

2018-2019 Academic Year

Dear Dartmouth Student-Athlete,

It is a requirement under NCAA Bylaw 17.1.5 for all student-athletes beginning their initial season of eligibility and all students who are trying out for a team to undergo a medical exam before they are permitted to engage in any physical activity. This exam must take place no earlier than March 5, 2018 (within six months of the start date for their intended physical activity). The Dartmouth College Health Service follows this and the following as requirements for all students who plan to participate on Varsity athletic teams or Men's Club Rugby.

All NCAA Division 1 student-athletes and students who plan to participate on Varsity athletic teams or Men's Club Rugby must contact their healthcare provider to:

- 1.) **Schedule an athletic health physical and ask your medical provider to complete the attached Athletic History and Physical Examination form.** Physical exams submitted in any format other than the attached forms will not be considered for medical clearance to participate. Please also note that NCAA regulations require pre-participation medical exams to be completed by a medical doctor (MD), doctor of osteopathic medicine (DO), or nurse practitioner licensed to practice in their state independent of physician supervision. If the physical is completed by any another medical provider, Dartmouth College requires that the physical be countersigned by an MD or DO.
- 2.) **Be tested for sickle cell trait (SST), provide Dartmouth College with documentation of prior test results, or sign the attached waiver declining to be tested.** You will not be able to practice with your team until you have complied with this NCAA requirement. Please submit test results or the completed waiver with the attached Athletic History and Physical Exam forms.
  - Many newborns in the United States are tested for sickle cell trait at birth, so test result information may already be available within your current medical record.
  - It is useful for you to know whether or not you have the sickle cell trait. If you wish to be tested now, you should have the test done at home, prior to reporting to campus in the fall.
- 3.) **Provide adequate documentation of diagnosis and treatment of conditions requiring the use of banned substances, including (but not limited to) stimulant use for ADHD/ADD.** In order to allow for a medical exception for athletes taking stimulant medication, please provide your medical provider with the attached Medical Exception Form—ADD/ADHD. Please submit completed forms with the attached Athletic History and Physical Exam forms prior to coming to campus.

Submission of all parts of this Athletic History and Physical Exam are due back to the Dartmouth College Health Service by no later than **July 1, 2018.**

Jeffrey Frechette, MEd, ATC  
Head Athletic Trainer  
Dartmouth College Sports Medicine

Ann Bracken, MD, PhD  
Director of Clinical Medical Services  
Dartmouth College Health Service

**Continued on next page**

## DARTMOUTH HEALTH SERVICE

Attn: Sports Medicine—Athletic Physical  
7 Rope Ferry Road, Hinman Box 6143  
Hanover, NH 03755

### RETURN COMPLETED FORMS BY JULY 1, 2018.

#### CHECKLIST TO COMPLETE/SUBMIT:

- Athletic History and Physical Exam for Varsity Teams and Men's Rugby (pages 3-5)
- Sickle cell trait testing results OR Release Form—Sickle Cell Trait Solubility Test (page 6)
- Appropriate documentation for use of banned substances, including Medical Exception Form—ADD/ADHD, if applicable (pages 7-9)

**Failure to complete these three requirements will render you ineligible to participate in on Varsity athletic teams or Men's Club Rugby while you are at Dartmouth.**

Please remember that any incomplete forms and forms received later than July 1, 2018 may result in a delay in clearance to participate on Varsity athletic teams or Men's Club Rugby, including: conditioning, weight training, team and individual practices, and competition.

We are aware that many insurance plans allow for only one well-child visit per year which may fall after our specified deadline of July 1, 2018. We suggest you contact your insurance provider to ask whether they might waive this restriction for the purpose of a college entrance physical. On-time submission of this form will greatly reduce the time it takes to process and clear students for participation, and will therefore reduce the risk that any student-athlete is restricted from scheduled team activities when they arrive on campus.

Lastly, please also note that these forms are separate from the Undergraduate Entering Student Health & Immunization Requirements through the Health Service Medical Records office.

