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 form 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.

**Sickle Cell Screening**

The NCAA and Carthage College recommends all student-athletes who are unable to confirm their sickle cell trait status undergo sickle cell trait testing prior to participation in any intercollegiate activity. This screening is not mandated by the NCAA, but is recommended. Physicians may attach a sickle cell screen, hemoglobinopathy evaluation, or hemoglobin electrophoresis results to this physical, or complete the section below with result and date tested:

Sickle Cell Trait: Y  N  Sickle Cell Trait Screen Date ______/______
1. ENT
   o Normal   o Abnormal
   Comments:
   ____________________________
   ____________________________________________

2. Neurological
   o Normal   o Abnormal
   Comments:
   ____________________________
   ____________________________________________

3. Cardiopulmonary
   o Normal   o Abnormal
   Comments:
   ____________________________
   ____________________________________________

4. Abdomen
   o Normal   o Abnormal
   Comments:
   ____________________________________________

5. Orthopedic
   o Normal   o Abnormal
   Comments:
   ____________________________________________

6. Skin
   o Normal   o Abnormal
   Comments:
   ____________________________
   ____________________________________________

7. Genitalia
   o Normal   o Abnormal
   Comments:
   ____________________________
   ____________________________________________

I acknowledge that I have reviewed the medical history of this patient provided from www.carthage.edu/medical-forms/

MD/DO Clearance:
o Unlimited sports participation   o Limited to specific sport: ____________________________
o Deferred until: _______________ o Additional MD/DO clearance needed for: _______________

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

Physician Signature (MD/DO only): ____________________________ Exam Date: __/__/____
Name (printed): __________________________________________ Phone #: __________________________
Address: _____________________________________________

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