George Mason University
Mason Recreation – Club Sports

GEORGE MASON CLUB SPORTS

STUDENT-ATHLETE MEDICAL HISTORY AND PHYSICAL FORM

Student-Athlete/Parent should complete **Page 1 & 2** only. The physician will complete **Pages 3 and 4.**

Date: _____ Sport (Include M/W if applicable): _____ Age: _____Sex: ___

All information is confidential and is retained exclusively for the use of George Mason University's Recreation Department

Name: _____ Date of Birth: _____

Student G Number _____ Mason email _____ Graduation Year _____

PERMANENT ADDRESS

Street:_____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____

Do you have an absence or loss of function in any of the following body parts?

❑ Eye	❑ Ear	❑ Lung	❑ Internal Organ	❑ Genital Organ	❑ Kidney	❑ Other
Explain:						

Please check (Y) Yes or (N) No and provide appropriate dates and explanations for all items listed below:

Prior occurrence of chest pain/discomfort during exercise?	❑ Y	❑ N	Explain:
Prior occurrence of fainting/dizziness with exercise?	❑ Y	❑ N	Explain:
Unexplained/unexpected shortness of breath or fatigue with exercise?	❑ Y	❑ N	Explain:
Heart murmur? High or low blood pressure ?	❑ Y	❑ N	Explain:
Personal or family history of seizures?	❑ Y	❑ N	Explain:
Frequent headaches?	❑ Y	❑ N	Explain:
Family history of sudden death?	❑ Y	❑ N	Younger than 50 yrs. old Yes_____ No _____(Check)
Family history of heart disease?	❑ Y	❑ N	Younger than 50 yrs. old Yes_____ No _____(Check)
Family history of Marfan's Syndrome?	❑ Y	❑ N	
History of Rheumatic Fever?	❑ Y	❑ N	Explain:
Personal or Family history of diabetes?	❑ Y	❑ N	Explain:
Personal or Family history of sickle cell disease or sickle cell trait?	❑ Y	❑ N	
Weight change of 5lbs. or more?	❑ Y	❑ N	Explain:
History of irregular menstrual cycle?	❑ Y	❑ N	# of cycles in past yr.:
Are you pregnant?	❑ Y	❑ N	
Heat exhaustion/Heat stroke?	❑ Y	❑ N	When:
Concussion or other head and/or neck injury? When?	❑ Y	❑ N	Explain:
Surgery or serious illness? When?	❑ Y	❑ N	Explain:
Shoulder injury? When?	❑ Y	❑ N	Explain:
Elbow, wrist, or hand injury? When?	❑ Y	❑ N	Explain:
Back and/or hip injury? When?	❑ Y	❑ N	Explain:
Knee injury? When?	❑ Y	❑ N	Explain:
Lower leg, ankle, and/or foot injury? When?	❑ Y	❑ N	Explain:
Other injury? When?	❑ Y	❑ N	Explain:
Do you wear corrective lenses?	❑ Y	❑ N	Contacts? Yes_____ No _____(Check)
Are you now under a doctor's care?	❑ Y	❑ N	If yes, for what condition?
Do you have asthma? Do you use an inhaler?	❑ Y	❑ N	If yes, pls. complete questionnaire on pg. 2.
Please list all medications you are currently taking:			
Please list all supplements (including vitamins) you are currently taking:			
Please list all allergies (medications, food, pollen, other):			

_____ _____

SIGNATURE OF PERSON COMPLETING THIS FORM **DATE**

Athlete's Name: _____ Date of Physical _____

STUDENT-ATHLETE ASTHMA QUESTIONNAIRE:

At what age were you diagnosed?
What are your medications for asthma?
Have your medications changed during the past 12 months?
Have you visited the emergency room or your primary doctor for breathing difficulty in the past 12 months?
How often do you use your inhaler for shortness of breath every week?

PHYSICIAN REFERENCES FOR HEART EXAM AND MARFAN'S SYNDROME SCREENING:

**It is important to auscultate heart sounds dynamically. Maneuvers that decrease venous return (such as the Squat-to-Stand Maneuver, or the Release Phases (III and IV) of the Valsalva maneuver) may uncover or accentuate the murmur hypertrophic cardiomyopathy, and attenuate the murmur of aortic stenosis. Maneuvers that increase venous return (such as the Stand-to-Squat Maneuver or the Straining Phases (I and II) of Valsalva Maneuvers) may uncover or accentuate the murmur of aortic stenosis an attenuate the murmur of hypertrophic cardiomyopathy.