#### Submit completed Athletic History and Physical Exam forms to:

Dartmouth College Health Service  
Attn: Sports Medicine—Athletic Physical  
7 Rope Ferry Road  
Hanover, NH 03755  
Fax: 603-646-9410  
Email: [tracy.a.purcell@dartmouth.edu](mailto:tracy.a.purcell@dartmouth.edu)

DARTMOUTH HEALTH SERVICE

Attn: Sports Medicine—Athletic Physical
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Hanover, NH 03755

Athletic History and Physical Exam
for Varsity Teams and Men’s Rugby

Dear Health Care Provider:

This form is required for students who intend to compete on Varsity athletic teams or Men’s Club Rugby. Incomplete forms will be returned and the athlete will be held from clearance to participate.

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_
Student cell phone: \_\_\_\_\_ Student email (active): \_\_\_\_\_

A. Student intends to compete on these teams (mark all that apply):

- Baseball, Basketball (M), Golf (M), Rowing (M), Soccer (M), Swimming (M)
Equestrian, Basketball (W), Golf (W), Rowing (W), Soccer (W), Swimming (W)
Field Hockey, Cross Country (M), Ice Hockey (M), Rugby (M), Squash (M), Tennis (M)
Football, Cross Country (W), Ice Hockey (W), Rugby (W), Squash (W), Tennis (W)
Softball, Diving (M), Lacrosse (M), Sailing (M), Skiing (M), Track/Field (M)
Volleyball, Diving (W), Lacrosse (W), Sailing (W), Skiing (W), Track/Field (W)

B. Medications (regular/daily use):

Please list ALL regular medications, including over-the-counter medications, multivitamins, and supplements. Refer to instructions on Page 7 for concerns regarding possible NCAA Banned Substances.

(\* NOTE TO PROVIDER:

In order to clear this student to compete in intercollegiate athletics, we require the following test(s) for abnormalities noted below, or clearance by a board certified cardiologist or other specialist. The student will not be permitted to practice or compete in an intercollegiate sport until testing for abnormalities or specialist clearance is documented and submitted to the Health Service.

- 1.) Obtain/submit images and report of an echocardiogram if:
• There is a heart murmur that has not already been documented to be benign (if benign, see #4, below);
• The student has a history of light-headedness, syncope, chest pain, or significant dyspnea with exercise;
• Symptomatic palpitations or other arrhythmias;
• Documented Marfan Syndrome, or suspected Marfan Syndrome based on body habitus including arm span greater than height, men 6’4” or taller, women 6’0” or taller, kyphoscoliosis, pectus excavatum, cardiac murmur or mid-systolic click, joint laxity.
• Family history of sudden death;
• Family history of hypertrophic obstructive cardiomyopathy;
2.) Obtain/Submit report of Holter monitor or cardiac event monitor if fainting or dizziness occurs with exertion.
3.) Obtain/Submit report of an exercise treadmill test in cases of known coronary artery disease, chest pain or excessive dyspnea with exertion.
4.) If the athlete has already been evaluated for symptoms or a cardiac condition as described above, a letter from a board certified cardiologist and documentation of testing supporting clearance to participate and compete in intercollegiate sports should be provided to be reviewed.

**C. Personal and Family Health History (please circle yes or no for ALL questions)**

**CARDIAC (Personal History)**

- Yes No** Exertional chest pain/discomfort
- Yes No** Unexplained syncope/fainting or near-syncope
- Yes No** Excessive exertional and unexplained dyspnea/fatigue, associated with exercise
- Yes No** Prior recognition of a heart murmur
- Yes No** Elevated systemic blood pressure
- Yes No** Prior restriction from participation in sports due to cardiovascular reasons
- Yes No** Prior testing for the heart, ordered by a physician (\*)

