



**CARTHAGE COLLEGE PRE-PARTICIPATION PHYSICAL EVALUATION**

**\*PHYSICIAN SIGNATURE IS REQUIRED. NP, PA NEED MD OR DO SIGN OFF.\***

**STUDENT ATHLETE SHOULD PRINT AND PROVIDE MEDICAL HISTORY FROM  
WWW.CARTHAGE.EDU/MEDICAL-FORMS AT TIME OF EVALUATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: M F Age: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Medications & Supplements: \_\_\_\_\_

**Body Composition/General Information**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Temperature: \_\_\_\_\_ °F

**Vision & Balance Screening**

Vision Corrected: Y N Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Color blind: Y N

Peripheral Vision-WNL: Y N PERRLA: Y N

**Cardiovascular Screening**

Blood pressure: \_\_\_\_/\_\_\_\_ Pulse: \_\_\_\_ bpm

*Sudden cardiac death (SCD) is the leading cause of death during sport, though relatively rare. Currently, studies are being conducted regarding the option of including advanced heart tests, starting with an EKG. An EKG could potentially identify possible heart problems, which would raise concern for further cardiac work-up. Challenges with this approach have included the finding of false positives (abnormalities which are not risk factors for SCD), requirement for further cardiac consultation and testing, cost to the athlete, and the time this more extensive work-up takes prior to being cleared for sport (or potentially disqualified from sport). No testing approach is perfect, and even with extensive testing some conditions are not able to be identified. Currently, the NCAA does not mandate advanced cardiac screening with an EKG. Physicians should consider the inclusion of EKG cardiac screening on a case by case basis. EKG screening is available on campus at a small cost.*

**Sickle Cell Screening**

*The NCAA now requires all freshmen and transfer student-athletes to confirm their sickle cell trait status prior to participation in any intercollegiate activity. This screening is mandated by the NCAA for new student-athletes. Physicians may attach a sickle cell screen, hemoglobinopathy evaluation, or hemoglobin electrophoresis results, or complete the documentation below based on previous screening on file:*

*Physicians must leave the line below blank if sickle cell trait status is unknown at time of exam*

**Sickle Cell Trait Status: Positive / Negative**

***Page 1 and 2 of this document must be presented to Physician***

1. ENT  Normal  Abnormal  
Comments: \_\_\_\_\_  
\_\_\_\_\_

2. Neurological  Normal  Abnormal  
Comments: \_\_\_\_\_  
\_\_\_\_\_

3. Cardiopulmonary  Normal  Abnormal  
Comments: \_\_\_\_\_  
\_\_\_\_\_

4. Abdomen  Normal  Abnormal  
Comments: \_\_\_\_\_  
\_\_\_\_\_

5. Orthopedic  Normal  Abnormal  
Comments: \_\_\_\_\_  
\_\_\_\_\_

6. Skin  Normal  Abnormal  
Comments: \_\_\_\_\_  
\_\_\_\_\_

7. Genitalia  Normal  Abnormal  
Comments: \_\_\_\_\_  
\_\_\_\_\_

*I acknowledge that I have reviewed the medical history of this patient provided from  
[www.carthage.edu/medical-forms/](http://www.carthage.edu/medical-forms/)*

**MD/DO Clearance:**

Unlimited sports participation  Limited to specific sport: \_\_\_\_\_  
 Deferred until: \_\_\_\_\_  Additional MD/DO clearance needed for: \_\_\_\_\_

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**Physician Signature (MD/DO only):** \_\_\_\_\_ Exam Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (printed): \_\_\_\_\_ Phone #: \_\_\_\_\_

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

***Page 1 and 2 of this document must be presented to Physician***