



A DEPARTMENT OF THE
COLLEGE HEALTH SERVICE
7 Rope Ferry Rd.
Hanover, NH 03755
603-646-9419

2021-2022 Academic Year REQUIREMENTS FOR PARTICIPATION

Dear Dartmouth Student-Athlete,

NCAA Bylaw 17.1.5 requires 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 7, 2021 (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.) 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.** 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.
- 3.) Complete waivers, releases, and online forms.**
 - **Sickle Cell Trait requirement:** NCAA and Dartmouth require student-athletes to (a) be tested for sickle-cell trait, (b) provide Dartmouth with results of a prior test, or (c) refuse sickle-cell testing. This must be done prior to participation in any NCAA-recognized sport and all related activities, including any weight training or conditioning workouts.
 - **Comprehensive Athletics Participation Waivers and Release Forms:** These online form can be found on the Health Portal, accessed through the 'Health Services Forms' link on your Banner account.
 - **Heat Illness History Form:** This online form is also accessed in the Forms tab of the Health Portal.
 - **COVID-19 Screening Form:** This online form is also accessed in the Forms tab of the Health Portal.
- 4.) Complete all Undergraduate Entering Student Health & Immunization Requirements.** Prior to sports clearance, all students must also be cleared by Medical Records at the Health Service.

Submission of all parts of this Athletic History and Physical Exam form are due back to the Dartmouth College Health Service by **June 30, 2021**.

Benjamin Schuler, MS, NHLAT, ATC
Head Athletic Trainer
Dartmouth College Sports Medicine

Kristine Karlson, MD
Team Physician
Dartmouth College Health Service

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RETURN COMPLETED FORMS BY JUNE 30, 2021.

Late or incomplete submissions may result in your inability to participate in team activities upon your arrival to campus. This includes conditioning, weight training, team and individual practices, testing, and competition.

CHECKLIST TO COMPLETE/SUBMIT:

- Athletic History and Physical Exam for Varsity Teams and Men's Rugby (pages 3-6)
 - 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 7, 2021, OR after our specified deadline of June 30, 2021. We suggest you contact your insurance provider to ask whether they might waive this restriction for the purpose of a college entrance physical.
 - The following is required supplemental documentation, if applicable:
 - Any surgeries after January 1, 2020, 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.
 - Prior work-up for known or suspected cardiac abnormalities.
 - Prior cardiac testing for symptomatic events.
- Appropriate documentation for use of banned substances, including Medical Exception Form—ADD/ADHD, return only if applicable (pages 7-8)
- Release Form—Sickle Cell Solubility Test, and Sickle Cell Trait test results if applicable (page 9)
- Complete online Comprehensive Athletics Participation Waiver and Release Form
- Complete online Heat Illness History Form
- Complete online COVID-19 Screening Form
- Entering Student Health and Immunization Requirements:
 - The Athletic History and Physical Exam is separate from the Undergraduate Entering Student Health and Immunization Requirements and Sports Medicine requires that prior to sports clearance all students must also be cleared by Medical Records at the Health Service.
 - For additional instructions, refer to: dartgo.org/healthclearance
 - The following Health and Immunization Requirements should be sent separately to Medical Records as indicated on their site.
 - Dartmouth Immunization Form
 - Tuberculosis Screening/Testing Form
 - Online Health Forms
 - Special Authorization for Minors (if applicable)
- Return completed forms by June 30, 2021.

We recommend that you retain an original copy of all paperwork for your records.

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: 603-646-6455
Email: sports.medicine@dartmouth.edu

Student name: _____ **Date of birth:** _____ Recruited Walk-on/try-out

Preferred name: _____ **Intended team:** _____ Men Women Coed

NOTE: Complete and sign this form (with your parents if younger than 18); bring it with you to your physical.

List past and current medical conditions: _____

Have you ever had surgery? If yes list all past surgical procedures and dates. _____

List all current prescriptions, implants, over-the-counter medicines, and supplements (herbal and nutritional): _____

Do you have any allergies? If yes, list all allergies other than seasonal rhinitis (ie, medicines, food, stinging insects). Be sure relevant medications are listed above.

