

Dear Muhlenberg College Athlete,

The Department of Athletics would like to welcome you. Attached you will find the athletic pre- participation forms including the health questionnaire, physical examination form, and sickle cell testing information. We ask that you take your time filling out the forms and complete them in their entirety. **Student-athletes will not be permitted to participate in their sport(s) without the health questionnaire, physical examination, copy of the ECG, and sickle cell train information on file.**

Physical Examination and ECG:

This should be completed and returned by July 1st.

As per NCAA guidelines, a pre-participation medical evaluation is required upon a student- athlete's entrance in the athletics program. Please complete the health questionnaire and have it reviewed by your physician during your physical exam. Please take note that Muhlenberg College requires ECG's for all athletes. This is a quick, inexpensive test that should be done in your physician's office as part of your physical exam. Please have your physician attach an interpretable copy of the ECG to the physical form. As ECG's are currently required in the MLB, MLS, NBA and NFL, we anticipate this will be a required practice throughout the NCAA in the near future.

Sickle Cell Trait Testing:

In spring 2013 the NCAA issued a statement requiring confirmation of sickle cell trait status for all Division III student-athletes. Sickle cell disease affects millions of people throughout the world and is particularly common among people whose ancestors come from sub-Saharan Africa, Spanish-speaking regions in the Western Hemisphere (South America, Cuba, and Central America), Saudi Arabia, India, and Mediterranean countries such as Turkey, Greece, and Italy. Because of this, many states have required newborn screening for sickle cell since 1994. However, some student-athletes may not know if they have the trait or have even been tested.

It is important for student-athletes to be aware of their sickle cell trait status. Sickle cell trait is an inherited blood disorder, which is generally regarded as a benign condition. However, individuals with sickle cell trait may have rare complications, including fatal exertional heat illness with exercise and/or sudden idiopathic death with exercise. In rare cases, exercise- induced dehydration or exhaustion can cause healthy red blood cells to turn sickle-shaped, which can cause death during sporting activities. As such, athletes with sickle cell trait and the athletic staff must be aware of the athlete's sickle cell status and the risks associated with sickle cell trait.

All student-athletes must complete the Sickle Cell Trait Testing Student Form (page 3 of the varsity sports form). The Sickle Cell Trait Testing Form serves as verification that the student has been informed about sickle cell trait. On that form, the student will also indicate whether

he/she had sickle cell trait testing done by their physician or is waiving this test. The student's physician must also complete the Sickle Cell Trait Verification box on the physical exam form.

ADHD Medication Information:

The NCAA enacted a policy which went into effect August 1, 2009 regarding documentation for ADHD treatment with NCAA banned stimulant medications. The most common medications used to treat ADHD are Ritalin and Adderall, which are banned under the NCAA class of stimulants. In order for a medical exemption to be granted for use of these stimulant medications, the student-athlete must show that s/he has undergone standard assessment to identify ADHD. The student-athlete should either provide documentation of an earlier assessment, or undergo an assessment prior to using stimulant medications for ADHD. **If a student athlete has not undergone a standard assessment to diagnose ADHD, s/he has not met the requirements for the NCAA medical exemption.**

In order to comply with these guidelines, student-athletes must submit the necessary documentation regarding ADHD and stimulant use **annually** before the start of the sports season.

Please refer to the Muhlenberg College Athletic Training website for the required information and form to submit regarding ADHD medicine

Please be aware that if athletes are taking any other medications, in accordance with NCAA guidelines, these should be reported to the Athletic Training Staff. A list of all NCAA banned substances can be found on the Muhlenberg College's Athletic Training website.

Please submit all the above information to the Muhlenberg College Athletic Training Office by July 1st. Health forms that are not submitted by the deadline may result in a delay in athletic participation. For extraordinary circumstances which may delay submission of these forms, please contact the Athletic Training staff.

The health and safety of every student athlete at Muhlenberg is our main priority. We look forward to another exciting year. Thank you for your cooperation in helping keep our athletes safe.

Any questions, please contact the Muhlenberg College Athletic Training Office (484-664-3391 or stevenemes@muhlenberg.edu)

Sincerely,

Stephen Nemes, LAT, ATC
Head Athletic Trainer

Corey Goff
Athletic Director

**Muhlenberg College Varsity Athletics, Women's Rugby & Men's Ice Hockey
Participation Physical Evaluation Form**

Return to: Athletic Training Office, Muhlenberg College, 2400 Chew Street, Allentown, PA 18104