**CARDIAC (Family History) (\*)**

- Yes No** Premature death (sudden and unexpected, or otherwise) before age 50 years, due to heart disease in one or more relatives
- Yes No** Disability from heart disease in a close relative less than 50 years old
- Yes No** Hypertrophic or dilated cardiomyopathy, long-QT syndrome, or other ion channelopathies, Marfan Syndrome, or clinically significant arrhythmias; specific knowledge of genetic cardiac conditions in family members

**NEUROLOGICAL**

- Yes No** Concussion(s)
- Yes No** Migraine headaches
- Yes No** Head/neck injury
- Yes No** History of seizures

**GENERAL**

- Yes No** Chronic illness(es)
- Yes No** Exercise induced bronchospasm/asthma
- Yes No** Joint instability/joint surgery
- Yes No** Eating disorder
- Yes No** Other medical or psychological issues or concerns
- Yes No** Heat-related illness
- Yes No** Loss of a paired organ
- Yes No** History of bleeding disorder
- Yes No** Severe anemia

**MARFAN SYNDROME (\*)**

- Yes No** Known personal history of Marfan Syndrome
- Yes No** Known family history of Marfan Syndrome

**NOTE TO PROVIDER:** Questions marked with (\*) and answered with a **Yes** in the above section will require additional documentation. Please refer to instructions on page 3 for more information.

**Without proper documentation, the athlete will not be cleared for sports participation.**

Please comment on all **Yes** answers in **Section C. Personal and Family Health History**. Include dates and details of onset, predominant symptoms, time lost from sport and/or school, and whether issues persist or have resolved:

## D. ADHD Treatment

**Yes No** Is the student taking prescribed medication for Attention Deficit Hyperactivity Disorder (ADHD)?  
**If yes**, please refer to instructions on pages 7-9 regarding NCAA guidelines on banned substances

## E. Testing for Sickle Cell Trait

**Yes No** Has the student been tested for Sickle Cell Trait?  
**If yes**, please submit documentation of test results with this packet  
**If no**, please refer student to page 6 (Release Form—Sickle Cell Solubility Test)

## F. Athletic Physical Exam (please circle all answers individually)

**NOTE TO PROVIDER:** Any questions marked with (\*) and answered with a **Yes** or **Abnormal** in this category will require additional documentation. Please refer to instructions on page 3 for more information.  
**Without proper documentation, the athlete will not be cleared for sports participation.**

<b>Abnormal</b>	<b>Normal</b>	Cranial Nerves (II-XII)	<b>Abnormal</b>	<b>Normal</b>	Lungs
<b>Abnormal</b>	<b>Normal</b>	Eyes/ears/hearing	<b>Abnormal</b>	<b>Normal</b>	Abdomen
<b>Yes</b>	<b>No</b>	Glasses or contact lenses	<b>Yes</b>	<b>No</b>	Hernia
<b>Abnormal</b>	<b>Normal</b>	Reflexes	<b>Abnormal</b>	<b>Normal</b>	Skin
<b>Abnormal</b>	<b>Normal</b>	Balance/coordination	<b>Abnormal</b>	<b>Normal</b>	Oral cavity/teeth
<b>Abnormal</b>	<b>Normal</b>	Hips	<b>Abnormal</b>	<b>Normal</b>	Neck/back
<b>Abnormal</b>	<b>Normal</b>	Genitalia/testicles (men only)	<b>Abnormal</b>	<b>Normal</b>	Shoulders
<b>Abnormal</b>	<b>Normal</b>	Legs/knees/feet (lower extremity)	<b>Abnormal</b>	<b>Normal</b>	Arms/wrists/hands (upper extremity)
<b>Yes</b>	<b>No</b>	Does the student have a heart murmur? (*)			
<b>Yes</b>	<b>No</b>	Does the student have a cardiac arrhythmia? (*)			
<b>Yes</b>	<b>No</b>	Does the patient present with physical stigmata of Marfan Syndrome? (*)			
<b>Abnormal</b>	<b>Normal</b>	Bilateral femoral pulses to exclude aortic coarctation			
<b>Abnormal</b>	<b>Normal</b>	Cardiovascular exam			

