



Bridgewater State University
Physical Exam/Medical Evaluation Form (2022)

Phone: (508)531-2044 Fax: (508)531-1447

Student Athlete's name: _____ Date of Exam: _____

D.O.B.: _____ (The exam must be within 6 months of student athletes first practice)

Confirmation of Sickle Cell Trait status is required by NCAA for all incoming student athletes as of August 2022. Please see the attached Sickle Cell Verification form for information and indicate this student athlete's sickle cell trait status here and on the verification form:

Positive Negative Date of Test: _____

Height: _____ Weight: _____ BP: _____ HR: _____ Lungs: B/L CTA: _____ Heart: RRR w/out m: _____
Illness or injury within past year and/or a significant history of concussions? Yes No If yes please explain:

Physical Examination:	Normal:	Abnormal:	Describe abnormalities/conditions:
1. Skin/Lymph nodes:			
2. Head/Neck/Thyroid:			
3. Eyes:			
4. Ears/Hearing:			
5. Nose/Sinuses/Throat:			
6. Mouth/Teeth/Gingiva:			
7. Lungs/Chest:			
8. Heart/Cardiovascular:			
9. Abdomen:			
10. Genitalia/Hernia:			
11. Neurological:			
12. Musculoskeletal:			
a. Spine			
b. Shoulder			
c. Elbow			
d. Wrist/Hand			
e. Hip/Pelvis/thigh			
f. Knee			
g. Ankle/leg			
h. foot			

Is the individual currently under treatment for any medical or emotional condition*? Yes No

If yes, please specify: _____

*Diagnostic documentation is required if a student is taking a medication that is an NCAA banned substance (ie. Ritalin)

Recommendations for Physical Activity in competitive sports: **NO Restrictions**
(One of these options must be checked) **Restrictions**

If restricted, please specify specific limitations and/or requirements to obtain unrestricted participation: _____

Health Care Providers signature _____ Date: _____

Health Care Providers printed name:	
Phone number:	
Practice name/Address:	

ALL INFORMATION PROVIDED IS CONFIDENTIAL.



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Sickle Cell Trait Verification Form

The NCAA has required that its member institutions verify Sickle Cell Trait status on all student-athletes. All student athletes at Bridgewater State University are required to provide documentation regarding the presence or absence of sickle cell trait.

The student athlete will be unable to participate until sickle cell trait status is verified and the physical is completed and all other medical forms are submitted to the athletic training-sports medicine department.

To be completed by a healthcare provider (MD, NP, DO, PA):

Athletes Name: _____ Date of Birth: _____

VERIFICATION OF SICKLE CELL TRAIT STATUS:

Sickle Cell Trait: Positive OR Negative

Date of Sickle Cell Trait Testing: _____

Examiner Name: _____ (MD, NP, DO, PA)

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number for Consultations: _____

Examiner Signature: _____ Date: _____

VERIFICATION OF A PENDING SICKLE CELL TRAIT TEST:

PLEASE COMPLETE AND SUBMIT IF A SICKLE CELL TEST HAS BEEN RECENTLY COMPLETED AND IS PENDING RESULTS. THE STUDENT ATHLETE MAY PARTICIPATE WITH A PENDING TEST BUT RESULTS MUST BE SUBMITTED AS SOON AS THEY ARE KNOWN OR MEDICAL CLEARANCE WILL BE REVOKED.

Date of Sickle Cell Trait Testing: _____ Date results expected: _____

Examiner Name: _____ (MD, NP, DO, PA)

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number for Consultations: _____

Examiner Signature: _____ Date: _____

PLEASE GIVE TO STUDENT ATHLETE OR FAX TO 508-531-1447