Name: _____ Sport: _____ Date: _____
 Class Year: _____ Cell Phone _____ DOB: _____ Age _____ Gender: _____
 Parent/ Guardian: _____ Phone (H) _____ Phone (cell) _____

| GENERAL QUESTIONS | | Yes | No | MEDICAL QUESTIONS | | Yes | No |
|---|--|-----|----|--|--|-----|----|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | | | | 23. Has a doctor ever told you that you have asthma or allergies? | | | |
| 2. Do you have any ongoing medical conditions? If yes, please identify: [] Asthma [] Diabetes [] Seizures [] other _____ | | | | 24. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | | |
| 3. Have you ever spent the night in a hospital? | | | | 25. Have you ever used an inhaler or taken asthma medicine? | | | |
| 4. Have you ever had surgery? If yes, specify: _____ | | | | 26. Is there anyone in <i>your</i> family who has asthma? | | | |
| HEART HEALTH QUESTIONS ABOUT YOU | | | | 27. Were you born without or are you missing a kidney, eye, testicle, or any other organ? | | | |
| 5. Have you ever passed out or nearly passed out DURING exercise? | | | | 28. Have you had infectious mononucleosis (mono) within the last month? | | | |
| 6. Have you ever passed out or nearly passed out AFTER exercise? | | | | 29. Do you have any rashes, pressure sores, or other skin problems? | | | |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise? | | | | 30. Have you had a herpes skin infection? | | | |
| 8. Does your heart race or skip beats at rest or during exercise? | | | | 31. Have you ever had a head injury or concussion? | | | |
| 9. Has a doctor ever told you that you have [] High Blood Pressure [] High Cholesterol [] other _____ [] Heart Murmur [] Heart Infection [] Kawasaki Disease [] Arrhythmias (extra heart beats) | | | | 32. Have you ever had a hot or blow to the head that caused confusion, prolonged headache, or memory problem? If yes, specify (include dates): _____ | | | |
| 10. Has a doctor ever ordered a test for <i>your</i> heart? (for example, ECG, Echocardiogram). Have you ever seen a cardiologist for any reason? If yes, specify _____ | | | | 33. Have you ever had a seizure? | | | |
| 11. Do you get more tired or short of breath more quickly than your friends during exercise? | | | | 34. Do you have headaches with exercise? | | | |
| 12. Have you ever had an unexplained seizure? | | | | 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | | | |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | | | | 36. Have you ever been unable to move your arms or legs after being hit or falling? | | | |
| 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50? If yes, specify _____ | | | | 37. When exercising in the heat, do you have severe muscle cramps or become ill? | | | |
| 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, long QT syndrome, short QT syndrome, arrhythmogenic right ventricular cardiomyopathy, WPW (wolf Parkinson white syndrome) Brugada syndrome, or catecholamine polymorphic ventricular tachycardia? | | | | 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | | | |
| 15. Does anyone in your family have a heart problem, pacemaker, or implantable defibrillator? | | | | 39. Have you had any problems with your eyes or vision? | | | |
| 16. Has anyone in your family died for no apparent reason? | | | | 40. Do you wear glasses or contact lenses? | | | |
| BONE AND JOINT QUESTIONS | | | | 41. Do you wear protective eyewear, such as goggles or a face shield? | | | |
| 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? If yes, circle affected area below. | | | | 42. Are you happy with your weight? | | | |
| 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle affected area below. | | | | 43. Are you trying to gain or lose weight? | | | |
| 19. Have you had a bone or joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, brace, cast, or crutches? If yes, circle below: Bone and Joint Injury Locations: Neck Shoulder Upper Arm Elbow Forearm Hand/fingers Chest Upper back Lower Back Hip Thigh Knee Calf/Shin Ankle Foot/Toes | | | | 44. Has anyone recommended you change your weight or eating habits? | | | |
| 20. Have you ever had a stress fracture? | | | | 45. Do you limit or carefully control what you eat? | | | |
| 21. Have you been told that you have or have you had an <i>x-ray</i> for atlantoaxial (neck) instability? | | | | 46. Have you ever had an eating disorder? | | | |
| 22. Do you regularly use a brace or assistive device? | | | | 47. Do you have any concerns that you would like to discuss with a doctor? | | | |
| MEDICATIONS AND ALLERGIES | | | | FEMALES ONLY | | | |
| Please list all the prescription and over the counter medicines and supplements (herbal and nutritional) that you are currently taking: _____ | | | | Have you ever had a menstrual period? ____ yes ____ no | | | |
| Do you have any allergies? [] Yes [] No If yes, please identify specific allergy below: [] Pollens _____ [] Food _____ [] Stinging Insects _____ [] Medications _____ | | | | How old were you when you had your first menstrual period? Age _____ | | | |
| | | | | How many periods have you had in the last 12 months? _____ | | | |
| | | | | Date of Last Menstrual period. _____ | | | |
| | | | | EXPLAIN ALL "YES" ANSWERS HERE | | | |
| | | | | _____ | | | |
| | | | | _____ | | | |
| | | | | _____ | | | |

