



# Purdue University North Central

Athletics Department

1401 South U.S. 421

Westville, IN 46391

## INTERCOLLEGIATE ATHLETICS PHYSICAL EVALUATION

Name: \_\_\_\_\_ DATE: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Grade:  Fresh  Soph  Junior  Senior

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- 1. Have you ever been hospitalized?  Yes  No
- 1b. Have you ever had Surgery?  Yes  No
- 1c. Are you presently under doctor's care?  Yes  No
- 2. Are you Presently taking any medications or pills?  Yes  No
- 3. Do you have any allergies (medicine, bees or other stinging insects)?  Yes  No
- 4. Have you ever passed out during or after exercise?  Yes  No
- 4b. Have you ever been dizzy during or after exercise?  Yes  No
- 4c. Have you ever had chest pain during or after exercise?  Yes  No
- 4d. Have you ever had high blood pressure?  Yes  No
- 4e. Have you ever been told that you have a heart murmur?  Yes  No
- 4f. Have you ever had a racing heart or skipped heartbeats?  Yes  No
- 4g. Has anyone in your family died of heart problems or a sudden death before age 50?  Yes  No
- 4h. Has anyone in your family had Marfan's syndrome?  Yes  No
- 5. Do you have any skin problems (itching, rashes, acne)?  Yes  No
- 6. Have you ever had a head injury?  Yes  No
- 6b. Have you ever been knocked out or unconscious?  Yes  No
- 6c. Have you ever had a seizure or epilepsy?  Yes  No
- 6d. Have you ever had a pinched nerve?  Yes  No
- 7. Have you ever had heat cramps, heat illness or muscle cramps?  Yes  No
- 8. Do you have trouble breathing or do you cough during or after activity?  Yes  No
- 9. Do you use any special equipment (pads, braces, neck rolls, eye guards, etc.)?  Yes  No
- 10. Have you had any problems with your eyes or vision?  Yes  No
- 10b. Do you wear glasses or contacts or protective eye wear?  Yes  No
- 11. Are you missing an eye, kidney or testicle?  Yes  No
- 12. Have you ever sprained/strained, dislocated, fractured, broken, or had repeated swelling or other injuries of any bones or joints?  Yes  No

If Yes, what?  Head  Shin/Calf  Neck  Ankle/ Foot  
 Forearm  Thigh  Wrist/ Hand  Knee  
 Shoulder  Back  Elbow  Hip

- 13. Have you had any other medical problems (Infectious Mononucleosis, diabetes, anemia, etc.)?  Yes  No
- 14. Have you had a medical problem or injury since your last evaluation?  Yes  No

### Females Only:

- 15. When was your first menstrual period? \_\_\_\_\_
- 15b. When was your last menstrual period? \_\_\_\_\_
- 15c. What was the longest time between your periods last year? \_\_\_\_\_

Explain "Yes" answers:

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Record the dates of your most recent immunizations (Shots) for: \_\_\_\_\_ Tetanus \_\_\_\_\_ Measles  
 \_\_\_\_\_ Chickenpox \_\_\_\_\_ Chickenpox

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

Signature of Student Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Purdue University North Central Physical Evaluation DATE: \_\_\_\_\_

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

Height:	Weight:	BP:	Pulse:
Vision: R 20/____ L 20/____	Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pupils: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal R > L L > R	
Marfan's Syndrome Stigmata	Answer if option given <input type="checkbox"/> Yes <input type="checkbox"/> No	Specific Findings	
<b>Heart</b>			
Rhythm	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular		
Murmur (supine)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Murmur (standing)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Normal (3)</b>	Specific Findings	
Lungs			
Skin			
Abdominal			
Femoral Pulses			
Genitalia / Hernia			
<b>Musculoskeletal:</b>			
Neck			
Shoulders			
Elbows			
Wrists			
Hands			
Back			
Ankles			
Feet			
Other			

**Clearance:**  Cleared  
 Cleared after completing evaluation/ rehabilitation for: \_\_\_\_\_  
 Not Cleared due to: \_\_\_\_\_  
Recommendation: \_\_\_\_\_

I hereby certify that this athlete was examined by me. At that time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, **Except those marked below:**

Men's Sports:  Baseball  Football  Swimming  Wrestling  
 Basketball  Golf  Tennis  
 Cross Country  Soccer  Track & Field

Women's Sports  Basketball  Gymnastics  Swimming  Volleyball  
 Cross Country  Soccer  Tennis  
 Golf  Softball  Track & Field

Printed name of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_

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

**STUDENT ACKNOWLEDGEMENT AND RELEASE**

I have read the attached (condensed) NAIA Eligibility Rules and know of no reason why I am not eligible to represent Purdue University North Central in athletic competition. If accepted as a representative, I agree to follow the rules of the University and the NAIA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with understanding of the risks involved.

Student Athlete's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed \_\_\_\_\_