## G. Vital Signs

Height (in): \_\_\_\_\_ Brachial artery blood pressure in sitting (**Must complete both arms**):  
 Weight (lbs): \_\_\_\_\_ Left arm (mmHg): \_\_\_\_\_ / \_\_\_\_\_  
 Resting Pulse (bpm): \_\_\_\_\_ Right arm (mmHg): \_\_\_\_\_ / \_\_\_\_\_

## H. MEDICAL CLEARANCE

**Yes No** Are additional test results or cardiology consults pending? If so, which? \_\_\_\_\_  
**Yes No** In your opinion is this student medically able to participate in sports?

Provider's name (please print): \_\_\_\_\_ MD DO NP  
 Provider's Signature: \_\_\_\_\_ Date of exam: \_\_\_\_\_  
**Per NCAA, form will not be accepted without physician co-signature for any other credential than above-listed.**  
 Address: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

**DARTMOUTH HEALTH SERVICE**

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**Release From—Sickle Cell Trait Solubility Test**

NCAA requirements state that student-athletes, prior to participation in an NCAA-recognized sport, including any weight training or conditioning workouts, be required to undergo a medical examination or evaluation administered by a physician. The examination or evaluation now must include a sickle cell trait (SST) solubility test unless documented results of prior testing are provided to the institution, or the student-athlete declines the test and signs a written release. For educational materials about SST, go to the following NCAA website:

**<http://www.ncaa.org/health-and-safety/medical-conditions/sickle-cell-trait>**

I, \_\_\_\_\_ (first and last name), hereby acknowledge that I have received the letter from Dartmouth College stating that I am required to have been tested, be tested for SST, or to indicate in writing that I decline to be tested. I have chosen to decline this testing with the knowledge that I may have undiagnosed SST or disease, and this may lead to an increased risk of injury or death related to athletic activities.

*By signing this waiver, I release Dartmouth College, including its Athletic Department, Health Service, Team Physicians, Athletic Training staff, and associated health professionals from any liability related to my sickle cell trait status.*

The undersigned hereby acknowledges that he/she has read and understands this waiver form. This waiver is intended to be legally binding.

If the student is *not* 18 or older, a co-signature from a parent or guardian is also required.

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of student: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(If student is under 18)

**Submit completed form with Athletic History and Physical Exam form to:**

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Email: [tracy.a.purcell@dartmouth.edu](mailto:tracy.a.purcell@dartmouth.edu)

## NCAA Banned Substance Documentation Requirements

Dear Parents and Health Care Providers,

Your child/patient, a student at Dartmouth College, plans to participate in intercollegiate athletics at our institution. The NCAA has compiled a list of prescribed medications composed of substances that are generally purported to be performance enhancing and/or potentially harmful to the health and safety of the student-athlete. These medications are banned for use by NCAA athletes. The NCAA recognizes that some banned substances are used for legitimate medical purposes and allows exception to be made for those student-athletes with a documented medical history demonstrating the need for treatment with a banned medication. Exceptions may be granted for substances included in the following classes of banned drugs: stimulants, beta blockers, diuretics, anti-estrogens, beta-2 agonists, peptide hormones and anabolic agents. Learn more about the NCAA drug testing program on their website:

<http://www.ncaa.org/health-and-safety/policy/drug-testing>

**Student-athletes taking stimulant medication for the treatment of ADD/ADHD must provide specific documentation of diagnosis and treatment to allow for medical exception.** The Dartmouth College Health Service requests the information indicated on the enclosed form: Medical Exception Form—ADD/ADHD. This additional documentation is critical for his/her eligibility in athletics.

**Use of peptide hormones and anabolic agents must be pre-approved by the NCAA before the student-athlete is allowed to participate in competition while taking these medications.** This can be accomplished through the coordination of the prescribing physician and the Head Athletic Trainer.

