

Montana State University-Billings
Athletic Treatment Center

Varsity Athletics Physical Examination Packet: **New athletes, transfers, etc...**

Emergency Information – Please Print Legibly

Name: _____ Age: ___ Date of Birth: ___ Sex: M F
First M.I. Last

Sport: _____ Social Security #: _____ Year in school: Fr So Jr Sr

Local Address: _____ Local Phone: _____
City: _____ State: ___ Zip: _____

Parent's/Permanent Address:
_____ Home Phone: _____
City: _____ State: ___ Zip: _____

In case of emergency notify: _____ Home Phone: _____
Relationship: _____ Work Phone: _____

Special Medical Information (Medications, Allergies, Medic Alert, etc...)

Physical Examination Consent

I, the above named athlete, do hereby consent to having a physical examination by a qualified physician for the express purpose of obtaining medical clearance to participate in organized athletics at Montana State University-Billings.

I understand such an examination is a requirement of any and all students prior to participation in intercollegiate athletics.

I also understand that all medical records pertaining to my participation at Montana State University-Billings are confidential, and cannot be released outside the athletic department without my prior written approval.

Signature: _____ Date: _____

Montana State University-Billings
Athletic Treatment Center

Athletic Insurance Policy

In an effort to facilitate the best possible medical care for athletic related injuries to MSU-Billings athletes, the athletic department has purchased a secondary medical insurance policy. This means that in the event of an injury to an athlete, the athlete's (or athlete's parents) primary insurance is billed first. Then the remainder of the bill is submitted to the school's insurance carrier. Under most circumstances the remainder of the bill is then covered by this secondary policy.

However, please be aware that there are limits to the extent and types of injuries that are covered by the University's insurance policy. This means that all injuries may not be fully covered, leaving some financial responsibility with the athlete. Also, please be aware that pre-existing medical conditions and non-athletic related injuries and illnesses are *not* covered by the school's insurance policy.

Because of these limitations in insurance coverage and rising costs in providing medical coverage to MSU-Billings Athletes, all athletes are required to show proof of coverage by a primary medical insurance policy. Failure to provide proof of primary coverage will result in the athlete not passing their pre-season physical and the athlete will be suspended from all team activities until proof of insurance coverage is provided.

I have read and understand Montana State University-Billings policy regarding its secondary health insurance coverage.

Signature

Date

Signature of Parent if athlete is under
18 years of age.

Date

Primary Insurance Information

I *do not* have primary medical insurance coverage at this time.

I do have primary medical insurance.

Attach Proof of Primary Medical coverage

Montana State University-Billings
Athletic Treatment Center
Shared Responsibility for Sport Safety

Participation in sports requires an acceptance of risk of injury. Student-athletes rightfully assume that those who are responsible for the conduct of the sport have taken reasonable precautions to minimize the risk of significant injury. Periodic analysis of injury patterns continuously leads to refinements in the rules and/or other safety guidelines.

However, to legislate safety via the rule book and equipment standards alone, while often necessary, is seldom entirely effective. To rely on officials to enforce compliance with the rule book is an insufficient as to rely on warning labels to produce behavioral compliance with safety guidelines. Compliance implies respect on everyone's part (student-athlete, coach, athletic trainer, physician, athletic director) for the intent and purpose of the rules and guidelines.

Student-athletes, for their part, should comply with and understand the rules and standards that govern their sports. Coaches should appropriately acquaint the student-athlete with risks of injury and with the rules and practices they are employing to minimize the student-athlete's risk of significant injury while pursuing the many benefits of the sport. The athletic trainer and team physician are also partly responsible for developing injury-prevention strategies (where possible) and the care of those injuries that occur. The athletics program, via the athletic director and coaches, should be responsible for providing a safe environment. The student-athlete and the athletics program have a mutual need for an informed awareness for the risks being accepted and for sharing the responsibility for minimizing those risks. your signature below indicates that you understand this shared responsibility process, including the role, you play in attempting to prevent injuries to yourself, your teammates and your opponents.

Signature of athlete/and parent if athlete is under age 18 Date

Assumption of Risk

I understand that while I am participating in intercollegiate athletics, there is a risk of injury. I understand that there is always the possibility of injuries when you place extra demands on the muscles, bones, joints, and ligaments in a competitive environment. Injuries that can occur in varsity athletics include by are not necessarily limited to the following: blisters, muscle strains, ligament and joint sprains, joint soreness, abrasions, contusions, stress fractures, broken bones, head, neck and spinal cord injuries involving paralysis and even death. However, if you exercise care for your safety and the safety of your teammates and your opponents, the likelihood of such injuries can be greatly reduced.

I hereby accept and assume the risk of injury and understand the possible consequences of such injury.

