



# WALKER HEALTH CENTER PRE-PARTICIPATION SPORTS PHYSICAL EXAMINATION

Mary Walker Health Center, Bldg. #10  
State University of New York at Oswego, Oswego, NY 13126  
Fax# 315-312-5409 Phone# 315-312-4100

**OFFICIAL USE ONLY**

Date \_\_\_\_\_ Initials \_\_\_\_\_

**Instructions to the student athlete:**

Please have your health care provider complete the following questions and physical exam.

Return to Walker Health Center along with your Health Record and Immunization Form via fax or mail. Call with questions.

Name \_\_\_\_\_ Age \_\_\_\_\_ Sport \_\_\_\_\_ SS# \_\_\_\_\_

1. Prior limitations on participation in sports? i.e. illness, injuries, surgery \_\_\_\_\_

Date(s) of limitation \_\_\_\_\_ Date of return to play \_\_\_\_\_

2. Presently under a health provider's care? \_\_\_\_\_

3. Current medications: \_\_\_\_\_

4. Last Tetanus booster date: \_\_\_\_\_ Are you pregnant? \_\_\_\_\_

5. Previous concussion or loss of consciousness? (Explain) \_\_\_\_\_

How many, Date(s) \_\_\_\_\_

6. Previous history of fainting or near fainting? \_\_\_\_\_ Exertional chest pain or discomfort, SOB? \_\_\_\_\_

7. Allergies (medications, hives, asthma) \_\_\_\_\_

8. Loss of paired organ function (eye, kidney, testicle)? \_\_\_\_\_

9. History of heat related illness? \_\_\_\_\_ Personal History (PH) of excessive fatigability? \_\_\_\_\_

10. PH of cardiomyopathy, hypertension, heart murmur, arrhythmia or long QT syndrome? \_\_\_\_\_

Echocardiogram Date \_\_\_\_\_ Result \_\_\_\_\_

11. Family History (FH) of premature death (sudden or otherwise)? \_\_\_\_\_

12. FH of significant disability from cardiovascular disease (under age 50)? \_\_\_\_\_

13. FH of Marfan's syndrome or aortic aneurysm? \_\_\_\_\_ FH of heart disease, hypertension of surviving relatives? \_\_\_\_\_

Exam: WT \_\_\_\_\_ BP \_\_\_\_\_ Radial pulses \_\_\_\_\_ Femoral pulses \_\_\_\_\_ VISION: R \_\_\_\_\_ L \_\_\_\_\_

HEENT \_\_\_\_\_ HERNIA \_\_\_\_\_

GLANDS \_\_\_\_\_ SKIN \_\_\_\_\_

CHEST \_\_\_\_\_ GENITALS \_\_\_\_\_

ABD \_\_\_\_\_ HEART (Standing, Supine) \_\_\_\_\_

NEURO \_\_\_\_\_

MUSCULOSKELETAL: UPPER EXTREMITY \_\_\_\_\_

SPINE \_\_\_\_\_

LOWER EXTREMITY \_\_\_\_\_

**Approved for sports participation at SUNY Oswego**

SIGNATURE OF EXAMINER \_\_\_\_\_ DATE \_\_\_\_\_

LIMITATIONS \_\_\_\_\_