

Penn State University

Intercollegiate Athletics

Temporary Certification of Athletics Eligibility: NCAA Bylaw 14

Sport: _____

☐ Men's

☐ Women's

Pre-participation Physical Evaluation Clearance Form for Athletics Tryout Participants

➤ Form To Be Completed And Signed By A Physician

Student-Athlete (Last, First, Middle) _____

☐ Male

☐ Female

Student ID _____

E-mail Address _____

☐ Cleared without restriction for athletic activity

☐ Cleared with recommendations for further evaluation or treatment

For: _____

☐ Not cleared for

☐ All sports

☐ Certain sports: _____

Reason: _____

Recommendations: _____

EMERGENCY INFORMATION:

Allergies: _____

Other Information:

IMMUNIZATIONS (e.g., tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

☐ Up to date (see attached documentation)

☐ Not up to date Specify _____

PHYSICIAN INFORMATION:

Physician's Name (Print) _____

() _____

Phone Number

Address _____

City / State / Zip _____

Physician's Signature _____

License # _____

Date _____

**SUBMIT TO PENN STATE ATHLETICS COMPLIANCE OFFICE
FAX: (814) 863-3472.**

Penn State University

Preparticipation Physical Evaluation - History Form

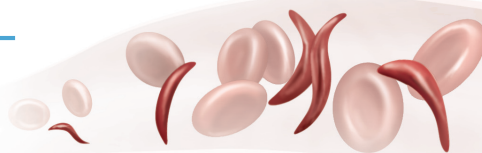
To Be Completed By the Student

Name (Last, First, Middle) <input type="checkbox"/> Male <input type="checkbox"/> Female				Student ID				E-mail Address			
()				1 2 3 4 5 6 7 8 9 10				/ /			
Local Phone Number				Semesters Completed				Age			
Personal Physician				City, State				Zip			
In case of emergency, contact: Name and Relationship				Phone (H)				Phone (W)			
Explain "yes" answers below. Circle questions you don't know the				answer to							
		Yes	No					Yes	No		
1	Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	22	Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>				
2	Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	23	Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>				
3	Are you currently taking a prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	24	Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>				
4	Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	25	Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>				
5	Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26	Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>				
6	Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27	Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>				
7	Have you ever had discomfort, pain or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28	Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>				
8	Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29	Do you have any rashes, pressures sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>				
9	Has a doctor ever told you that you have (check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	30	Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection	<input type="checkbox"/>	<input type="checkbox"/>	31	Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>				
10	Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	32	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>				
11	Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	33	Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>				
12	Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	34	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>				
13	Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	35	Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>				
14	Does anyone in your family have Marfan syndrome?			36	When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>				
15	Have you ever spent the night in a hospital?			37	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>				
16	Have you ever had surgery?			38	Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>				
17	Have you ever had an injury, like a sprain, muscle or ligament tear or tendinitis that caused you to miss a practice or game? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>	39	Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>				
18	Have you had any broken or fractured bones, or dislocated joints? If yes, circle area below:	<input type="checkbox"/>	<input type="checkbox"/>	40	Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>				
19	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>		FOR FEMALES ONLY						
				41	Do you think you might be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>				
Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/ Fingers	Chest	Explain "yes" answers here:			
Upper Back	Lower Back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/toes				
20	Have you ever had a stress fracture?										
21	Have you been told that you have or have you had an ex-ray for atlantoaxial (neck) instability?										

I here by state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

SICKLE CELL TRAIT



WHAT IS SICKLE CELL TRAIT?

Sickle cell trait is not a disease. Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. Sickle cell trait will not turn into the disease. Sickle cell trait is a life-long condition that will not change over time.

- ▶ During intense exercise, red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon, or “sickle.”
- ▶ Sickled red cells may accumulate in the bloodstream during intense exercise, blocking normal blood flow to the tissues and muscles.
- ▶ During intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed and even died.
- ▶ Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense.
- ▶ Athletes with sickle cell trait should not be excluded from participation as precautions can be put into place.

DO YOU KNOW IF YOU HAVE SICKLE CELL TRAIT?

People at high risk for having sickle cell trait are those whose ancestors come from Africa, South or Central America, India, Saudi Arabia and Caribbean and Mediterranean countries.

- ▶ Sickle cell trait occurs in about 8 percent of the U.S. African-American population, and between one in 2,000 to one in 10,000 in the Caucasian population.
- ▶ Most U.S. states test at birth, but most athletes with sickle cell trait don't know they have it.
- ▶ The NCAA recommends that athletics departments confirm the sickle cell trait status in all student-athletes.
- ▶ Knowledge of sickle cell trait status can be a gateway to education and simple precautions that may prevent collapse among athletes with sickle cell trait, allowing you to thrive in your sport.

HOW CAN I PREVENT A COLLAPSE?

- ▶ Know your sickle cell trait status.
- ▶ Engage in a slow and gradual preseason conditioning regimen.
- ▶ Build up your intensity slowly while training.
- ▶ Set your own pace. Use adequate rest and recovery between repetitions, especially during “gassers” and intense station or “mat” drills.
- ▶ Avoid pushing with all-out exertion longer than two to three minutes without a rest interval or a breather.
- ▶ If you experience symptoms such as muscle pain, abnormal weakness, undue fatigue or breathlessness, stop the activity immediately and notify your athletic trainer and/or coach.
- ▶ Stay well hydrated at all times, especially in hot and humid conditions.
- ▶ Avoid using high-caffeine energy drinks or supplements, or other stimulants, as they may contribute to dehydration.



- ▶ Maintain proper asthma management.
- ▶ Refrain from extreme exercise during acute illness, if feeling ill, or while experiencing a fever.
- ▶ Beware when adjusting to a change in altitude, e.g., a rise in altitude of as little as 2,000 feet. Modify your training and request that supplemental oxygen be available to you.
- ▶ Seek prompt medical care when experiencing unusual physical distress.

For more information and resources, visit www.NCAA.org/health-safety