Name: _____ DOB: _____

| Follow-Up Questions on More Sensitive Issues | Yes | No |
|---|-----|----|
| Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days? | | |
| Do you feel stressed out or under a lot of pressure? | | |
| Do you feel safe? | | |
| Do you currently smoke? | | |
| During the past 30 days did you use chewing tobacco, snuff or dip? | | |
| During the past 30 days have you had at least 1 drink of alcohol? | | |
| Have you ever taken steroids without a doctor's prescription? | | |
| Have you ever taken any supplements to help you gain or lose weight or improve performance? | | |

This part to be Completed by a Licensed Health Care Professional

Date: _____ Height: _____ Weight: _____ BMI: _____ B/P Arm: _____

Pulse: _____ Pupils: Equal _____ Unequal _____ Vision: R 20/ _____ L20/ _____ Corrected: Y N

| | NORMAL | ABNORMAL FINDINGS |
|---|--------|-------------------|
| Appearance | | |
| Eyes/ears/nose/throat/hearing | | |
| Lymphatics | | |
| Cardiovascular: | | |
| <ul style="list-style-type: none"> • Heart rhythm <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal • Heart murmur <input type="checkbox"/> No <input type="checkbox"/> Yes <ul style="list-style-type: none"> Systolic murmur grade 3 or more <input type="checkbox"/> Yes <input type="checkbox"/> No Location _____ Does murmur increase with Valsalva? <input type="checkbox"/> Yes <input type="checkbox"/> No Diastolic murmur <input type="checkbox"/> Yes <input type="checkbox"/> No Location _____ • Delay in femoral pulses? <input type="checkbox"/> Yes <input type="checkbox"/> No • Marfan Criterias (Chest deformities, long arms and legs, wrist/joint hyperflexibility flat footedness, scoliosis, lens dislocation, high arched palate, etc): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____ • Comments: _____ | | |
| Lungs | | |
| Abdomen | | |
| Genitourinary/Testicles | | |
| Hernia | | |
| Skin | | |
| MUSCULOSKELETAL | | |
| Neck | | |
| Back | | |
| Shoulder/arm | | |
| Elbow/forearm | | |
| Wrist/hand/fingers | | |
| Hip/thigh | | |
| Knee/Leg | | |
| Ankle/foot/ toes | | |

Sickle Cell Trait Status Physician Verification (NCAA requires confirmation of sickle cell trait status for all Division III athletes or signed waiver)

- I verify that the above named individual has been tested for sickle cell trait.
Date of Sickle Cell Trait Testing _____ Results (circle): Positive Negative
 Student declined sickle cell trait testing. Student has signed sickle cell testing waiver (on page 3 of this form).

****12-lead Resting ECG Required. Please attach interpretable copy of ECG.**

Cleared without restriction Cleared with restriction. Specify: _____

Not cleared. Reason: _____

Name of physician (print/type) _____ Date _____

Signature of physician _____, MD or DO

Address _____ Phone _____



Muhlenberg College Athletic Training Office

Sickle Cell Trait Testing Student Form

About Sickle Cell Trait:

- Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells
- 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 has been associated with a condition known as exertional rhabdomyolysis, renal failure and death. Complicating factors include extreme exertion, increased heat, altitude and dehydration.
- Sickle cell trait is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or “sickle” shape). Sickled cells can accumulate in the bloodstream and “logjam” blood vessels, leading to a collapse from the rapid breakdown of muscle starved of blood.
- Please review “Sickle Cell Trait – A Fact Sheet for Student-Athletes” from the NCAA.
http://fs.ncaa.org/Docs/health_safety/SickleCellTraitforSA.pdf

Sickle Cell trait Testing:

- The NCAA requires confirmation of sickle cell trait status for all Division III student-athletes.
- Muhlenberg College requires confirmation of sickle cell trait status for all Men’s Ice Hockey & Women’s Rugby players

ALL STUDENT-ATHLETES MUST CHECK ONE OF THE BOXES BELOW:

Sickle Cell Trait Testing Verification or Sickle Cell Trait Testing Waiver

- After reviewing the above information and the NCAA “Sickle Cell Trait – A Fact Sheet for Student-Athletes” I have elected to do one of the following (please check and fill in):
 - I have provided documented proof of my Sickle Cell Trait status by having my physician complete the Sickle Cell Trait Status Physician Verification Section of the physical examination form.
 - I, _____, understand and acknowledge that the NCAA and
(Student-Athlete Name)
Muhlenberg College recommends that all student-athletes have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned facts about sickle cell trait testing.

I do not wish to undergo sickle cell trait testing and I voluntarily agree to release, discharge, indemnify, and hold harmless the Muhlenberg College, its officers, employees, and agents from any and all costs, liabilities, expenses, claims demands, or causes of action on account of any loss or personal injury that might result from my non-compliance with the recommendation of the NCAA and Muhlenberg College.