MEDICAL QUESTIONS		YES	NO
1	Do you cough, wheeze, or have difficulty breathing after exercise? Or have you been diagnosed with exercise induced asthma?		
2	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
3	Do you have groin or testicle pain or a painful bulge or hernia in the groin region?		
4	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
5	Do you have a history of migraine headaches or other recurrent headache condition?		
6	Have you had a concussion, head, or brain injury that caused confusion, a prolonged headache, or memory problems?		
7	Have you had numbness, tingling, or weakness in your arm or legs, or been unable to move your arms or legs after being hit or falling?		
8	Have you ever become ill while exercising in the heat?		
9	Have you ever had or do you have any problems with your eyes or vision?		
10	Do you or someone in your family have sickle cell trait or disease?		

Please explain all "YES" answers at the end of this form.

Include dates and details of onset, time lost from sport and/or school, predominant symptoms, and whether issues persist or have resolved.

MEDICAL QUESTIONS CONTINUED		YES	NO
11	Do you or someone in your family have a connective tissue disease, such as Ehlers-Danlos, Loeys-Dietz, or Marfan Syndrome?		
12	Do you worry about your weight?		
13	Are you trying to gain or lose weight?		
14	Are you on a special diet or do you avoid certain types of foods or food groups?		
15	Have you ever been diagnosed with or treated for an eating disorder?		
16	Have you ever been diagnosed with any mental health disorders or treated for any mental health symptoms?		
BONE AND JOINT QUESTIONS		YES	NO
17	Have you ever had a stress fracture?		
18	Have you ever had an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
19	Do you have a bone, ligament, muscle, or joint issue that bothers you?		

Name: _____ DOB: _____

PREPARTICIPATION EXAM HISTORY FORM (page 2 of 2)

HEART HEALTH QUESTIONS ABOUT YOU	YES	NO
20 Have you ever passed out or nearly passed out during exercise?		
21 Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
22 Does your heart ever race or flutter in your chest, or skip beats during exercise?		
23 Have you ever been told you have a heart murmur?		
24 Has a doctor ever requested a test for your heart? For example, EKG or echocardiogram.		
25 Has a provider ever denied or restricted your participation in sports because of a heart problem?		
26 Do you get lightheaded or feel shorter of breath than your teammates during exercise?		
27 Have you ever had a seizure?		
28 Have you been told that you have Marfan syndrome?		

We do NOT require routine cardiac testing as part of this preparticipation physical.

- We do require documentation of all prior work-up for known or suspected cardiac abnormalities.
- We do require documentation of any prior cardiac testing resulting from symptomatic events.

ANY SURGERIES after January 1, 2020, 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.

Please explain all "YES" answers here:

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	YES	NO
29 Has any family member or relative died of heart problems or had an unexpected or unexplained death before age 50?		
30 Has anyone in your family had a pacemaker or an implanted defibrillator before age 50?		
31 Does anyone in your family have a genetic heart problem, such as: Hypertrophic cardiomyopathy (HCM), Marfan syndrome, Arrhythmogenic right ventricular cardiomyopathy (ARVC), Long QT syndrome (LQTS), Short QT syndrome (SQTS), Brugada syndrome, or Catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
FEMALES ONLY	YES	NO
32 Have you ever had a menstrual period?		
33 How old were you when you had your first menstrual period?		
34 Have you ever missed more than four menstrual cycles in a row (not due to hormonal regulation or pregnancy)?		
35 How many periods have you had in the past 12 months?		

I, the undersigned, hereby acknowledge that the aforementioned health history questionnaire contains questions about my health. By signing this document, I certify that the information above is complete, correct and true, and that I have listed all existing medical conditions and injuries to the best of my knowledge. I will promptly update the Dartmouth College Health Service in the event that any such information changes or if there is otherwise any adverse change in my health, whether or not such change relates to any condition or information previously provided to Dartmouth. I understand that this information is voluntarily given, and that the Dartmouth College Health Service personnel will rely on this Information to accurately evaluate me for participation in athletic programs at Dartmouth College.

Signature of athlete: _____ Date signed: _____

Signature of parent/guardian (if under 18 years old): _____

PREPARTICIPATION EXAM PHYSICAL FORM (page 1 of 2)

NOTE: Provide your completed history form to the provider for review.
Please complete this questionnaire at the time of your physical exam visit.

PATIENT HEALTH QUESTIONNAIRE VERSION 4 (PHQ-4)

“Over the last 2 weeks, how often have you been bothered by any of the following problems?”

	Not at all	Several Days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

Provider comments:



The remainder of this physical form (front and back) is to be completed by your healthcare provider.

