



# THADDEUS STEVENS COLLEGE OF TECHNOLOGY

## Physical Exam

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Physical Examination (to be completed by physician).

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_

<b>FINDINGS</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
<b>MEDICAL</b>		
1. Appearance	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____
3. Lymph Nodes	_____	_____
4. Heart	_____	_____
5. Pulses	_____	_____
6. Lungs	_____	_____
7. Abdomen	_____	_____
8. Skin	_____	_____
<b>MUSCULOSKELETAL</b>		
9. Neck	_____	_____
10. Back	_____	_____
11. Shoulder/Arm	_____	_____
12. Elbow/Forearm	_____	_____
13. Wrist/Hand	_____	_____
14. Hip/Thigh	_____	_____
15. Knee	_____	_____
16. Leg/Ankle	_____	_____
17. Foot	_____	_____

### **ASSESSMENT OF EXAMINING PHYSICIAN**

\_\_\_\_ Cleared without limitation.

\_\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

\_\_\_\_ Not cleared for: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_





# THADDEUS STEVENS COLLEGE OF TECHNOLOGY

## Athlete's Medical History 2019-2020

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Medical History (to be completed by student). Explain "yes" answers next to the question. Circle questions you don't know answers to.

1. Have you had a medical illness or injury since your last check up or sports physical? YES NO \_\_\_\_\_
2. Do you have an ongoing chronic illness, such as diabetes? (If yes, please list or explain) YES NO \_\_\_\_\_
3. Have you ever been hospitalized overnight? YES NO \_\_\_\_\_
4. Have you ever had surgery? YES NO \_\_\_\_\_
5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? YES NO \_\_\_\_\_
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? YES NO \_\_\_\_\_
7. Do you have any allergies (ex. pollen, meds, food, stinging insects)? YES NO \_\_\_\_\_
8. Have you ever had a rash or hives develop during or after exercise? YES NO \_\_\_\_\_
9. Have you ever passed out during or after exercise? YES NO \_\_\_\_\_
10. Have you ever been dizzy during or after exercise? YES NO \_\_\_\_\_
11. Have you ever had chest pain during or after exercise? YES NO \_\_\_\_\_
12. Do you get tired more quickly than your friends do during exercise? YES NO \_\_\_\_\_
13. Have you ever had racing of your heart or skipped heartbeats? YES NO \_\_\_\_\_
14. Have you had high blood pressure or high cholesterol? YES NO \_\_\_\_\_
15. Have you ever been told you have a heart murmur? YES NO \_\_\_\_\_
16. Has any family member or relative died of heart problems or sudden death before age 50? YES NO \_\_\_\_\_
17. Have you had a severe viral infection (ex. mono) within the last month? YES NO \_\_\_\_\_
18. Has a physician ever denied or restricted your participation in sports for any heart problems? YES NO \_\_\_\_\_
19. Do you have any current skin problems (ex. Itching, rashes, acne warts, fungus, or blisters)? YES NO \_\_\_\_\_
20. Have you ever had a head injury or concussion? YES NO \_\_\_\_\_
21. Have you ever been knocked out, become unconscious, or lost your memory? YES NO \_\_\_\_\_



# THADDEUS STEVENS COLLEGE OF TECHNOLOGY

## Athlete's Medical History 2019-2020

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

### Medical History (Continued)

- |   |     |    |       |
|---|-----|----|-------|
| 22. Have you ever had a seizure?  | YES | NO | _____ |
| 23. Do you have frequent or severe headaches?   | YES | NO | _____ |
| 24. Have you ever had numbness or tingling in your arms, hands, legs, or feet?  | YES | NO | _____ |
| 25. Have you ever had a stinger, burner, or pinched nerve?  | YES | NO | _____ |
| 26. Have you ever become ill from exercising in the heat?   | YES | NO | _____ |
| 27. Do you cough, wheeze, or have trouble breathing during or after activity?   | YES | NO | _____ |
| 28. Do you have asthma?   | YES | NO | _____ |
| 29. Do you have seasonal allergies that require medical treatment?  | YES | NO | _____ |
| 30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (ex. knee brace, special neck roll, retainer for your teeth, hearing aid)? | YES | NO | _____ |
| 31. Have you had any problems with your eyes or vision?   | YES | NO | _____ |
| 32. Do you wear glasses, contacts, or protective eyewear?   | YES | NO | _____ |
| 33. Have you ever had a sprain, strain, or swelling after injury?   | YES | NO | _____ |
| 34. Have you broken or fractured any bones or dislocated any joints?  | YES | NO | _____ |
| 35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?  | YES | NO | _____ |

*If yes, check appropriate blank and explain:*

_____ Head	_____ Upper Arm	_____ Hand	_____ Thigh	_____
_____ Neck	_____ Elbow	_____ Finger	_____ Knee	_____
_____ Back	_____ Forearm	_____ Foot	_____ Shin/Calf	_____
_____ Chest	_____ Wrist	_____ Hip	_____ Ankle	_____
_____ Shoulder				

- |  |     |    |       |
|--|-----|----|-------|
| 36. Do you want to weigh more or less than you do now?   | YES | NO | _____ |
| 37. Do you lose weight regularly to meet weight requirements for your sport?   | YES | NO | _____ |
| 38. Have you ever been tested for Sickle Cell trait?<br>(Please see handout for more information on Sickle Cell trait) | YES | NO | _____ |

If yes, have you been diagnosed with Sickle Cell trait? YES NO \_\_\_\_\_  
*If yes or unknown, the NJCAA recommends that you receive further evaluation.*

**I hereby state, to the best of my knowledge, that my answers to the above questions are complete and correct.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_







## **Thaddeus Stevens College of Technology**

### **CONSENT TO TREAT**

Student Name (print): \_\_\_\_\_

Please initial the following statements to acknowledge that you agree with the presented information.

