

Reason: _____

medstaratc@medstar.net
888-44-SPORT (8 88-447-7678) **PHONE**

Acceptance of Risk/Liability Waiver Affidavit

- I. I understand 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.
- II. I understand that I must refrain from practices or games during medical treatment until I am discharged from treatment by the team physician and/or certified athletic trainer.
- III. I understand and accept the risks of injury, permanent disability, and death that are inherent in the sport(s). By signing below, I pledge to do the best to reduce these risks by keeping in the best possible condition and following the advice of the team physician, attending physician, certified athletic trainer, and/or coaching staff concerning the prevention, treatment, and rehabilitation of athletic injuries.

Insurance and Treatment Consent

- IV. I grant permission to the sports medicine staff to hospitalize and secure treatment for myself for any athletic injuries. If the athlete is a minor, the undersigned parent grants permission to the sports medicine staff to hospitalize and secure treatment for my son/daughter.
- V. I understand that CCBC, Baltimore County, Maryland, the NJCAA, Region XX, and the Maryland JUCO Conference do not provide nor require medical insurance for students engaged in any CCBC co-curricular activities, including intercollegiate athletics, and are not responsible in any way for insurance coverage or medical costs for any injury(ies) resulting from my participation in intercollegiate athletics at CCBC. Due to the inherent nature of physical injury, including permanent disability and death, within intercollegiate athletics, I understand it is in my best personal, physical, financial, and emotional welfare to carry and fund my own personal insurances.
- VI. Permission is hereby granted to the CCBC Athletic Trainer to proceed with any medical or first aid treatment for the above named participant. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made to contact me in the most expeditious manner possible. In the event that I cannot be reached, the treatment necessary for the best interest of the above-named participant may be given.

I, the undersigned, have read and understood the preceding medical policy statement and agree to follow its procedures and hereby give consent.

Name of Student-Athlete (*Please print*) _____

Signature of Student-Athlete

Date

Signature of Parent/Guardian (*if student-athlete is under the age of 18*)

Date

CCBC ATHLETIC TRAINING – CATONSVILLE, DUNDALK, ESSEX

Authorization for the Release of Medical Records and Protected Health Information

I, _____, hereby authorize any healthcare provider involved in my care to release my medical records, which were generated based on my visit(s) to its facility for the purpose of medical examination, evaluation and treatment to the Certified Athletic Trainer affiliated with CCBC. I understand that the release of my medical information will be used for my health and safety during the course of my participation in athletics, and that the Certified Athletic Trainer involved in my case has been employed by CCBC through Medstar Sports Medicine as an approved medical provider.

The medical information and participation status obtained may also be disclosed to coach(es) for my health and safety, or to university administrators and academic counselors to support my academic progress, and to sports information staff and members of the media regarding my participation status.

The medical records authorized for release include, but are not limited to, all reports, findings, recommendations, test results, office notes, x-rays, other films, scans, slides, studies or any other information, documents or other items that concern my medical condition, diagnosis, treatment, prognosis or ability to participate in an organized athletic program.

This authorization is valid for thirteen (13) calendar months from the below date. I understand that I may revoke this authorization in writing at any time. Should I choose to revoke this authorization, I am aware that this may prevent the Certified Athletic Trainer from obtaining the medical information that may be needed to properly treat my condition, which may ultimately delay my return to athletic participation.

Student-Athlete's Name (*PLEASE PRINT*)

Date of Birth

Student-Athlete's Signature

Date

Parent/Guardian's Name (*if student-athlete is under age 18*) (*PLEASE PRINT*)

Parent/Guardian's Signature (*if student-athlete is under age 18*)

Date