Signature of athlete/and parent if athlete is under age 18 Date

Consent for Treatment

I understand that I may be injured while participating in intercollegiate athletics at Montana State University-Billings. I authorize the school to obtain, through a physician of its choice, any emergency care that my become necessary while participating in or traveling under Montana State University-Billings' intercollegiate athletics program. I also authorize the University athletic team physician and athletics trainers to administer those treatments as necessary.

Signature of athlete/and parent if athlete is under age 18 Date

Heights (in.) _____ Weight (lbs.) _____ Blood Pressure ___/___

GENERAL MEDICAL HEALTH HISTORY

Do you CURRENTLY have any of the following SYMPTOMS or PROBLEMS?:

	YES	NO		YES	NO
Frequent Headaches			Abdominal Pain		
Visual Changes			Muscle Cramps		
Ringling in Ears			Frequent Nausea		
Sore Throats			Frequent Vomiting		
Sinus Congestion			Frequent Diarrhea		
Breathing Difficulty			Rectal Bleeding		
Recurring Coughing			Unusual Fatigue		
Chest Pain			Trouble Sleeping		

INTERNAL

Were you born with a complete and functional set of paired organs (eyes, ears, kidneys, ovaries/testicles, lungs)? Yes
No

If not, which organs were involved? _____

Have you ever had surgery to repair or remove any organ (hernia, tonsils, appendix, spleen, etc.)? Yes
No

- 1) If yes, which organ? _____ Repaired _ Removed ___ Date: _____
Physician _____ Address of Physician _____
- 2) If yes, which organ? _____ Repaired _ Removed ___ Date: _____
Physician _____ Address of Physician _____

CARDIAC	YES	NO
Have you ever felt dizzy, light-headed or passed out during or after exercise?		
Have you ever had chest pain while exercising?		
Have you ever had irregular heart beats or heart palpitations?		
Have you ever been told you have a heart murmur?		
Have you ever been seen by a heart specialist (cardiologist)?		
If yes, Who: _____ Date: _____		
Have you ever had an echo-cardiogram?		
Have you ever had a stress (heart) exam?		

VISION	YES	NO
Have you ever been to an eye doctor?		
Do you wear glasses now?		

Date of last visit: _____
 Physician's name: _____
 Rx: R _____ L _____
 Rx: R _____ L _____

Date of incident: _____
 Explain: _____

If yes, Reading Only		
Distance Only		
All the time		
Do you wear contacts lenses?		
If yes, Soft lenses		
Hard lenses		
Do you have a second pair?		
Do you wear contact lenses/glasses to participate?		
Have you ever had an eye injury?		
Is your color vision normal?		
Have you ever worn a false eye?		

DENTAL	YES	NO
Do you have a bridge or false teeth?		
Have you ever fractured a tooth?		
Have you had a tooth knocked out?		
Do you wear a mouth protector?		
Do you wear orthodontic appliances?		
Have you ever worn a false eye?		

COMMENTS

HEAT – Have you ever experienced any of the following?	YES	NO
Trouble with dehydration (Excessive loss of salt and water)		
Heat Stroke		
Heat Cramps (Due to fluid loss because of excessive heat)		
Heat Intolerance		

GENERAL MEDICAL HEALTH HISTORY (Continued)

ALLERGIES – Are you allergic to...?	YES	NO		YES	NO
Aspirin			Insect Bites/Stings		
Codeine			Tetanus Antitoxin or Serums		
Cortisone			Nail Polish or Cosmetics		
Sulfa			Any Foods:		
Anti-Inflammatories			Any Other Drug:		
Penicillin			Other:		

Hay Fever					
-----------	--	--	--	--	--

DRUG, FOOD SUPPLEMENTS AND MISCELLANEOUS AGENTS

Check the appropriate space according to YOUR use of the following items:

	Never	Rarely	Occasionally	Frequently
Vitamins				
Diet Pills				
Sleeping Pills				
Laxatives				
Alcoholic Beverages				
Antihistamines				
Anti-Inflammatories				
Caffeine				
Tobacco				
Other				

MISCELLANEOUS – Have you ever ?	YES	NO		YES	NO
Worn hearing aids			Do you have any pins, staples or wires in any part of your body?		
Stuttered or stammered					
Coughed up blood			Had any illness other than those already noted		
Bled excessively after injury					
Been advised to have any operations			Missed a game because of illness		

**FOR FEMALE ATHLETES ONLY, MALES PROCEED TO NEXT PAGE
WOMEN'S HEALTH HISTORY**

	YES	NO
Are your periods regular?		
Age of Onset: _____ Date of last period: _____ Interval between periods: _____ Duration of period: _____		
Is flow heavy?		

