PACIFIC LUTHERAN UNIVERSITY

Counseling, Health & Wellness Services

HEALTH CENTER
12180 Park Ave So
Tacoma, WA 98447
253-535-7337 option 2 Telephone
253-536-5042 Fax

NCAA Pre-participation Medical Examination Information 2022-23 Academic Year

Dear New Athletes and Families,

On behalf of the Department of Athletics and the PLU Counseling,Health and Wellness Services, it is a pleasure to welcome you to PLU. We're glad to have you here, and we will do everything we can to ensure that you have a safe, successful, and enjoyable athletic career. **Please read through the following information carefully and prior to completing the medical history form.**

As you prepare to join PLU Athletics, you will need to complete this pre-participation medical evaluation. We strongly encourage you to do this at the PLU Health Center; there is no charge for this exam. If you cannot come to campus before the deadline, the exam may be done by your personal healthcare provider – preferably someone who knows you and your medical history. We understand that, in certain circumstances, it may be more efficient to complete the physical before you come to campus, but be aware that you will need to schedule a brief visit at the Health Center, prior to start of practice, to review the form with one of the providers. **Regardless of where you have the physical, it must be completed on the PLU physical form (see attached). If not, you will be asked to repeat the physical exam when you arrive on campus. This may delay your ability to participate in practices. Physical forms completed by an off-campus provider are due to the Health Center no later than August 1, 2022.**

In order to serve each incoming athlete as easily as possible, we ask that you schedule an appointment as early in the summer as possible. To schedule an appointment, call the Health Center at **253-535-7337**. For most of the year we are open Monday through Friday, 8:00am to 5:00 pm. Our summer hours are more limited: from mid-June to mid-August, we are open on Tuesdays and Thursdays from 9-4.

■ Why should I come in as soon as possible?

In the event that your pre-participation exam identifies a health issue that warrants further testing, we like to allow adequate time to obtain medical records and tests so that there are no delays in starting athletic practice

■ How much time do I have?

Due to the high volume of new athletes each year our deadlines for your pre-participation exam are very important to remember! If you are having your physical done at the Health Center please be sure to have this completed **no later** than **August 1st**.

■ Will I need to do this every year?

No. Most athletes undergo an examination only once. Athletes who are absent from the athletic program or who have certain health conditions may be asked to follow-up with the PLU Health Center on an annual basis.

■ Do you accept my insurance?

Physical exam visits to the PLU Health Center are included under the Wellness Access Plan and therefore there is no cost to the student. For this reason, it is not necessary to bring an insurance card; we will not bill your insurance since there is no charge for the visit.

■ What do I need to bring with me to my appointment?

- ❏ You are welcome to bring your parents or guardians with you to your visit. If they can't accompany you, please carefully review your personal and family medical history with them. Accurate health information at the time of your visit will help avoid delays in starting practice.

- ❏ Completed Pre-participation Examination Questionnaire (enclosed). This form must be completed in ink, not pencil.
- ❏ The PLU Medical History Record 2022-23, if you have not already sent this in to the Health Center. This form is required of every student and is different from your sports physical. It must be signed by a parent or guardian if you are not yet 18 years old.
- ❏ Your complete vaccination records and sickle cell trait (SCT) test results. See below for more info on the SCT. You can have the SCT test done at the Health Center for $15.00 if you're unable to obtain this record from your birth state.
- ❏ A list of any medications you are taking, including the dose and reason that you take them (bring the bottle(s) with you if you aren't sure).
- ❏ A list of any allergies to medications, including the type of medication and type of reaction.
- ❏ Please wear your eyeglasses or contact lenses.
- ❏ Any prior records regarding tests pertaining to your heart, particularly if you have undergone an ultrasound (echocardiogram) in the past.
- ❏ Please do not take any "pre-workout" or energy supplements. These can affect your heart rate and blood pressure.

Deadline reminders: August 1st, 2022 for physicals done at the Health Center.

