Dear New Athletes and Families,

On behalf of the Department of Athletics and the PLU Health Center, 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.

As you prepare to join PLU Athletics, you will need to undergo a pre-participation medical evaluation at the PLU Health Center. This service is mandatory and it is provided at no charge.

In order to serve each incoming athlete as easily as possible, we ask that you schedule an appointment as soon as possible. To schedule an appointment, you need only call 253-535-7337, send email to health@plu.edu, or request an appointment online at www.plu.edu/health. We are open Monday through Friday, 8:00 am to 5:00 pm (8:00 to 12:00 noon on Fridays during the summer).

Why should I come in as soon as possible?

In the event that your preparticipation 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.

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

- We urge you to have your parents come with you to your visit.
- Completed Preparticipation Examination Questionnaire (enclosed). This form must be completed in ink, not pencil.
- The PLU Health History and Consent, if you have not already sent this in to the Health Center. This form must be signed by a parent or guardian if you are not yet 18 years old.
- Your complete vaccination records
- 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.

What will happen during my visit?

You will meet with one of the nurse practitioners at the PLU Health Center. He or she will discuss your health
history, conduct a comprehensive physical examination, and conduct an electrocardiogram (EKG) and laboratory tests if necessary. If you are missing any recommended vaccinations, these will be offered to you at no charge up until your 19th birthday.

This visit also gives you a chance to ask any questions you have about your health, and about health services available to you at PLU.

We respect your privacy. Except in the case of life-threatening circumstances, information you share with the Health Center clinicians remains strictly private and separate from your academic and athletic records.

- **Can I have this examination performed at another facility, clinic, or by another healthcare provider?**
  
  No. PLU requires that you undergo this examination at the PLU Health Center.

- **Will I need to do this every year?**
  
  Yes. Club sport athletes are evaluated by the PLU Health Center every year.

- **Do you accept my insurance?**
  
  All visits to the PLU Health Center are free of charge. 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.

- **Special Health Conditions**
  
  - **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 are happy to prescribe medications for common chronic illnesses while you are a student at PLU. We have an in-house pharmacy, and we can also send prescriptions to any other pharmacy if necessary. As always, there is no charge for visits to the PLU Health Center for any student, any time, for any reason.

  - **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.

    If you have any questions or concerns, do not hesitate to contact the Health Center at 253-535-7337 or send email to health@plu.edu.

  - **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 indicate a need for further testing, such as an echocardiogram, consultation with a specialist, or any other service, 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 preparticipation examination as early as possible. This will prevent delays in beginning your participation in PLU athletics.

All of us at PLU look forward to welcoming you to campus.

Sincerely yours,

Matthew G. Freeman DNP, MPH
Director, Health and Counseling Services
Date of exam_________________________

Name ________________________________ PLU ID __________________

Sex _____ 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.

<table>
<thead>
<tr>
<th>General Questions</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Has a healthcare provider ever denied or restricted your participation in sports for any reason?</td>
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<tr>
<td>2. Do you have any ongoing medical conditions? If so, please identify them below:</td>
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<tr>
<td>☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections</td>
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<td>Other _________________________________________________________________________</td>
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<td>3. Have you ever spent the night in the hospital</td>
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<td>4. Have you ever had surgery?</td>
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<tr>
<th>Heart Health Questions About You</th>
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<td>5. Have you ever passed out or nearly passed out DURING or AFTER exercise?</td>
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<td>6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?</td>
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<td>7. Does your heart ever race or skip beats (irregular beats) during exercise?</td>
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<td>8. Has a healthcare provider ever told you that you have any heart problems? If so, check all that apply:</td>
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<tr>
<td>☐ High blood pressure ☐ Heart murmur ☐ High cholesterol</td>
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<td>☐ Heart infection ☐ Kawasaki Disease ☐ Other _____________________________________</td>
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<td>9. Has a healthcare provider ever ordered a test for your heart (such as an ECG/EKG or echocardiogram)?</td>
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<td>10. Do you get lightheaded or feel more short of breath than expected during exercise?</td>
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<td>11. Have you ever had an unexplained seizure?</td>
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<tr>
<th>Heart Health Questions About Your Family</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>13. Has any family member or relative died of heart problems, or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome?)</td>
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<td>14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholamineergic polymorphic ventricular tachycardia?</td>
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<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
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<td>15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?</td>
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<td>16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?</td>
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<tr>
<td><strong>Bone and Joint Concerns</strong></td>
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<td>17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss practice or a game?</td>
<td>Yes</td>
<td>No</td>
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<td>18. Have you ever had any broken or fractured bones or dislocated joints?</td>
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<td>19. Have you ever had an injury that required an x-ray, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?</td>
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<td>20. Have you ever had a stress fracture?</td>
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<td>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?)</td>
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<td>22. Do you regularly use a brace, orthotics, or other assistive device?</td>
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<td>23. Do you have a bone, muscle, or joint injury that bothers you?</td>
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<td>24. Do any of your joints become painful, swollen, feel warm, or look red?</td>
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<td>25. Do you have any history of juvenile arthritis or connective tissue disease?</td>
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<tr>
<td><strong>Other Medical Questions</strong></td>
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<td>26. Do you cough, wheeze, or have difficulty breathing during or after exercise?</td>
<td>Yes</td>
<td>No</td>
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<td>27. Have you ever used an inhaler or taken asthma medicine?</td>
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<td>28. Does anyone in your family have asthma?</td>
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<td>29. Were you born without—or are you missing—a kidney, an eye, a testicle (males), your spleen, or any other organ?</td>
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<td>30. Do you have groin pain, or a painful bulge or hernia in the groin area?</td>
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<td>31. Have you had infectious mononucleosis (mono) within the past month?</td>
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<td>32. Do you have any rashes, pressure sores, or other skin problems?</td>
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<td>33. Have you ever had a herpes or MRSA skin infection?</td>
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<td>34. Have you ever had a head injury or concussion?</td>
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<td>35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?</td>
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<td>36. Do you have a history of a seizure disorder?</td>
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<td>37. Do you have headaches with exercise?</td>
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<td>38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?</td>
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<tr>
<td>39. Have you ever been unable to move your arms or legs after being hit or falling?</td>
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<td>40. Have you ever become ill while exercising in the heat?</td>
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<td>41. Do you get frequent muscle cramps while exercising?</td>
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<tr>
<td>42. Do you or does anyone in your family have sickle cell trait or sickle cell disease?</td>
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</table>
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?

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?

**Females Only**

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<tr>
<th></th>
<th>Yes</th>
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<tr>
<td>52. Have you ever had a menstrual period?</td>
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<td>53. How old were you when you had your first menstrual period?</td>
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<td>54. How many periods have you had in the past 12 months?</td>
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Please explain any “yes” answers here.

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

**Attestation and Consent**

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

Signature of athlete _______________________________ Date _______________

Signature of parent/guardian (if under age 18) _______________________________ Date _______________

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 any charges incurred for sickle cell trait screening in the event the above if the student elects to undergo this test. There are no charges for the medical examination.