

2019-2020 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 on or after March 10, 2019 (or within six months of the start date for your 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.

- 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.
 - If you choose to be tested rather than sign the waiver, have the test done at home, prior to reporting to campus.
- 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.
- 4.) **Complete all Undergraduate Entering Student Health & Immunization Requirements.** Prior to sports clearance, all students must also be cleared by the Medical Records Department.

Submission of all parts of this Athletic History and Physical Exam are due back to the Dartmouth College Health Service by no later than **June 30, 2019**.

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

Kristine Karlson, MD
Team Physician
Dartmouth College Health Service

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DARTMOUTH HEALTH SERVICE

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

RETURN COMPLETED FORMS BY JUNE 30, 2019.

Late or Incomplete Submissions

Late submission may result in your inability to participate in team activities upon your arrival to campus, including conditioning, weight training, team and individual practices, testing and competition.

Well-Child Visit/Insurance

We are aware that many insurance plans allow for only one well-child visit per year which may fall before our earliest accepted date of March 10, 2019 OR after our specified deadline of June 30, 2019. We suggest you contact your insurance provider to ask whether they might waive this restriction for the purpose of a college entrance physical.

Entering Student Requirements

The Athletic History and Physical Exam is separate from the Undergraduate Entering Student Health and Immunization Requirements.

- Sports Medicine requires that prior to sports clearance, all students must also be cleared by the Medical Records Department.
- For further instructions, refer to: <https://students.dartmouth.edu/health-service/medical-records/incoming-student-requirements/undergraduate-students>

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, return only if applicable (pages 7-9)
- Entering Student Health and Immunization Requirements:
 - Dartmouth Immunization Form
 - Tuberculosis Screening/Testing Form
 - Online Health Forms
 - Special Authorization for Minors (if applicable)

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: sports.medicine@dartmouth.edu

Health and Immunization Requirements should be sent separately to Medical Records as indicated on their site.

DARTMOUTH HEALTH SERVICE

Attn: Sports Medicine—Athletic Physical
7 Rope Ferry Road, Hinman Box 6143
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Athletic History and Physical Exam
for Varsity Teams and Men’s Rugby

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.

Student Name: _____ DOB: _____
Preferred Name: _____ Student Cell Phone: _____

Students: Please note that all communication from Sports Medicine regarding the status of sports clearance will be
directed to your Dartmouth.edu email address. Email communication between Dartmouth.edu addresses is considered
secure. Cell phone information will be used as a back-up method of communication only.

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)

(*) NOTE TO PROVIDER REGARDING REQUIRED MEDICAL RECORDS:

ANY surgeries after January 1, 2018 require submission of operative report and documentation of clearance for return
to sports. If not yet cleared to return to sports, documentation of current activity status may be substituted.

We do NOT require routine cardiac testing.

We do require the following test(s)/documentation for cardiac abnormalities noted below.

- 1.) Obtain/submit image disc 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 or repaired coronary artery pathology,
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.

B. Medications (list all prescriptions, over-the-counters, multivitamins, supplements):

Briefly explain indication for all prescription medication in the comment box below, or submit a copy of the prescription. Refer to instructions on Page 7 for concerns regarding possible NCAA Banned Substances (ie stimulants).

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** Neck injury (includes burners/stingers)
- 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** Allergies (other than seasonal rhinitis)
- Yes No** Heat-related illness
- Yes No** Loss of a paired organ
- Yes No** History of bleeding disorder
- Yes No** Severe anemia
- Yes No** Other medical or psychological issues or concerns

MARFAN SYNDROME (*)

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

PLEASE NOTE: Questions marked with (*) and answered **Yes** require medical documentation. Refer to instructions on page 3 for more information. **Without proper documentation, the athlete will not be cleared for sports participation.**

Comment on all **Yes** answers above. Include dates and details of onset, time lost from sport and/or school, predominant symptoms, 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. 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): _____ / _____

G. Athletic Physical Exam (please circle all answers individually)

NOTE TO PROVIDER: Comment on all **Abnormal/Yes** answers in the space provided. Questions answered **Yes** and marked with (*) in this category require additional documentation. Refer to instructions on page 3 for more information.
Without proper documentation, the athlete will not be cleared for sports participation.

Abnormal	Normal	Skin
Abnormal	Normal	Head/Eyes/Ears/Nose/Throat
Abnormal	Normal	Lungs
Abnormal	Normal	Abdomen
Abnormal	Normal	Musculoskeletal system
Abnormal	Normal	Neurological
Yes	No	Absence of paired organ
Yes	No	Does the student have a heart murmur? (*)
Yes	No	Does the student have a cardiac arrhythmia? (*)
Yes	No	Does the patient present with physical stigmata of Marfan Syndrome? (*)
Abnormal	Normal	Bilateral femoral pulses to exclude aortic coarctation
Abnormal	Normal	Cardiovascular exam

Comments:

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: _____

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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)

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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

Kristine Karlson, MD
Team Physician
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.

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Medical Exception Form—ADD/ADHD, continued

Please only return these pages if form is applicable.
Form only applies to those students being treated for ADD/ADHD with prescription medication.

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: _____

Provider Name (printed): _____ MD DO NP PA

Provider signature: _____ Date: _____

Specialty: _____

Office address: _____

Office phone: _____

If this form is applicable, submit completed form with Athletic History and Physical Exam form to:

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