VITAL SIGNS

Resting pulse (bpm):	Brachial artery blood pressure in sitting (complete both arms): Left arm ____ / ____ (mmHg) Right arm ____ / ____ (mmHg)
Height (in):	
Weight (lbs):	
Vision corrected? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	

MEDICAL EXAMINATION

	NORMAL	ABNORMAL FINDINGS
Skin: including Herpes simplex virus (HSV), tinea corporis, or lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)		
Head/Eyes/Ears/Nose/Throat		
Lungs		
Abdomen		
Musculoskeletal system		
Neurological		
Appearance: including physical stigmata of Marfan		
Heart murmur		
Cardiac arrhythmia		
Bilateral femoral pulses to exclude aortic coarctation		
Cardiovascular exam		

We do NOT require routine cardiac testing as part of this preparticipation physical. Requirements for submission of prior work-up are explained on the next page.

Continued on next page

Name: _____ DOB: _____

PREPARTICIPATION EXAM PHYSICAL FORM (page 2 of 2)

COVID-19 HISTORY & IMMUNIZATION	YES	NO	DATE
Has the student been diagnosed with COVID-19? If yes , please indicate date of diagnosis or symptom onset, whichever is earliest.			
Do you categorize the course of their illness as moderate or severe?			N/A
Has the student been able to resume all normal activities and exercise without recurrence or onset of COVID-19-related symptoms? If yes , please indicate date of full return to normal activity.			

Because presentation of COVID-19 illness is so variable, any moderate, severe, or unresolved cases will require individual follow-up with the student by our staff. Providing relevant documentation to us in a timely manner would be appreciated. This may include diagnostic testing, lab work, and/or clinical/office visit notes.

NCAA REQUIRED QUESTIONS	YES	NO
Is the student taking prescribed medication for Attention Deficit Hyperactivity Disorder (ADHD)? If yes , please refer to instructions on pages 7-8 regarding NCAA guidelines on banned substances.		
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 9 (Release Form—Sickle Cell Solubility Test)		

Checklist for Additional Required Documentation

- Documentation of all prior work-up for known or suspected cardiac abnormalities.
- Documentation of any prior cardiac testing resulting from symptomatic events, including COVID-19-related work-up.
- Operative report and documentation of clearance for return to sport for any surgeries after January 1, 2020. If not yet cleared to return to sports, documentation of current activity status may be substituted.
- Release Form—Sickle Cell Solubility Test. Include Sickle Cell Trait test results if applicable.

MEDICAL CLEARANCE

YES NO Are additional test results or consults pending? If so, which:

YES NO In your opinion is this student medically able to participate in sports?

YES NO I certify that I have reviewed BOTH the history and physical forms with the patient.

Provider's name (please print): _____ MD DO APRN

Provider's Signature: _____ **Date of exam:** _____

- Per NCAA, form will not be accepted without physician co-signature for any other credential than above-listed.
- Dartmouth College Sports Medicine policy prohibits family members from signing off on medical clearance.

Address: _____ Phone number: _____

_____ Fax number: _____



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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.

Benjamin Schuler, MS, NHLAT, ATC
Head Athletic Trainer
Dartmouth College Sports Medicine

Kristine Karlson, MD
Team Physician
Dartmouth College Health Service



Only return this page if form is applicable.

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

Student name: _____ Date of birth: _____

TO BE COMPLETED BY HEALTH CARE 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>

Checklist for Required ADHD Documentation :

- Written report of comprehensive clinical testing (neuropsychological testing).**
 - 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.
 - The evaluation can and should be completed by a clinician capable of meeting the requirements detailed above.
 - Attach supporting documentation, such as completed ADHD Rating Scale(s) scores and copies of test results.
- Letter or clinical notes of the original diagnostic evaluation, including:**
 - How the diagnosis was reached, and that the student-athlete has a medical history demonstrating the need for treatment with the banned medication.
 - Which non-banned alternative medications which have been considered.
 - Medication, dosing, and follow-up plan.
- Letter or clinical notes of the most recent follow-up note with the prescribing provider (must be within the last calendar year).**

Please summarize care here:

Date of initial diagnosis: _____ Date of most recent follow-up visit: _____

Follow-up interval: 3 months 6 months 12 months Other: _____

Current medication/dosage: _____

Alternative non-banned medications which have been considered: _____

Other comments: _____

Provider name (printed): _____ MD DO NP PA

Provider signature: _____ Date: _____

Specialty: _____ Office address: _____

Office phone: _____

Completed form should be returned with Athletic History and Physical Exam form to:

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

Fax: 603-646-6455
Email: sports.medicine@dartmouth.edu

BACKGROUND INFORMATION:

Sickle cell trait (SCT) is not a disease. It is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. SCT is a life-long condition that will not change over time.