■ Special Health Conditions

- **Attention Deficit Hyperactivity Disorder (ADHD)**

The NCAA has specific regulations regarding the use of stimulant medications for ADHD. These include amphetamine drugs such as Ritalin, Adderall, Vyvanse, Daytrana, methylphenidate, dextroamphetamine, and others. You will be required to provide proof of medical necessity to take these medications. This includes prior medical records and documentation of formal testing for ADHD. We also recommend that you review the PLU Health Center Stimulant Medication Policy on our website.
If you require ongoing prescriptions for ADHD medications while at PLU, the Health Center can prescribe these for you under most circumstances *if you provide the above documentation.*

- **Chronic Illnesses: Asthma, Acne, Anxiety, Depression, High Blood Pressure, etc.**

The PLU Health Center is happy to serve as your "medical home" while you are here. We can prescribe medications for common chronic illnesses while you are a student at PLU. We have a limited in-house pharmacy or we can send prescriptions to any other pharmacy, also.

- **Heart Valve Disease and Heart Murmurs**

If you have a history of a heart murmur or heart valve disease, please bring a copy of your echocardiogram. We do not require actual visual images of your heart, just a written, dated report of the echocardiogram, indicating you are cleared to participate in college-level sports..
If you have any questions or concerns, do not hesitate to contact the Health Center at 253-535-7337 option 2

- **Orthopedic Surgery**

If you have undergone orthopedic surgery during the past year, you will be required to present a statement from the surgeon stating that you may participate in competitive athletics without restriction.

■ What if I need additional tests?

In the event that your medical history or physical exam indicates a need for further testing, we will make every effort to arrange for this in a timely fashion. We will work with you and your family to review insurance coverage and convenient access to care. This is why it is always best to come in for your pre-participation examination as early as possible. This will prevent delays in beginning your participation in PLU athletics.

We look forward to welcoming you to campus!

Elizabeth Hopper, MN, ARNP
Director, PLU Health Services

Pacific Lutheran University Health Services
NCAA Pre-Participation Medical History
2022-23 Academic Year

Date of Exam_____

Name _____PLU ID _____

Age _____ Sport(s) _____

■ Medicines and Allergies

Please list all of the prescription and over-the counter medicines and supplements (herbal and nutritional) that you are currently taking:

_____

Do you have any allergies? □ Yes □ No If yes, please identify specific allergies below:

□ Medicines □ Pollen □ Food □ Stinging insects

Explain all "Yes" answers below. Circle any question to which you do not know the answer. Please review these questions with your parent/guardian and healthcare provider so that you can answer with as much detail as possible.

■ General Questions	Yes	No
1. Has a healthcare provider ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify them below: □ Asthma □ Anemia □ Diabetes □ Infections Other _____		
3. Have you ever spent the night in the hospital		
4. Have you ever had surgery?		
■ Heart Health Questions <u>About You</u>	**Yes**	**No**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a healthcare provider ever told you that you have any heart problems? If so, check all that apply: □ High blood pressure □ Heart murmur □ High cholesterol □ Heart infection □ Kawasaki Disease □ Other _____		
9. Has a healthcare provider ever ordered a test for your heart (such as an ECG/EKG or echocardiogram?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
■ Heart Health Questions <u>About Your Family</u>	**Yes**	**No**
13. Has any family member or relative died of heart problems, or had an unexpected or unexplained sudden death <u>before age 50</u> (including drowning, unexplained car accident, or sudden infant death syndrome?)		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		

Name_____PLU ID_____		
■ Bone and Joint Concerns	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required an x-ray, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray to check for neck instability, atlantoaxial instability? (Down syndrome or dwarfism?)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		
■ Other Medical Questions	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Does anyone in your family have asthma?		
29. Were you born without—or are you missing—a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain, or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the past month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you ever had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of a seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps while exercising?		
42. Do you or does anyone in your family have sickle cell trait or sickle cell disease?		
43. Have you ever had any problems with your eyes or vision? (Other than wearing glasses or contacts)		
44. Have you had any eye injuries?		

