

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

Ashley Helfirsten 12/9/1997 18 Female
Student's Name Date of Birth Age Gender

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

Height: 5'10" Weight: 195 BMI (optional) 28 Arm Span 69" (optional screen for Marfan Syndrome)
Pulse: 70 BP: 113/53 Hearing Screen: Right normal Left normal (Audiogram or confrontation)
Vision: R - 20/ 15 L 20/ 15 Corrected: Yes ☐ No ☒ Contacts Yes ☐ No ☒ Pupils: Equal ☒ Unequal ☐
LAB Results: **HIGHLY RECOMMENDED**
Hemoglobin: 14.1 Sick Cell: negative
Ferritin: 29 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 checked="" type="checkbox"/> No		
Explain:		
Physical/Mental Disabilities or impairment? <input type="checkbox"/> Yes : <input checked="" type="checkbox"/> No		
Explain:		

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

Macalester College
INTERCOLLEGIATE SPORT MEDICAL CLEARANCE FORM

Student Name: Ashley Helfinstein Date of Birth: 12/9/1997 Gender: F

Anticipated sport(s) participation: Volleyball

Date of Examination: 6/24/16

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:

☐ 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: _____

Stephanie Wong M.D.
Palo Alto Medical Foundation
701 E. El Camino Real
Mountain View, Ca. 94040

Office Phone: 6509347808 Office Email: _____ Office FAX: 6509347835

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? *NO*

Unexplained fainting or near-fainting? *NO*

Excessive and unexplained fatigue or palpitations, associated with exercise? *NO*

Prior recognition of a heart murmur? (Date) *NO*

High blood pressure? *NO*

Prior restriction from participation in sports? Why? *NO*

Prior testing for the heart, ordered by a physician? Which tests? Date? *NO*

Family History

One or more relatives who died of heart disease (sudden/unexpected or otherwise) before age 50? *NO*

Close relative under age 50 with disability from heart disease? *NO*

Specific knowledge of certain cardiac conditions in family members? *NO*

Hypertrophic or dilated cardiomyopathy: *NO*

Long QT syndrome: *NO*

Marfan syndrome : *NO*

If yes, specify family member

Clinically important arrhythmias or heart rhythms: *NO*

Physical Examination

Heart murmur: Ø

Femoral pulses to exclude narrowing of the aorta: ✓

Physical appearance of Marfan syndrome: Ø

Brachial artery blood pressure (taken in a sitting position): 113/53

} normal

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:

☐ EKG needed

Date to be performed _____

☐ Other cardiovascular testing needed

Test needed _____

Date(s) to be performed _____

Alley Melbrister

6/28/16

Student-Athlete Signature

Date

[Signature]

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

Date

[Signature]

Physician Signature

6/24/16
Date

Macalester College Sickle Cell Trait Form for NCAA Intercollegiate Athletics

About Sickle Cell Trait

- Sickle cell trait is not a disease. Sickle cell trait is an inherited condition affecting the oxygen-carrying substance, hemoglobin, in the red blood cells. You are born with sickle cell trait; it cannot be developed over time or contracted like a disease.
- Sickle cell trait is a common condition (> three million Americans)
- Although Sickle cell trait occurs most commonly in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry, persons of all races and ethnicities may test positive for this condition.
- Those with sickle cell trait usually have no symptoms or any significant health problems. However, sometimes during very intense, sustained physical activity, as can occur with collegiate sports, certain dangerous conditions can develop in those with sickle cell trait, leading to blood vessel and organ (kidneys, muscles, heart) damage that can cause sudden collapse and death. Some of the settings in which this can occur include timed runs, all out exertion of any type for 2 to 3 continuous minutes without a rest period, intense drills and other bursts of exercise after doing prolonged conditioning training. Extreme heat and dehydration increase the risks. (NCAA: A Fact Sheet for Coaches, Sickle Cell Trait, http://web1.ncaa.org/web_files/health_safety/SickleCellTraitforCoaches.pdf)
- More information and resources regarding sickle cell trait and the NCAA's recommendation for sickle cell trait testing can be found at the NCAA web site resource pages regarding the sickle cell trait, accessible at: www.NCAA.org/health-safety.

Sickle Cell Trait Testing

- The NCAA recommends that all student-athletes have knowledge of their sickle cell trait status. Student-athletes must 1) show proof of a prior test with results; 2) have a blood test to check for sickle cell trait; or 3) sign a testing waiver declining options 1 and 2. Whichever option is chosen, it must be completed before the athlete participates in any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc.
- Macalester College recommends that all student-athletes who are unable to confirm their sickle cell trait status undergo sickle cell trait testing prior to participation in any intercollegiate athlete activity.
- Athletes who are positive for the trait will be allowed to participate in intercollegiate athletics; this does NOT prohibit you from playing.

One of the following options must be chosen. Include any documentation if necessary:

☐ Copy of athlete's newborn sickle cell testing **result attached**. _____ Date: _____

Most states require testing at birth, check with your hospital or pediatrician

☒ Copy of recent sickle cell screening test **result attached**. _____ Date: 6/24/16

Cost of testing is the responsibility of the athlete

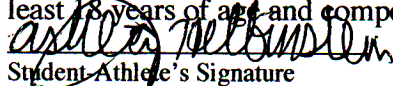
☐ SICKLE CELL TESTING WAIVER:

By signing this waiver I understand and acknowledge that the NCAA recommends that all student-athletes have knowledge of their sickle cell trait status. Additionally, I certify that I have read and fully understand the aforementioned facts and I have had the opportunity to review the NCAA website for further information about sickle cell trait and sickle cell trait testing.

Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to the Macalester College Athletic Department.

I do not wish to undergo sickle cell trait testing and I voluntarily agree to release, discharge, indemnify and hold harmless Macalester College, its officers, employees, agents and their successors and assigns from any and all costs, claims, damages or expenses, including attorney's fees, arising from any loss or personal injury that might result from my refusal to be tested.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.


Student-Athlete's Signature

Ashley Helfinstein
Student-Athlete's Print Name

6/28/16
Date

volleyball
SPORT(s):

Parent/Guardian's Signature (if under 18 years of age)

Parent/Guardian's Print Name

Date

Component	Latest Ref Rng	6/24/2016
WBC	4.0 - 11.0 K/uL	6.9
RBC	3.90 - 5.40 M/uL	4.65
Hemoglobin	12.0 - 15.5 g/dL	14.1
Hematocrit	35.0 - 47.0 %	42.0
MCV	80 - 100 fL	90
MCH	27.0 - 33.0 pg	30.3
MCHC	31.0 - 36.0 g/dL	33.6
RDW	<16.4 %	13.1
Platelet Count	150 - 400 K/uL	257
Sickle Cell Screen	Neg	Neg
Ferritin	47 - 110 ng/mL	29 (L)