Comments:

If yes, what brand name:
If yes, explain:

If yes, date of last exam:
If yes, date of last:

Heavy bleeding ever a problem?		
Do you have bleeding between periods?		
Do you experience any unusual discharge?		
Are cramps a frequent problem during your period?		
Any past pregnancies/births?		
Are you on birth control medication?		
Do you use a birth control device?		
Do you do breast self examination?		
Do you have frequent urinary tract infections?		
Have you ever had a blood clot in your veins?		
Have you ever been treated for anemia?		
Have you ever been treated for an eating disorder?		
Have you ever had a gynecological exam?		
Have you ever had a pap smear?		
Have you ever had an abnormal pap smear?		

ORTHOPAEDIC HISTORY QUESTIONNAIRE

PLEASE PLACE A CHECK IN EITHER THE YES OR NO BOX,IF YOU HAVE QUESTIONS OR UNCERTAINTIES, PLEASE ASK ANY MEDICAL PERSONNEL FOR ASSISTANCE

HAVE YOU EVER INJURED OR CONSULTED A DOCTOR ABOUT ANY INJURY TO THE. . .

HEAD	YES	NO	DATE	COMMENTS
1. Unconscious				
2. Dazed/Dizzy				
3. Knocked Out				
4. Concussion				
5. Headaches				
6. Injections				
7. Pains				
8. Fractures				
9. X-rays, CT, MRI				
10. Hospitalized				
11. Surgery				
12. Missed Practices				

13. Missed Games				
14. Other				
NECK	YES	NO	DATE	COMMENTS
15. Sprain/Strain				
16. Stretches				
17. Pinches				
18. Disk Injury				
19. Dislocations				
20. Burners/Stingers				
21. Injections				
22. Pains				
23. Fractures				
24. X-rays, CT, MRI				
25. Hospitalized				
26. Surgery				
27. Missed Practices				
28. Missed Games				
29. Other				
30. Football Only – Do you wear a neck roll?				
CHEST WALL	YES	NO	DATE	COMMENTS
31. Fractured Collar Bone				
32. Fractured Ribs				
33. Sterno-Clavicular Separation				
34. Bruise				
35. Pains				
36. X-rays, CT, MRI				
37. Hospitalized				
38. Surgery				
39. Missed Practices				
40. Missed Games				
41. Other				
LOWER BACK	YES	NO	DATE	COMMENTS
42. Sprain/Strain				
43. Nerve Pinches				

44. Disk Injury				
45. Referred Pain				
46. Pain Down Leg				
47. Numbness in Leg				
48. Weakness in Leg				
49. Bruise				
50. Injections				
51. Pains				
52. Fractures				
53. X-rays, CT, MRI				
54. Hospitalized				
55. Surgery				
56. Missed Practices				
57. Missed Games				
58. Other				

ORTHOPAEDIC HISTORY QUESTIONNAIRE (Continued)

SHOULDERS	YES	NO	DATE	COMMENTS
59. Sprain/Strain				
60. A-C Separations				
61. Dislocations				
62. Partial Dislocations				
63. Shoulder Slips Out of Place				
64. Tendinitis				
65. Bursitis				
66. Injections				
67. Pain w/Overhead Activities				
68. Arm Goes "Dead" w/Trauma				
69. Fractures				
70. X-rays, CT, MRI				
71. Hospitalized				
72. Surgery				
73. Missed Practices				
74. Missed Games				
75. Other				
UPPER ARM/FOREARM	YES	NO	DATE	COMMENTS

76. Strain				
77. Calcium Deposit				
78. Casted				
79. Bruise				
80. Injections				
81. Numbness in Fingers				
82. Pains				
83. Fractures				
84. X-rays, CT, MRI				
85. Hospitalized				
86. Surgery				
87. Missed Practices				
88. Missed Games				
89. Other				
ELBOWS	YES	NO	DATE	
90. Sprain/Strain				
91. Bursitis				
93. Joint Locking				
94. Casted				
95. Tendinitis				
96. Bruise				
97. Swelling				
98. Injections				
99. Pains				
100. Fractures				
101. X-rays, CT, MRI				
102. Hospitalized				
103. Surgery				
104. Missed Practices				
105. Missed Games				
106. Other				
WRISTS	YES	NO	DATE	COMMENTS
107. Sprain/Strain				
108. Tendinitis				
109. Dislocations				

110. Casted				
111. Bruise				
112. Injections				
113. Pains				
114. Fractures				
115. X-rays, CT, MRI				
116. Hospitalized				
117. Surgery				
118. Missed Practices				
119. Missed Games				
120. Other				

ORTHOPAEDIC HISTORY QUESTIONNAIRE (Continued)

