

**Macalester College**  
**MEDICAL EXAMINATION**  
**TO BE COMPLETED BY THE EXAMINING HEALTH CARE PROVIDER (i.e. MD, DO, NP, PA)**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

**MEDICAL EXAMINATION – MUST BE COMPLETED WITHIN 6 MONTHS OF COMING TO MACALESTER**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI (optional) \_\_\_\_\_ Arm Span \_\_\_\_\_ (optional screen for Marfan Syndrome)  
Pulse: \_\_\_\_\_ BP: \_\_\_\_\_ / \_\_\_\_\_ Hearing Screen: Right \_\_\_\_\_ Left \_\_\_\_\_ (Audiogram or confrontation)  
Vision: R - 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Yes/No Contacts Yes/No Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

**LAB Results: HIGHLY RECOMMENDED**  
Hemoglobin: \_\_\_\_\_ Sick Cell: \_\_\_\_\_  
Ferritin: \_\_\_\_\_ Other: \_\_\_\_\_

EXAM	NORMAL	ABNORMAL (explain)
Appearance	Y/N	
HEENT	Y/N	
Eyes	Y/N	
Fundoscopy	Y/N	
Pupils	Equal/Unequal	
Ears/Nose	Y/N	
Hearing	Y/N	
Throat	Y/N	
Dental	Y/N	
Lymph Nodes	Y/N	
Thyroid	Y/N	
Lungs	Y/N	
Abdomen	Y/N	
Genitourinary (male)	Y/N	
Hernia	Y/N	
Skin	Y/N	
Musculoskeletal		
Neck	Y/N	
Back	Y/N	
Shoulder/Arm	Y/N	
Elbow/Forearm	Y/N	
Wrist/Hand/Fingers	Y/N	
Hip/Thigh	Y/N	
Knee	Y/N	
Leg/Ankle	Y/N	
Foot/Toes	Y/N	
Duck Walk	Y/N	
Neurological	Y/N	
Psychological	Y/N	
CARDIAC	Y/N	
Is patient under treatment of any kind at this time? <input type="checkbox"/> Yes : <input type="checkbox"/> No Explain:		
Physical/Mental Disabilities or impairment? <input type="checkbox"/> Yes : <input type="checkbox"/> No Explain:		

**Please continue on to next page to complete, sign and date.**

**Macalester College**  
**INTERCOLLEGIATE SPORT MEDICAL CLEARANCE FORM**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Anticipated sport(s) participation :** \_\_\_\_\_

**Date of Examination:** \_\_\_\_\_

I certify that the above student has been medically evaluated and is deemed to be physically fit to:  
**(Check one box)**

\_\_\_\_\_ Participate in **ALL** Macalester Varsity or Club Sports

\_\_\_\_\_ **Not cleared** for these specific sport activities (list all that apply) EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_ **Not cleared** for **ANY** sports activities. EXPLAIN:

\_\_\_\_\_

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\_\_\_\_\_ Requires further evaluation before a final recommendation can be made. EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

☐ **I have examined the above named student, reviewed their health history form and have completed the sports qualifying physical examination as requested.**

Health Care Provider Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Clinic Address:

\_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Email: \_\_\_\_\_ Office FAX:

\_\_\_\_\_

# **MACALESTER COLLEGE CARDIAC SCREENING SURVEY**

Student-Athlete should complete the following survey and present to physician during medical physical.

Physician should talk through these questions with student-athlete and/or parent/guardian.

Student-athlete and physician need to sign the bottom of the survey. Physician will indicate whether an EKG or other testing should be performed at this time. If tests are performed, attach results to this form before returning to Macalester College Athletic Training.

## **Personal History**

Chest pain/discomfort related to exertion?

Unexplained fainting or near-fainting?

Excessive and unexplained fatigue or palpitations, associated with exercise?

Prior recognition of a heart murmur? (Date)

High blood pressure?

Prior restriction from participation in sports? Why?

Prior testing for the heart, ordered by a physician? Which tests? Date?

## **Family History**

One or more relatives who died of heart disease (sudden/unexpected or otherwise) before age 50?

Close relative under age 50 with disability from heart disease?

Specific knowledge of certain cardiac conditions in family members?

Hypertrophic or dilated cardiomyopathy:

Long QT syndrome:

Marfan syndrome :

If yes, specify family member

Clinically important arrhythmias or heart rhythms:

## Physical Examination

Heart murmur:

Femoral pulses to exclude narrowing of the aorta:

Physical appearance of Marfan syndrome:

Brachial artery blood pressure (taken in a sitting position):

If answered “**Yes**” for any of the previous questions, an EKG may be indicated to rule out underlying cardiac conditions that may put student-athlete at risk during athletic participation.

Physician's notes:

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☐ EKG needed

Date to be performed\_\_\_\_\_

☐ Other cardiovascular testing needed

Test needed\_\_\_\_\_

Date(s) to be performed\_\_\_\_\_

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Student-Athlete Signature

Date

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Parent or Guardian Signature (If student- athlete is under 18)

Date

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Physician Signature

Date