\_\_\_\_\_ If an injury should happen on the athletic fields, I hereby grant permission for the team physician, athletic trainer, school nurse or coach to provide first aid treatment. I understand that any treatments and rehab that I receive in the training room facility will be at the discretion of the team physician and athletic trainer. It is my responsibility to communicate effectively with the team physician and athletic trainer to help them determine the best treatment plan.

\_\_\_\_\_ In the event of an emergency requiring medical attention, I hereby grant permission for the team physician, athletic trainer, school nurse or coach to give first aid treatment and to use his/her own judgment in securing medical aid and ambulance services. Permission is hereby granted to the attending physician or dentist to proceed with any medical, dental or minor surgical treatment, x-ray examinations, and immunizations for the above stated athlete. In the event of a serious illness, the need for major surgery, or significant accidental injury, I understand that the treatment necessary for my best interest may be given.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date of Signature







## Thaddeus Stevens College of Technology

### RELEASE OF INFORMATION

I hereby authorize the use or disclosure of my individually identifiable Protected Health Information (PHI) as described below. I understand this authorization is voluntary. I understand that if the organization authorized to receive this information is not a health plan or health care provider, the release of information may no longer be protected by Health Insurance Portability and Accountability Act (HIPAA) regulations. The PHI may be re-disclosed by the recipient as appropriate according to Family Educational Rights and Privacy Act (FERPA), which is a Federal law that protects the privacy of student educational records.

Student Name (print): \_\_\_\_\_

**Organization Providing the Information:** Thaddeus Stevens College of Technology Physician(s), Student Athlete's Primary Physician, any Physician serving a Thaddeus Stevens College of Technology Student Athlete, Thaddeus Stevens College of Technology Certified Athletic Trainer, and the Thaddeus Stevens College of Technology nurse(s).

**Organization(s) or Person(s) Receiving the Information:** Thaddeus Stevens College of Technology Team Physician(s) and the Certified Athletic Trainer, Nurse(s), Coaches, and Athletic Director

**Specific Description of Information Disclosed:** All medical and individually identifiable Protected Health Information (PHI) relating to any sports injury, including but not limited to diagnosis, treatment, prognosis, likelihood and timing of recovery and recommendations concerning ability to play competitively and safely.

**Purpose of Disclosure:** To apprise Thaddeus Stevens College of Technology Team Physician(s), and the Certified Athletic Trainer, Nurse(s), Coaches, and Athletic Director about the extent and nature of any sports related injury for the purpose of rehabilitation, training, recovery, and ability to play competitively and safely.

### You must read and initial the following statements:

- \_\_\_\_ 1. I understand this authorization will expire one year from the signed date, or on the graduation date from the current educational institution.
- \_\_\_\_ 2. I understand that I may revoke this authorization at any time by notifying Thaddeus Stevens College of Technology Team Physician(s) in writing, but if I do, it will not have any effect on any actions Thaddeus Stevens College of Technology's Team Physician(s) took before he/she received the revocation.

Student Name (print): \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date of Signature





**Thaddeus Stevens College of Technology**

**HOLD HARMLESS AGREEMENT**

This Agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by and between Thaddeus Stevens College of Technology, 750 East King Street, Lancaster, Pennsylvania 17602-3198 (hereinafter the "College") and student athletes at the college.

Background: There are several student athletes who do not have personal coverage which places them in financial jeopardy if injured. For those who have insurance coverage, the College does not assume responsibility for injuries suffered on the field of play nor in other circumstances as outlined below.

Now, therefore, the parties hereto, their successors and assigns, intending to be legally bound hereby, do hereby agree as follows:

1. The student does hereby agree to defend, indemnify and hold harmless the College, its coaches, trainers, nurses, and/or administration from all claims for property damage, bodily harm, and/or products liability sustained by the student during the student's participation in, or travel to and from athletic contests.
2. The student further agrees to accept financial responsibility for any and all injuries that may occur as a participant in any athletic program.
3. This Hold Harmless Agreement constitutes the entire understanding of the parties with regard to the subject matter hereof and may only be amended in writing signed by all parties.

HERETO, this Hold Harmless Agreement shall be construed under, and interpreted in, accordance with the laws of the Commonwealth of Pennsylvania. The Hold Harmless Agreement shall be binding upon the parties hereto and their respective successors and assigns.

In WITNESS WHEREOF the parties hereto have executed this Hold Harmless Agreement on the day and year first above written.

Attest: \_\_\_\_\_

By: \_\_\_\_\_

Chris Metzler  
Dean of Student Services/Athletic Director  
Thaddeus Stevens College of Technology

Attest: \_\_\_\_\_

By: \_\_\_\_\_

Student Signature

Print Student Name: \_\_\_\_\_