



ATHLETIC TRAINING SPORTS MEDICINE
PROSPECTIVE STUDENT-ATHLETE/TRY-OUT
MEDICAL EXAMINATION QUESTIONNAIRE

NCAA Bylaw 13.11.2.6 – Medical Examinations – During Campus Visit. During a prospective student-athlete’s official or unofficial visit to campus, a member institution, through its regular team or other designated physician, may conduct a medical examination to determine the prospective student-athlete’s medical qualifications to participate in intercollegiate athletics, provided no athletics department staff member other than the (athletic) trainer is present and the examination does not include any test or procedure designed to measure the athletic agility or skill of the prospective student-athlete and the results of the examination are not used the institution as the basis for denial of admission of a prospective student-athlete who is otherwise qualified for admission under the institution’s regular admissions criteria.

Dear Prospective Student-Athlete/Parent/Guardian,

The purpose of this is questionnaire is to gain information to help the Nova Southeastern University Sports Medicine Staff formulate an educated position on your medical qualifications to participate in intercollegiate athletics. The information you provide will be kept confidential and can not be used to deny your admission to Nova Southeastern University. Please read the questionnaire carefully and please answer to the fullest of your ability. A failure to answer truthfully could delay your ability to be medically cleared to compete by the Nova Southeastern University Sports Medicine staff. If you have any questions please contact the Nova Southeastern University Athletic Training room at 954-262-8260.

NSU Athletic Training Staff

Last Name _____ First Name _____ Middle Name _____
 DOB ____/____/____ Sport _____ Height (in) _____ Weight (lbs) _____

ORTHOPEDIC

For the purpose of this section an INJURY is defined as any pain or dysfunction (regardless of the cause) that prevented you in participating in one or more days of athletic activity (i.e. you had to miss a practice, game, or training session) or required some form of medical treatment (i.e. x-rays, physician appointment, physical therapy). Examples of orthopedic injuries include but are not limited too:

Fracture (Broken Bones)	Bone Bruises	Joint Dislocations or Subluxations	Bursitis	Joint Laxity	Impingement or Inflammation	Contusions (Bruises)	Tenosynovitis
Bone Chips or Spurs	Articular Cartilage Defects	Muscle/tendon Strains (tears)	Tendonitis	Compartment Syndromes	Slipped or Bulging Discs	Ligament Sprain (Tears)	Tendonosis

YES	NO	
		Have you ever suffered a head injury, concussion, or lost consciousness?
		Have you ever suffered a cervical spine or neck injury?
		Have you ever suffered a rib, thoracic spine (mid-back), and/or chest injury?
		Have you ever suffered a lumbar spine, sacroiliac, and/or low back injury?
		Have you ever suffered a hip, groin, or thigh injury?
		Have you ever suffered a knee and/or patellafemoral (kneecap) injury?
		Have you ever suffered a lower leg, ankle, foot, or toe injury?
		Have you ever suffered a clavicle (collarbone), shoulder, or scapula (shoulder blade) injury?
		Have you ever suffered an upper arm, elbow, or forearm injury?
		Have you ever suffered a wrist hand or finger injury?
		Have you ever seen a physician because of musculoskeletal injury or pain?
		Have you ever had diagnostic testing (x-ray, MRI, CT scan) to help diagnose musculoskeletal



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		injury or pain?
		Have you ever treated by an osteopathic physician or chiropractor with spinal manipulation (“back-cracking”)?
		Have you ever been to physical therapy for musculoskeletal injury or pain?
		Have you ever worn a brace, splint, tape, or other prophylactic device due to protect/prevent musculoskeletal injury or pain?

If you checked “YES” to any of the above questions, use the following space to explain each “YES” answer. Please include all relevant information including dates, treatments, ongoing care, and current activity status:

CARDIAC/PULMONARY

YES	NO	
		Have you ever suffered a heat-related illness (i.e. heat stroke or heat exhaustion) and/or received intravenous (IV) fluids for a heat-related issue?
		Have ever suffered from muscle cramping as a result of exercise/activity in the heat?
		Have you ever had chest pain or unexplained shortness of breath during or after exercise/activity?
		Have you ever felt your heart abnormally racing or “skipping beats” during or after exercise/activity?
		Have you ever felt dizzy, lightheaded, and or passed out during or after exercise/activity?
		Do you cough, wheeze, or have trouble breathing during or after exercise/activity?
		Do you abnormally fatigue or get tired more quickly compared to others/teammates during exercise/activity?
		Have you ever had an electrocardiogram (EKG) of your heart?
		Have you ever been told that you have a heart murmur?
		Has a family member died of heart problems/sudden death before the age of 35?
		Has a physician ever restricted you from activity because of a heart or breathing related issue?

If you checked “YES” to any of the above questions, use the following space to explain each “YES” answer. Please include all relevant information including dates, treatments, ongoing care, and current activity status:

GENERAL MEDICAL

YES	NO	
		Have you ever had surgery or been hospitalized?
		Have you ever been diagnosed with allergies or had an unfavorable/allergic reaction to any medications, food items, and/or animal bites/stings?
		Have you ever been diagnosed with asthma or exercised-induced asthma?



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	Have you ever been diagnosed as having diabetes, hypoglycemia (low blood sugar), or hyperglycemia (high blood sugar)?
	Have you or anyone in your immediate family been diagnosed with hypothyroidism or hyperthyroidism?
	Have you or anyone in your immediate family been diagnosed with anemia?
	Have you or anyone in your immediate family been diagnosed as having sickle cell trait or sickle cell disease?
	Have you ever suffered from seizures or convulsions (both epileptic and nonepileptic)?
	Have you had a viral infection (i.e. mononucleosis, myocarditis) within the past 6 months?
	Are you missing one of two paired functioning organs (i.e. eye, kidney, ovary/teste)?
	Are you currently taking any medications (both prescription and nonprescription) or supplements?
	Have you ever been restrict from sports or activity participation by a physician?
	Are you aware of any medically/health related reasons why you should not participate in NSU athletics at this time?

If you checked "YES" to any of the above questions, use the following space to explain each "YES" answer. Please include all relevant information including dates, treatments, ongoing care, and current activity status:

Athletic Training Evaluation Findings/Comments:

I, the undersigned, hereby acknowledge, affirm, and represent that all the previous statements are true and accurate to the best of my knowledge, and that no answers or information have been withheld. If any information and/or statements are false and/or have been omitted in reference to my past and/or present medical history, I fully understand that Nova Southeastern University, its agents, servants, trustees, and employees disclaim liability, and will not be held liable for any injuries and/or illnesses not noted.

Prospective Student-Athlete's Signature

Date

Print Name

Parent and/or Legal Guardian's Signature

Date



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(Required if participant is under 18 years of age)

Coach's Signature

Date

Athletic Trainer's Signature

Date