

Athletic Participation Physical Form

**College of William and Mary
Division of Sports Medicine**

I. Contact Information

Student's Name _____
Last First MI

SSN _____ Student ID # _____ Gender (circle) M F

Sport _____ Birthdate _____ Age _____

Entering Status (circle): Fr. So. Jr. Sr. Grad Expected year of Graduation: _____

Athlete's Email _____ Athlete's Cell Phone () _____

Parents' Names _____

Home Address _____
(Parents) Street City State Zip

Parent's Email _____

Parents' Home Phone () _____ Parents' Cell Phone () _____

CONSENT FOR TREATMENT

I give authorization to the William and Mary Sports Medicine Staff to evaluate and treat any injuries that occur during my athletic participation at the College of William and Mary. This includes immediate first aid and treatment, physical exam, follow-up, and rehabilitation in the athletic training room as well as at the Student Health Center. I understand that the team physician has the authority to prohibit me from further participation because of injury and/or because of an undue liability risk to the College of William and Mary.

Student-athlete Signature _____ Date _____

Parent's Signature (if athlete is under 18 years of age) _____ Date _____

Name: _____

Sports Medicine

3. Do you have any other medical illness or injury, past or present, that we should know about for your own protection?
Yes No

If yes, please explain: _____

Have you had any of the following problems that may have limited your performance and/or caused prolonged pain/discomfort? If YES, please provide details below (date of onset and side, left or right).

Problem	Yes	No	Date of Onset	Left	Right	Explain (further details at bottom)
Knocked Unconscious						
Concussion						
Neck Injury						
“Burner, Stinger”						
Back Pain						
Shoulder						
Knee						
Ankle						
Foot						
Lower Leg						
Hip						
Elbow						
Wrist						
Arm						
Hand						
Surgery						

Details/Other: _____

Name: _____

V. Physical Examination

TO THE LICENSED HEALTH PROFESSIONAL (D.O., M.D., P.A., N.P.) PERFORMING THIS EVALUATION:

Please review the student's health history and provide additional details as needed.

Please complete the physical examination and comment on all positive findings.

Height _____ inches Weight _____ lbs. BP _____ Pulse _____ Vision R 20/ _____ L 20/ _____

Please record examination findings below. If abnormal, please elaborate.

	Normal	Abnormal	Explanation		Normal	Abnormal	Explanation
1. HEENT				8. Genitourinary			
2. Eyes				9. Back			
3. Respiratory				10. Extremities			
4. Cardiovascular				11. Skin			
5. Breasts				12. Surgical Scars			
6. Gastrointestinal				13. Endocrine			
7. Hernia				14. Neuropsychiatric			

Physical Examination: Are there any conditions of which we should be aware? Describe fully. Use additional sheet if necessary.

VI. Cardiac History

Family History of Heart Disease Yes No If yes, explain _____

Heart: _____

Lung: _____

Peripheral Pulses: _____

	Yes	No		Yes	No		Yes	No
Shortness of breath			Dyspnea on Exertion			Chest Pain		
Palpitations			Dizziness			Syncope		

I have reviewed the information above and make the following recommendations for his/her participation in athletics:

_____ **Cleared** _____ **Not Cleared** _____ **Cleared – f/u needed (explain below)**

F/U Recommendations: _____

Examiner's Signature _____ Street _____ City _____ St _____ Zip _____

Examiner's Name (PRINTED) _____ Telephone _____ Date _____

ACCEPTANCE OF RISK/LIABILITY WAIVER

Please read completely and carefully, and sign below:

- (a). The undersigned hereby certifies that the answers to questions on the Athletic Participation Physical Form and physical examination are correct, true and honest.
- (b). We understand that having passed the pre-participation medical/physical examination does not necessarily mean that the student-athlete is physically qualified to engage in athletics, but only that the examiner did not find a medical reason to disqualify them.
- (c). We understand and accept the risks of injury, the possibilities of permanent disability, and death inherent to the relevant sport. By signing below the student-athlete pledges to do the best to reduce these risks by keeping in the best physical condition and following the advice of the team physician, attending physician, athletic trainer, and coach concerning the prevention, treatment, and rehabilitation of athletic injuries.
- (d). We grant permission to the Sports Medicine staff to hospitalize and/or secure treatment for me for any athletic injury. If the student-athlete is under the age of 18, the undersigned parent grants permission to the Sports Medicine staff to hospitalize and secure treatment for my son/daughter or ward for any athletic injury.
- (e). I give permission for Certified Athletic Trainers (within the Athletic Department), Student Health Center Staff, and all consulting physicians, permission to exchange, written or orally, any information concerning any injuries or illness which effects my ability to participate in physical activities throughout the time in which I am an official student athlete at The College of William & Mary. Any change in this status must be made in writing by the student athlete and rendered to all parties concerned.

We, the undersigned, have read and understand the Acceptance of Risk/Liability Waiver statement and agree to follow its policies and procedures. We also hereby release the College of William and Mary, its agents and employees, from any liability caused by, or arising out of the athletic participation in the College's athletic program, unless solely caused by the negligence of the College, its agents, or employees.

Athlete's signature*

Parent's signature*

Date

Date

***Parent's signature is needed if student-athlete is under 18 years of age.**