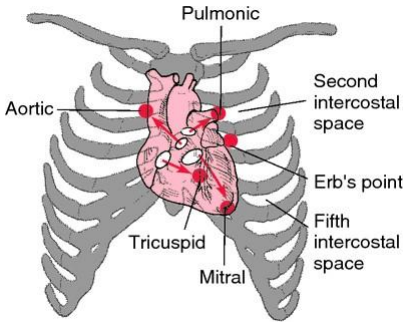


Table 1	GRADING HEART MURMURS
Grade	**Description**
1	Soft murmur heard only under quiet conditions
2	Soft murmur heard under even noisy conditions
3	Easily heard prominent murmurs
4*	Loud murmur associated with a thrill
5	Loud murmur with the edge of the stethoscope tilted against the chest plus a thrill
6	Very loud murmur that can be heard 5 mm to 10 mm from the chest plus a thrill

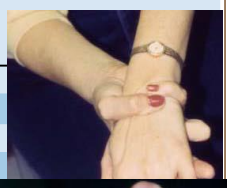
Note: Diastolic murmurs are only graded to grade 4

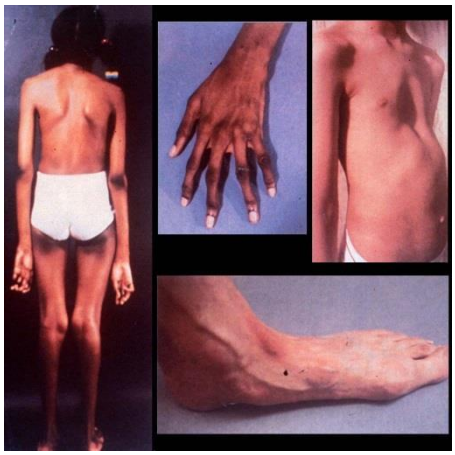
Innocent vs. Pathologic Murmurs

Innocent	Pathologic
☐ Systolic	☐ Diastolic
☐ Ejection	☐ Holosystolic
☐ Soft or vibratory	☐ Harsh
☐ Grade 1-2/6	☐ Grade ≥ 3/6
☐ Normal S1, S2	☐ Abnormal split S2
☐ No extra sounds	☐ Extra sounds **"click"**
☐ Louder supine	☐ Louder with standing

2 Scoring of systemic features for the diagnosis of Marfan syndrome*

Feature	
Wrist OR thumb sign†	
Wrist AND thumb signs†	
Pectus carinatum deformity	
Hindfoot deformity	
Plain pes planus	
Pectus excavatum or chest asymmetry	
Pneumothorax	
Dural ectasia	
Protrusio acetabulae	
Reduced upper segment to lower segm increased ratio of arm span to height‡ A scoliosis	
Scoliosis or thoracolumbar kyphosis	1
Reduced elbow extension	1
Three of the five typical facial features (dolichocephaly, enophthalmos, downward slanting palpebral fissures, malar hypoplasia, retrognathia)	1
Skin striae	1
Myopia of >3 dioptres	1
Mitral valve prolapse	1





-Upper/Lower Segment Ratio < 0.85 in whites, <0.78 in blacks AND Increased Arm Span/Height > 1.05 contributes **1 point** to systemic score.

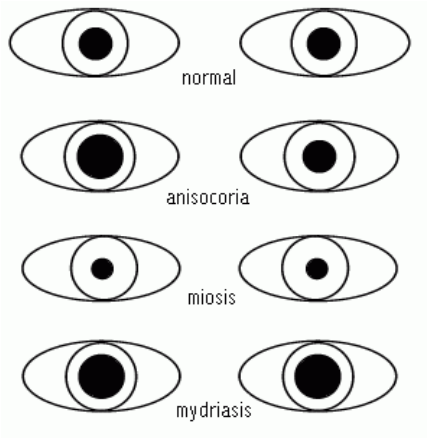
-Positive wrist (Walker) and thumb (Steinberg) signs: Two simple maneuvers may help demonstrate arachnodactyly. First, the thumb sign is positive if the thumb, when completely opposed within the clenched hand, projects beyond the ulnar border. Second, the wrist sign is positive if the distal phalanges of the first and fifth digits of one hand overlap when wrapped around the opposite wrist.

Athlete's Name: _____ Date of Physical _____

VITAL SIGNS

Blood Pressure:_____ Pulse: _____ Weight: _____ Height:_____

EXAMINATION:



H.E.E.N.T. –

Anisocoria* Yes No

Skin -

Lungs –

Heart (Please provide details of heart exam; WNL not acceptable)**See pg 2 for additional information

Supine Exam: _____

Squat to Stand / Valsalva Exam: _____

Radial-Femoral Pulse Assessment: _____

Recognition of Marfan's Syndrome***See pg 2 for additional information

Kyphoscoliosis	Yes	No
Thumb Sign	Yes	No
Wrist Sign	Yes	No

Other: _____

Neck/Back –

Abdomen –

Upper Extremities –

Lower Extremities –

Nervous System –

Athlete's Name: _____ Date of Physical: _____

PHYSICIAN RECOMMENDATIONS:

- ❑ **Cleared for all athletic participation *add additional notes as needed**

_____

_____

_____

_____

_____

- ❑ **Requires further evaluation prior to participation (see below)**

_____

_____

_____

_____

_____

- ❑ **Disqualified (see below)**

_____

_____

_____

_____

Name of Examining Physician: _____

Address *(stamp if possible)*: _____

_____

Telephone: _____

Signature of Examining Physician: _____ **Date:** _____

Please return this form to:

George Mason University
Recreation – Jenny Tolson
RAC, Room 1006, MS 1G6
Fairfax, Virginia 22030-4444
Office: (703) 993-5322