Name _____ PLU ID _____

45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying—or has anyone recommended—that you gain or lose weight?		
49. Are you on a special diet, or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with the healthcare provider today?		
■ Mental Health	Yes	No
52. Are you currently or have you ever been treated for mental health concerns, such as depression and anxiety?		
53. Would you like information about counseling services on campus?		
■ Females Only	Yes	No
54. Have you ever had a menstrual period?		
55. How old were you when you had your first menstrual period?		
56. How many periods have you had in the past 12 months?		

Please explain any "yes" answers here.

_____

_____

_____

_____

■ COVID-19 Screening - Please complete the attached questionnaire and provide supporting documentation for any tests, releases to participate and proof of COVID-19 vaccination.

■ Sickle Cell Trait Screening - Student-athletes must do one of the following in order to participate in intercollegiate activities: 1) be tested for sickle cell trait OR 2) provide results from a previous sickle cell trait test. Sickle Cell Trait Test waiver is no longer allowed. All student athletes must provide this test result. Please check with your birth hospital records department or the Department of Health in the state in which you were born, if you choose to submit a copy of your results. This link will also provide access to birth SCT test results. The record can be faxed to the Health Center at 253-536-5042.

■ Attestation and Consent

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

As a student and/or parent or legal guardian, I consent to a comprehensive medical examination, electrocardiography, and laboratory testing as required for athletic participation.

I also consent to have the information in this form shared with the PLU Athletic Department, as well as subsequent medical information that may affect my ability to participate in my sport for the duration of my participation at PLU in this NCAA sport. This may involve illness or injuries that occur both on and off the sports field.

There are no charges for the medical examination. There is a $15.00 charge for a SCT test done at the Health Center.

Student Signature _____ Date _____

Student printed name _____ PLU ID# _____

Parent/Guardian Signature (if student is under 18) _____ Date _____

■ Verification of Healthcare Provider Review (if physical exam is not completed by PLU Health Center)

Provider name:_____ Signature:_____ Date:_____

Name_____PLU ID_____

NCAA Pre-participation COVID-19 Screening Questionnaire:

Have You Ever Been Diagnosed With COVID-19? ☐ YES ☐ NO If "Yes", when? _____

Did You Experience Symptoms As A Result Of COVID-19? ☐ YES ☐ NO

If "Yes", how long did you have symptoms and when? _____

Fever or Chills ☐ YES ☐ NO

Cough or Sore Throat ☐ YES ☐ NO

Shortness Of Breath or Difficulty Breathing ☐ YES ☐ NO

New Loss Of Taste or Smell ☐ YES ☐ NO

Muscle Or Body Aches ☐ YES ☐ NO

Congestion, Runny Nose or Headache ☐ YES ☐ NO

Nausea, Vomiting, or Diarrhea ☐ YES ☐ NO

Have You Ever Been Evaluated By A Doctor For COVID-19? ☐ YES ☐ NO

Were Any Diagnostic Tests Performed? (Provide Documentation From Tests Performed) ☐ YES ☐ NO (check all that apply)

☐ Chest X-ray ☐ Blood Test (Troponin) ☐ EKG/ECG ☐ ECHO ☐ Cardiac MRI ☐ Antibody Test

☐ Other

Have You Ever Been Hospitalized Due To COVID-19? ☐ YES ☐ NO

Have You Ever Been Advised Not To Participate In Athletic Activities Due To COVID-19? ☐ YES ☐ NO

Have You Been Cleared To Return To Activity Following Your Diagnosis of COVID-19?(Please provide documentation) ☐ YES ☐ NO

Have You Received A COVID-19 Vaccination? ☐ YES ☐ NO

- What Vaccine? _____ Date Of Vaccine(s):

If you answered "Yes" please describe and include dates where necessary

_____

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