**For all other medications in the banned substance categories listed above,** prescribing physicians may submit as documentation: a letter or copies of medical notes documenting how the diagnosis was reached, and that the student-athlete has a medical history demonstrating the need for treatment with the banned medication. The letter should contain information as to the diagnosis (including appropriate verification of the diagnosis), medical history and dosage information.

**Anyone can inquire about the status of any prescription medication at the Drug Free Sport Axis:**

Website: <https://dfsaxis.com/users/login>

Organization: NCAA Division I

Password: ncaa1

Create an account to inquire about dietary supplements.

**Documentation of the use of banned medications is required to be re-submitted annually as long as the student continues to participate in NCAA athletics.** In providing this required documentation, you acknowledge that you have reviewed the patient's health history and have provided safety information regarding banned substance use as well as misuse guidelines.

Jeffrey Frechette, MEd, ATC  
Head Athletic Trainer  
Dartmouth College Sports Medicine

Ann Bracken, MD, PhD  
Director of Clinical Medical Services  
Dartmouth College Health Service

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**Medical Exception Form—ADD/ADHD**

Please only return these pages if form is applicable.

Form only applies to those students being treated for ADD/ADHD with prescription medication.

Date: \_\_\_\_\_

Student-athlete name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**To be completed by student-athlete:**

I, \_\_\_\_\_, give \_\_\_\_\_  
(physician) permission to release all information regarding my treatment for ADHD to The Dartmouth College Health Service and National Collegiate Athletic Association. This authorization will be valid for one calendar year, beginning on the date I sign this authorization. I may revoke this authorization at any time by submitting a letter in writing to the Director of the Dartmouth College Health Service, understanding that all information released prior to my revocation is excluded. My signature below indicates that I have read and understood the above statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature : \_\_\_\_\_ Date: \_\_\_\_\_  
(If student is under 18)

**To be completed by Health Care Provider:**

Provider: Your patient is a student-athlete participating in intercollegiate athletics. The NCAA bans the use of some stimulant medications and requires that the following documentation is submitted to support a request for a medical exception in the case of a positive drug test for such use. For additional information, please visit the NCAA Health & Safety website: <http://www.ncaa.org/health-and-safety/policy/drug-testing>

Date of Clinical Evaluation: \_\_\_\_\_

**1.) Required ADHD documentation components:**

**Attach written report of comprehensive clinical evaluation. Please note that this includes the original clinical notes of the diagnostic evaluation.** This evaluation should include individual and family history, address any indication of mood disorders, substance abuse, and previous history of ADHD treatment, and incorporate the DSM criteria to diagnose ADHD. Attach supporting documentation, such as completed ADHD Rating Scale(s) scores. Please also submit copies of test results for inclusion in student-athlete’s College medical record.

The evaluation can and should be completed by a clinician capable of meeting the requirements detailed above.

**Continued on next page**



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Hanover, NH 03755

**Medical Exception Form—ADD/ADHD, continued**

Student-athlete name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**2.) Optional ADHD evaluation summary:**

**(This may not replace the required documentation requested in item 1 on the previous page):**

- Comprehensive clinical evaluation (using DSM-5 criteria): \_\_\_\_\_
- Previous documentation of ADHD/Diagnosis: \_\_\_\_\_
- Medication(s) and dosage: \_\_\_\_\_
- Alternative non-banned medications which have been considered: \_\_\_\_\_  
\_\_\_\_\_
- Adult ADHD Rating scale score: \_\_\_\_\_  
(e.g. Adult ADHD Self-Report Scale (ASRS), Conners' Adult ADHD Rating Scales (CAARS))
- The student athlete will follow-up in: 3 months    6 months    12 months    other \_\_\_\_\_  
(please circle)
- Monitored blood pressure and pulse: \_\_\_\_\_
- Other/comments: \_\_\_\_\_

<b>Provider Name (printed):</b> _____	MD    DO    NP    PA
<b>Provider signature:</b> _____	Date: _____
Specialty: _____	
Office address: _____ _____	
Office phone: _____	

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