ALL STUDENT-ATHLETES MUST COMPLETE THE SECTION BELOW:

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

Student-Athlete Name: _____ Date of Birth: _____
(please print)

Student-Athlete Signature _____ Date _____

Parent/Guardian Signature (if under 18 years of age) _____ Date: _____

Parent/Guardian Name _____
(please print)

The undersigned herewith:

1. Understands that the above information will be reviewed by the Health Services and Athletic Training staff, who will determine the athlete's ability to fully participate in athletics. The athlete may not participate until such time medical clearance is *granted*.
2. Understands that he/she must refrain from practice or play while ill or injured, whether or not receiving medical treatment and during medical treatment, until he/she is discharged from treatment or is given permission by the physician/athletic trainer to restart participation despite continuing treatment.
3. Understands that having passed the physical examination does not necessarily mean that he/she is physically qualified to engage in athletics, but only that the examiner did not find medical reason to disqualify him/her at the time of said examination.
4. Certifies that the answers to the questions above are correct and true.
5. Allows Muhlenberg College Health Services to share all health information relevant to my athletic participation with the Muhlenberg College Athletic Training Staff for the duration of my enrollment at Muhlenberg College, and understand that subsequent disclosure of that information, i.e. to coaches, cannot be controlled by Health Services.

Signature of Student Athlete _____ Date _____

Printed Name of Student Athlete _____ DOB: _____

BELOW TO BE COMPLETED BY MUHLENBERG COLLEGE SPORTS MEDICINE

CARDIOVACULAR SYSTEM

| | | |
|---|------------------------------|---|
| Heart Rate at Rest | _____ BPM | Cardiology work-up if resting HR <40 or >100 beats/min or irregular |
| Blood pressure at rest | _____ mmHg | Cardiology work-up if BP ≥ 140/90 |
| History (see answers to heart questions in player history) | ____ Normal ____ Abnormal | abnormal or positive (requires Cardiology work up) |
| Physical Examination | ____ Normal ____ Abnormal | abnormal or positive (requires Cardiology work up) |
| 12-lead resting ECG | ____ Normal ____ Abnormal | abnormal or positive (requires Cardiology work up) |

Current Risk Rating (circle one):

- 0: Minimal Risk:** No history of heart disease or symptoms, negative family history, normal examination, normal ECG.
- 1: Low Risk: CLEARED**
- a. History of grade 2 or less systolic murmur which does not increase with Valsalva
 - b. Corrected heart disease for which Bethesda Guidelines allow play
 - c. Treated blood pressure ≤140/90 mmHg
 - d. Mildly abnormal ECG but normal history and physical
 - e. Positive family history, but unlikely to have inherited heart disease
- 2: Significant Risk (circle any or all that apply): NOT CLEARED**
- a. B/P ≥ 140/90
 - b. More than 10mm Hg difference in B/P in arms
 - c. Cardiac symptoms suspicious for underlying heart disease
 - d. Delay in femoral pulses
 - e. Grade 3 or more systolic murmur, or murmur that increases with Valsalva
 - f. Diastolic murmur
 - g. Positive answers to family history, likely to have inherited heart disease
 - h. Positive answers to pre-existing heart disease for which Bethesda Guidelines do not allow play
 - i. Stigmata of Marfans
 - j. Distinctly abnormal ECG.

GENERAL & ORTHOPEDIC PARTICIPATION CLEARANCE

Current Risk Rating: 0 1 2 3 4 5/1 5/2 5/3 5/4 5/5 (Circle one)

- 0: Minimal Risk** No injuries - normal examination.
- 1: Low Risk** History of injury or problem - otherwise normal examination.
- 2: Medium Risk** Problem by history, examination or radiograph that may cause significant problems in the future but does not effect current playing status (i.e.: meniscus tear, post op subtotal meniscectomy or mild articular damage).
- 3: Significant Risk** Significant injury that has undergone successful treatment but player has not yet proven the ability to return to pre-injury activities (i.e.: post op ACL reconstruction with excellent functional strength that has not played).
- 4: High Risk** Significant current problem (i.e.: degenerative joint disease, ACL or PCL deficiency) that will almost guarantee lost time and/or is potentially career ending.
- 5: No Play** This category is to be used for someone who is currently unable to play due to orthopedic condition or suspected cardiac or medical illness. The number next to the FIVE (5) indicates physician's best estimate of the risk rating the player will receive after the player achieves maximum medical improvement/permanent and stationary status.

Comments: _____

Date: _____ Not approved; Requires: _____ Signature: _____

Date: _____ Approved for participation. Evaluating Physician Signature: _____

| | |
|--|---------------------------------|
| Athletic Office Use Only: | |
| Date Received: _____ Athletic Office Initials: _____ | Date: _____ ATR Initials: _____ |
| PPE Date: _____ Signature: _____ | |