

GONZAGA UNIVERSITY ATHLETE PHYSICAL EXAMINATION FORM (TO BE COMPLETED BY A PHYSICIAN)

NAME: Last _____ First _____ SS# _____ Sport _____

LOCAL ADDRESS: _____ CITY _____ ST _____ ZIP _____

PHONE: (____) _____ DATE OF BIRTH: ____/____/19____ Year in school 1 2 3 4 5

Examination date: _____

Orthopaedic evaluation:

1. Tetanus immunization date: _____
2. Laboratory: Blood – HCT(W) _____
Urine: Protein _____ Glucose _____
3. Height: _____ Weight: _____ # %BF _____
Eyes: R 20/____ L 20/____ with / without correction

Previous orthopaedic surgery: Yes ↑ No ↑

Pupils: R > = < L Contacts: Yes/No Soft/Hard/Disp.

(key: 0 = normal/negative + = abnormal (with degree))

Pulse (resting) _____ BP (sitting) _____

Neck/back _____

4. Ears _____

Upper extremities _____

Nose _____

Throat _____

	Right	Left
<i>Shoulder</i> – Instability	/	/
AC Prominence	/	/
<i>Knees</i> – Effusion	/	/
Patella – Tenderness	/	/
Crepitus	/	/
Q Angle	/	/
Apprehension Test	/	/
Quadriceps (VMO)	/	/
Medial Collateral Lgmt. @ 0°	/	/
@ 30°	/	/
Lateral Collateral Lgmt. @ 0°	/	/
@ 30°	/	/
Anterior Cruciate Lgmt. – Drawer	/	/
Lachman	/	/
End Point?	/	/
Pivot Shift	/	/
Posterior Cruciate Lgmt.-Drawer	/	/
Medial Meniscus Signs	/	/
Lateral Meniscus Signs	/	/
<i>Ankles</i> – Inversion	/	/
Anterior Drawer Sign	/	/

5. Heart _____

Lungs _____

6. Breasts (W) _____

7. Abdomen _____

8. Genitalia (M) _____ Hernia (M) _____

9. Dental _____

to be filed out by physician

Laboratory tests – normal ↑ abnormal ↑

- ↑ PASSED
- ↑ PASSED WITH CONDITIONS
- ↑ PASSED WITH RESERVATIONS
- ↑ FAILED WITH CONDITIONS
- ↑ FAILED

Comments: _____

(Comments on above) _____

Hips/Legs _____

Feet _____

FLEXIBILITY/ROM

	Right	Left
Hamstrings.....	/	/
Ankle Dorsiflection.....	/	/
Apply's Scratch Test.....	/	/
Iliopsoas.....	/	/
30 second Crunch.....	/	/
Sit and Reach.....	/	/
Butterfly.....	/	/

**Physician stamp (or attach business card)
REQUIRED ABOVE**

Reviewed by signature _____ date _____

GONZAGA UNIVERSITY ATHLETE'S RISK ACKNOWLEDGEMENT

NOTE: THE ATHLETES MUST PERSONALLY FILL IN ALL BLANKS. PRINT CLEARLY.

Name: _____ Date of Birth: _____

I wish to participate in the sport of _____ in the Gonzaga University athletic program during the _____ athletic/academic year. I am aware my participation in any sport competition, practice, or conditioning program can be a dangerous activity involving many risks of injury. I understand the dangers and risks include, but are not limited to; death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons as well as other injury/illness involving the structure and function of the human body. Participation as a Gonzaga University athlete can cause serious injury and or impairment to my general health and well being, in both the long and short term. I know there is a video presentation available for my review concerning these risks. I also know I can meet with a member of the Gonzaga University Sports Medicine team at any time during my participation to discuss any and all risks associated with my participation. Student-athletes for their part should comply with, and understand, all rules and standards that govern their participation in all athletically related activities. However, to legislate safely via the rule book and equipment standards alone, while often necessary, is seldom entirely effective. I realize neither the protective equipment, nor padding used in the sport, the safety rules and procedures of the sport, the coaching instruction I receive, nor the sports medicine care I am provided, will guarantee my safety or prevent all injuries I might sustain.

I, _____ recognize the importance of following the coach's, team physician's athletic trainer's and other athletic department staff person's instructions regarding my participation as a member of the _____ team, and also recognize my shared responsibilities in reducing risks associated with participation as a Gonzaga University athlete. **I accept these risks as a condition of my participation.**

_____ (signature) _____ (date)

**I also realize my _____ (condition) creates an additional risk for me, and I discussed these risks with Gonzaga University coach(es) and sport medicine providers in a meeting on _____ (date). They explained to me that because of this condition(s), the special risks for me are as follows: (list all concerns, use extra space as needed). _____

I understand these concerns and agree to follow all directions and recommendations of the Gonzaga University physicians and their designees.

I also agree to accept these additional risks to my health and well being as a condition of my participation as a Gonzaga University athlete.

Date _____ Signature _____

**For athletes with pre-existing conditions that increase risk of injury/illness. If this section does not apply to you write "not applicable" in the space provided.

CONSENT FOR TREATMENT AND MEDICAL RECORDS RELEASE

I understand I may be injured or become ill while participating in athletics at Gonzaga University. I authorize the school to obtain through a physician of its choice any care that may become necessary while participating or traveling under the Gonzaga University intercollegiate athletic program. I authorize the Gonzaga University team physician(s) and their designees (athletic trainers, etc.) to administer those treatments necessary. I also authorize any physician, practitioner, hospital, or other health care provider by whom I have been observed and/or treated, to give full particulars thereof, including prior medical history to the Gonzaga University team physicians and their designees. I further authorize Gonzaga University to send my complete medical file to the G.U. team medical providers. A photo-stat copy of this authorization shall be valid as the original.

Signature _____ Date _____

If under 18, parent or guardian signature _____

*****Authorization is valid for one year ONLY from date*****