

MIT Health Massachusetts Institute of Technology 77 Massachusetts Ave, E23 Cambridge, MA 02139

Varsity Student Athlete Physical Examination Form

Only needs to be completed by students participating in their first year of intercollegiate varsity athletics

A physician, physician assistant, registered nurse, or nurse practitioner who is not the student or a relative of the student must complete all questions in English and sign this page. Athletes must have a physical within 6 months of their sports start date (fall season date for spring sports) and must have a clinician complete the attached Sickle Cell Trait Status form.

| Student surname (family name) | | | | First name (given name) | | | |
|--|----------|---------------------------|------------|----------------------------|----------|--------------------------|-------|
| DOB | | Sport | | MIT ID # if known | | | |
| History and Revie | w of Sy | stems | | | | | |
| Please answer all ques add an additional sheet | | | o. If yes, | please explain on page 2 | under "E | Explain any abnormalitie | s" or |
| Has the patient had: | ΥN | | ΥN | | ΥN | | ΥN |
| Anemia | | Frequent anxiety | | Joint reconstruction | | Seizure disorder | |
| Asthma | | Recurrent headaches | | Knee/shoulder problems | | Skin disorder | |
| Diabetes mellitus | | Head injury/concussion | | Back/neck/spine problem | ns 🗆 🗆 | Exertional collapse | |
| Infectious mononucleos | sis 🗆 🗆 | Anaphylaxis | | Stress fracture | | Biological females: | |
| Gum/tooth disease | | Shortness of breath | | Heat exhaustion | | Irregular periods | |
| Eye/vision condition | | Chest pain or pressure | | Hernia/hernia repair | | Severe cramps | |
| Ear, nose, or throat troub | ole 🗆 🗆 | Heart palpitations | | Recent weight gain or los | s 🗆 🗆 | Excessive bleeding | |
| H/O appendectomy | | High or low blood pressur | е 🗆 🗆 | Eating disorder | | Amenorrhea | |
| Any other surgery | | Heart murmur | | Restriction/purging/bingir | ng 🗆 🗆 | | |
| Loss of paired organ | | Myocarditis | | Dizziness or fainting | | | |
| Depression | | Joint disease or injury | | Weakness or paralysis | | | |
| • Keep a copy of the o | complete | d form for your records. | | | | | |

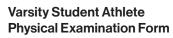
• To submit the form, visit health.mit.edu/athletics and follow the instructions. The deadline to submit the

form is July 31.



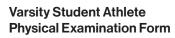
Varsity Student Athlete Physical Examination Form

| Physical Examination | | | | | | | | |
|-------------------------------------|--------------|------------------|---|---------------|-----------------|----------------------|-----------------|------------|
| Height: | We | eight: | BMI: | | Blood Pressu | re: | Pulse: | |
| Please check ea "Explain any abr | | elow and indica | ate if it is normal or al | onormal. If a | abnormal, plea | se give details belo | ow under | |
| System | Normal | Abnormal | System | Normal | Abnormal | System | Normal | Abnorma |
| Skin | | | Breasts | | | Genitourinary | | |
| HEENT | | | Cardiovascular | | | Extremities | | |
| Lymph nodes | | | Peripheral vascular | | | Reflexes | | |
| Thyroid | | | Heart murmur | | | Neurologic | | |
| Chest/lungs | | | Abdomen | | | | | |
| Is this person un | der treatmer | nt for any medic | cal or mental health o | condition? I | f yes, please d | escribe the proble | m and treatm | ent: |
| | | | n for this person to pa ation or your advice f | | | act, or non-contac | t sports? If ye | es, please |
| | | | | | | | | |





| Physical Examination, continued | | | | | |
|---------------------------------|-------------------------------------|--|----------|--|--|
| Do you have any red | commendations for this person? | s health care while at MIT? | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Certification by hea | alth care provider (required) | | | | |
| Signature of physic | cian/PA/NP/RN | Printed name | | | |
| | | Office phone | | | |
| | ntercollegiate sports participation | | | | |
| ☐ Approved | ☐ Denied | ☐ Requires sports med physician review | INITIALS | | |
| Continues on next | page | | | | |





| Sickle Cell Trait Status | |
|---|--|
| Complete this form if you plan to participate in inter | rcollegiate (varsity) sports. Submit this form with your physical examination. |
| Student surname (family name) | First name (given name) |
| DOB | |
| | ports participation, all students, both undergraduate and graduate, are required 6 months of the first day of participation for their sport, and submit this form. |
| About Sickle Cell Trait | |
| Sickle cell trait is an inherited condition of the oxyg | gen-carrying protein, hemoglobin, in the red blood cells. |
| Sickle cell trait is a common condition. | |
| - | rican-Americans and those of Mediterranean, Middle Eastern, Indian, stry, persons of all races and ancestry may test positive for sickle cell trait. |
| red blood cells (change from normal disc shape to | e, sustained exercise, decreased oxygen in the muscles may cause sickling of a crescent, or "sickle," shape). Sickled red blood cells can accumulate in the ad to collapse from rapid breakdown of muscles without blood supply. |
| Sickle Cell Screening | |
| | creen blood test should be done by the student-athlete's primary care performed at home, you can request testing at MIT Health. |
| Sickle Cell Screening Results and Clinicia | an Signature |
| Sickle cell screen date: date (month/day/year) | Result: positive/negative |
| Certification by health care provider (required) | |
| Signature of physician/PA/NP/RN | Printed name |
| Date Mailling address | Office phone |
| | |