

# Sports Physical Form for Junior Year Athletes – Due back by July 1

## Gettysburg College Athletic Department

Office: 717-337-6479 | Fax: 717.337.8462

Dear Students:

In an effort to encourage the best health and safety for our athletes, the Gettysburg College Athletic Department requires that all intercollegiate athletes, who are **juniors**, have a complete physical exam by their home health care provider prior to returning from Summer Break.

It is important that you comply with this policy so that you are not held from practice and competing with your team when you arrive on campus.

Arrange an appointment with your health care provider to have a physical for participation in sports.

Please note that the physical exam given by your health care provider will help us to determine your eligibility to participate in intercollegiate sports. Additionally, please send to us any medical records, testing reports, echocardiogram reports, clearances or specific releases to participate in sports from orthopedists, cardiologists or surgeons for cardiac conditions, chronic medical conditions, illnesses, injuries especially orthopedic related or any surgery you may have had since your last college clearance. **You will not be allowed to try out or practice without these clearances.**

**Please upload the completed Junior Athlete Physical Exam form no later than July 1 via the Mediat Student Patient Portal:**

<https://gettysburg.medicatconnect.com>

Remember, this is not optional: it is required to participate on an intercollegiate athletic team at Gettysburg College.

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# JUNIOR ATHLETE PHYSICAL EXAM FORM

To **examining provider**: Complete the following physical exam for sports participation. **Please comment on all "yes" answers.** This information is strictly for the use of Athletics. It will not be released without student consent.

## I. Student Information

First name: ..... Middle name: ..... Last name: ..... Gender: .....

## II. Health Information

Height (inches): ..... Weight (pounds): ..... BMI: .....  
T (thoracic vert.): ..... Blood pressure: ..... Pulse: ..... Respiration: .....

### Acuity:

with correction     without correction    Right: 20/.....    Left: 20/.....

### Asthma:

Baseline peak flow (if any history of asthma): .....

Examiner please note any deviations from normal innocent or not (i.e. innocent heart murmurs/varicocele, etc.) Anything not noted and found later will be assumed to be a new problem. This will be considered a pre-sport participation physical.

## III. Health Abnormalities

Are there any abnormalities of the following systems?

System	No	Yes	Describe Fully
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	
Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	
Genitourinary (inc. hernia)	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Metabolic/Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	
Neuropsychiatric	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	

1. Is there loss or seriously impaired function of any organ?    Yes:  No:

2. Has the student had COVID-19? Yes:  No:  If Yes, Date: \_\_\_\_\_

3. Does student have physical appearance of Marfan's syndrome?    Yes:  No:

4. Does the student participate in an intercollegiate sport?    Yes:  No:

Which sport does the student participate in? .....

5. On the basis of this examination, I find this student medically suitable to participate in intercollegiate sport activity at Gettysburg College. Yes:  No:

6. Do you have any recommendations regarding the care of the student?    Yes:  No:

Explain your recommendations: .....

7. Is this patient now under treatment for any medical or emotional condition? Yes:  No:

Explain: .....

## IV. Provider Authorization

Last name: ..... Address: .....

Telephone: ..... Fax: .....

Provider's Signature: ..... Date: .....

## V. Athlete

Please Upload the Completed Physical Form via your Medcat Student Patient Portal: <https://gettysburg.medicatconnect.com>