HANDS/FINGERS	YES	NO	DATE	COMMENTS
121. Sprain				
122. Dislocations				
123. Casted/Splints				
123. Bruise				
125. Injections				
126. Pains				
127. Fractures				
128. X-rays, CT, MRI				
129. Hospitalized				
130. Surgery				
131. Missed Practices				
132. Missed Games				
134. Other				
PELVIS/HIPS	YES	NO	DATE	COMMENTS
134. Sprain/Strain				
135. Groin Pulls				
136. Torn Muscles				
137. Dislocations				
138. Bruise				
139. Injections				
140. Pains				
141. Fractures				

142. X-rays, CT, MRI				
143. Hospitalized				
144. Surgery				
145. Missed Practices				
146. Missed Games				
147. Other				
THIGHS	YES	NO	DATE	
148. Sprain/Strain				
149. Quad Pulls				
150. Hamstring Pulls				
151. Torn Muscles				
152. Calcium Deposits				
153. Bruise				
154. Injections				
155. Pains				
156. Fractures				
157. X-rays, CT, MRI				
158. Hospitalized				
159. Surgery				
160. Missed Practices				
161. Missed Games				
162. Other				
LOWER LEGS	YES	NO	DATE	COMMENTS
163. Sprain/Strain				
164. Shin Splints				
165. Torn Muscles				
166. Bruise				
167. Injections				
168. Pains				
169. Painful-Tight Calf w/Activity				
170. Achilles Tendon Pain				
171. Stress Fracture				
172. Fractures				
173. . X-rays, CT, MRI				
174. Hospitalized				

175. Surgery				
176. Missed Practices				
177. Missed Games				
178. Other				

KNEES	YES	NO	DATE	COMMENTS
179. Sprained				
180. Sprained Ligament				
181. Casted/Splints				
182 Torn Cartilage				
183. Knee Cap Injury				
184. Knee Cap Dislocation				
185. Osgood Schlatter's				
186. Bursitis				
187. Swelling				
188. Locking				
189. Giving Away				
190. Sudden Weakness, Shifting				
191. Wear Braces				
192. Casted				
193. Arthritis				
194. Chondromalacia				
195. Grinding				
196. Tendinitis				
197. Jumper's Knee				
198. Bruise				
199. Injections				
200. Pains				
201. Pain w/ Stairs				
202. Pain w/ Squats				
203. Fractures				
204. Arthrogram				
205.. X-rays, CT, MRI				
206. Hospitalized				
207. Surgery				
208. Missed Practices				

209. Missed Games				
210. Other				
ANKLES	YES	NO	DATE	COMMENTS
211. Sprain/Strain				
212. Tendinitis				
213. Casted/Splinted				
214. Dislocations				
215. Bruise				
216. Instability				
217. Giving Out				
218. Weakness				
219. Injections				
220. Pains				
221. Fractures				
223. X-rays, CT, MRI				
224. Hospitalized				
225. Surgery				
226. Missed Practices				
227. Missed Games				
228. Other				
THIGHS	YES	NO	DATE	
229. Sprains				
230. Tendinitis				
231. Dislocations				
232. Turf Toe				
233 Casted/Splinted				
234. Orthotics				
235. Bruise				
236. Injections				
237. Pains				
238. Fractures				
239. X-rays, CT, MRI				
240. Hospitalized				
241. Surgery				
242. Missed Practices				

243. Missed Games				
244. Other				

	YES	NO
Have you had or do you have any other medical problems or injuries not listed on this form?		
Do you have any medical or health problems that you are currently receiving medical treatment for?		
Have you ever been advised by a doctor not to participate in athletics?		
Are there any additional health problems you would prefer to discuss privately with our team physician?		

If any of the first four questions above were answered with YES, please explain below:

List any special equipment you require or would like to have provided:

- The undersigned herewith,
- A. Understands that any medical expense incurred due to the above pre-existing conditions and not directly attributable to the athletic participation at Montana State University-Billings is their personal responsibility.
 - B. Understands that the athletic medical insurance is secondary coverage and does not cover them until he or she has been cleared by an athletic physical examination.
 - C. Understands that he or she must refrain from practice while ill or injured, whether or not receiving medical treatment, and during medical treatment until he or she is discharged from treatment or is given permission by the clinical practitioner to restart participation despite continuing treatment.
 - D. Understands that having passed the physical examination does not necessarily mean that he or she is physically qualified to engage in athletics, but only that the evaluator did not find a medical reason to disqualify him or her at the time of said examination.
 - E. Certifies that the answers above are correct and true.

Signature _____ Date _____

Upon Completion of the History Form, it is to be reviewed and signed by a Staff Athletic Trainer>

Signature _____ ATC Date _____

Examining Physicians:

This athlete is cleared: _____, NOT Cleared _____ For athletic competition.

Signature _____ MD Date _____