George Mason University
Department of Intercollegiate Athletics

2010-2011 Academic Year

STUDENT-ATHLETE MEDICAL HISTORY AND PHYSICAL FORM

Student-Athlete/Parent should complete Page 1 & 2 only. The physician will complete Pages 3 and 4.

Date: _____ Sport: Men's _____ Women's _____ Age: _____ Sex: ___

All information is confidential and is retained exclusively for the use of George Mason University's Athletic Department

Name: _____ Date of Birth: _____

Student G Number _____

PERMANENT ADDRESS

Street: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____

Do you have an absence or loss of function in any of the following body parts?

❑ Eye	❑ Ear	❑ Lung	❑ Internal Organ	❑ Genital Organ	❑ Kidney	❑ Other
Explain:						

Please check (Y) Yes or (N) No and provide appropriate dates and explanations for all items listed below:

Prior occurrence of chest pain/discomfort during exercise?	❑ Y	❑ N	Explain:
Prior occurrence of fainting/dizziness with exercise?	❑ Y	❑ N	Explain:
Unexplained/unexpected shortness of breathe or fatigue with exercise?	❑ Y	❑ N	Explain:
Heart murmur?	❑ Y	❑ N	Explain:
High or low blood pressure?	❑ Y	❑ N	Explain:
Frequent headaches?	❑ Y	❑ N	Explain:
Family history of sudden death?	❑ Y	❑ N	Younger than 50 yrs. old Yes____ No ____ (Check)
Family history of heart disease?	❑ Y	❑ N	Younger than 50 yrs. old Yes____ No ____ (Check)
Family history of Marfan's Syndrome?	❑ Y	❑ N	
History of Rheumatic Fever?	❑ Y	❑ N	Explain:
Personal or Family history of diabetes?	❑ Y	❑ N	Explain:
Personal or Family history of sickle cell disease or sickle cell trait?	❑ Y	❑ N	
Weight change of 5lbs. or more?	❑ Y	❑ N	Explain:
History of irregular menstrual cycle?	❑ Y	❑ N	# of cycles in past yr:
Are you pregnant?	❑ Y	❑ N	
Heat exhaustion/Heat stroke?	❑ Y	❑ N	When:
Concussion or other head and/or neck injury? When?	❑ Y	❑ N	Explain:
Surgery or serious illness? When?	❑ Y	❑ N	Explain:
Shoulder injury? When?	❑ Y	❑ N	Explain:
Elbow, wrist, or hand injury? When?	❑ Y	❑ N	Explain:
Back and/or hip injury? When?	❑ Y	❑ N	Explain:
Knee injury? When?	❑ Y	❑ N	Explain:
Lower leg, ankle, and/or foot injury? When?	❑ Y	❑ N	Explain:
Other injury? When?	❑ Y	❑ N	Explain:
Do you wear corrective lenses?	❑ Y	❑ N	Contacts? Yes____ No ____ (Check)
Are you now under a doctor's care?	❑ Y	❑ N	If yes, for what condition?
Do you have asthma? Do you use an inhaler?	❑ Y	❑ N	If yes, pls. complete questionnaire on pg 2.
Please list all medications you are currently taking:			
Please list all supplements (including vitamins) you are currently taking:			
Please list all allergies (medications, food, pollen, other):			

SIGNATURE OF PERSON COMPLETING THIS FORM **DATE**

Name: _____ Date of Physical _____

ASTHMA QUESTIONNAIRE:

At what age were you diagnosed?
What are your medications for asthma?
Have your medications changed during the past 12 months?
Have you visited the emergency room or your primary doctor for breathing difficulty in the past 12 months?
How often do you use your inhaler for shortness of breath every week?

Name: _____ Date of Physical _____

VITAL SIGNS

Blood Pressure: _____ Weight: _____ Height: _____

EXAMINATION:

H.E.E.N.T. –

Neck –

Lungs –

Heart/Pulse –

Supine Exam: _____ Squat to Stand / Valsalva Exam: _____

Radial-Femoral Pulse Assessment: _____

Recognition of Marfan's Syndrome –

Thumb Sign Y/N Wrist Sign Y/N Other _____

Back –

Abdomen –

Hernia Evaluation –

Upper Extremities –

Lower Extremities –

Nervous System –

Name: _____ Date of Physical _____

PHYSICIAN RECOMMENDATIONS:

- ❑ Cleared for all athletic participation
- ❑ Requires further evaluation prior to participation (see below)

_____

_____

_____

- ❑ May participate with restrictions, but further evaluation required. (see below)

_____

_____

_____

- ❑ May participate without restrictions, but further evaluation required. (see below)

_____

_____

_____

- ❑ Disqualified (see below)

_____

_____

_____

_____

Name of Examining Physician: _____

Address: _____

_____

Telephone: _____

Signature of Examining Physician: _____ Date: _____

Please return this form to:

George Mason University
MSN 3A5 – Athletic Training Room
Fairfax, Virginia 22030-4444
Office: (703) 993-3280
Fax: (703) 993-3360