SCT can affect athletes at all levels. During intense exercise, red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon or “sickle”. Sickled red cells may accumulate in the bloodstream at that time, blocking normal blood flow to tissues and muscles. During intense exercise, athletes with SCT have experienced significant physical distress, collapsed and even died. Heat, dehydration, altitude and asthma can increase the risk for, and worsen complications associated with, SCT — even when exercise is not intense. Athletes with SCT should not be excluded from participation as precautions can be put into place.

For additional information about SCT, please go to the following NCAA website:
<http://www.ncaa.org/health-and-safety/medical-conditions/sickle-cell-trait>

TESTING OPTIONS:

In order to participate in intercollegiate athletics at Dartmouth College, NCAA and Dartmouth require student-athletes to (a) be tested for sickle-cell trait, (b) provide Dartmouth with results of a prior test OR (c) refuse sickle-cell testing. This must be done prior to participation in any NCAA-recognized sport and all related activities, including any weight training or conditioning workouts.

I, _____ (first and last name), am aware that if I have SCT, I am at an increased risk for serious illness or injury, including death, especially during physical exertion.

I have had a full opportunity to ask questions concerning SCT (and testing for SCT) and to discuss the risks associated with participation in intercollegiate athletics at Dartmouth if I have SCT. Any questions or concerns I had, if any, have been addressed to my satisfaction.

In light of the above, I choose (select one option by adding your initials to the appropriate space below):

- _____ (a) **TEST NOW:** I would like to be tested and understand that I will not be cleared to participate in athletics activities until results have been received and reviewed by Dartmouth.
- _____ (b) **PRIOR TEST:** I have been tested previously and am providing evidence of those results to Dartmouth. I confirm that this evidence is a true and accurate copy of my prior SCT results and understand that Dartmouth is relying upon the accuracy of these results in to allowing me to participate in intercollegiate Athletics.
- _____ (c) **REFUSE TEST:** I voluntarily choose not to be tested at this time but reserve the right to be tested at a later date. I understand the risks involved if I choose NOT to be tested for SCT and I knowingly assume such risks. If I chose NOT to be tested for sickle-cell trait, I agree that, in consideration for being granted the opportunity to participate in intercollegiate athletics at Dartmouth without agreeing to be tested for SCT, and in full recognition and appreciation of the risks associated therewith, I, for myself, my executors, administrators and assigns, do hereby release and forever discharge the Trustees of Dartmouth College and each of the administrators, faculty members, employees, agents and students of Dartmouth College (the “Releasees”) from any and all liability for losses, damages, injuries or costs, including but not limited to those described above, that may arise out of or that may in any way be related to such athletic participation, whether caused by my negligence or carelessness or the negligence of the Releasees or otherwise. I understand that this release means that, among other things, I, for myself, my heirs, representatives and assigns, am giving up the right to pursue a claim, cause of action or otherwise sue Dartmouth or the Releasees for any such losses, damages, injuries or costs that may arise in connection with my sickle cell trait status.

RELEASE FORM:

I represent and certify that I am at least 18 years old and that I have read, understand and agree to be legally bound by the above statements. (If you are under 18 when completing this form, parent or guardian co-signature is required.)

This release form, including its assumption of risk, waiver and release of claims provisions, and any claim that may arise from it or from the matters set forth above, shall be governed by and interpreted under the laws of the State of New Hampshire without reference to the law of any other jurisdiction, and any dispute shall be brought to, conducted in and decided by a New Hampshire with jurisdiction over such dispute.

Name (please print):	_____	Date of Birth:	_____
Signature of student:	_____	Today's Date:	_____
Signature of parent/guardian:	_____	Today's Date:	_____
(If student is under 18)			

Did you know?

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 now, have the test done at home, prior to reporting to campus.

Completed form should be returned with Athletic History and Physical Exam form to:

Dartmouth College Health Service
Attn: Sports Medicine—Athletic Physical
7 Rope Ferry Road, Hinman Box 6143
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