DARTMOUTH
Sports Medicine

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

2025-2026 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 9, 2025 (or within six months of the start date for your intended physical activity). The Dartmouth Student 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 (e.g. PA-C), Dartmouth College requires that the physical be countersigned by an MD or DO.

2.) **Complete Sickle Cell Trait requirement.** NCAA requires student-athletes to (a) be tested for sickle cell trait or (b) provide Dartmouth with results of a prior test. This must be done prior to participation in any NCAA-recognized sport and all related activities, including any weight training or conditioning workouts.

3.) **Complete waivers, releases, and online forms.**
   - **Comprehensive Athletics Participation Waivers and Release Forms**: These online forms can be found on the Health Portal, accessed through the 'Health Services Forms' link in DartHub.
   - **Heat Illness History Form and Health History Form**: These online forms are also accessed in the Forms tab of the Health Portal.

4.) **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.

Submission of all parts of this Athletic History and Physical Exam form are due back to the Dartmouth College Health Service by **June 30, 2025.**

For a smoother arrival experience, Sports Medicine strongly recommends that all student-athletes also complete all incoming student Medical Record requirements for the Student Health Service prior to sports participation.

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

Kristine Karlson, MD
Team Physician
Dartmouth College Sports Medicine

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RETURN COMPLETED FORMS BY JUNE 30, 2025.

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 9, 2025, or after our specified deadline of June 30, 2025. 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, 2024, 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)
- ☐ Sickle Cell Trait test results
- ☐ Complete online Comprehensive Athletics Participation Waiver and Release Forms
- ☐ Complete online Heat Illness History Form
- ☐ Incoming student Medical Records requirements:
  - The Athletic History and Physical Exam is separate from the Undergraduate Entering Student Health & Immunization Requirements. Sports Medicine strongly recommends that all student-athletes complete all incoming student Medical Record requirements for the Student Health Service prior to sports participation.
  - For additional instructions, refer to: dartgo.org/healthclearance
  - Health and Immunization Requirements should be sent separately to Medical Records as indicated on their site (including Dartmouth immunization form, tuberculosis screening/testing form, online health forms).
  - ☐ Special Authorization for Minors: If this form applies to you, it is required prior to sports clearance.
- ☐ Return completed forms by June 30, 2025.
  Please 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

DARTMOUTH
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PREPARTICIPATION EXAM
HISTORY FORM (page 1 of 2)

Student name: _____ **Pronouns:** _____ **Date of birth:** _____

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. _____

Name 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 *Staphylococcus aureus* (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?		

ANY SURGERIES after January 1, 2024, 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.

CARDIAC TESTING: We require documentation of ALL prior work-up for known or suspected cardiac abnormalities, or for symptomatic events. Routine/baseline testing is NOT required.

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 ASSIGNED AT BIRTH 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?		

Please explain <u>all</u> "YES" answers here:

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. <u>I will promptly update the Dartmouth Student 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.</u> I will obtain all testing results and visits notes and forward them in a timely manner for review. I understand that this information is voluntarily given, and that the Dartmouth Student Health Service personnel will rely on this information to accurately evaluate me for participation in athletic programs at Dartmouth.

Signature of athlete: _____ Date signed: _____

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

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Name: _____ DOB: _____

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:

STOP 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**):
Height (in):	Left arm _____ / _____(mmHg)
Weight (lbs):	Right arm _____ / _____(mmHg)

Vision corrected? ☐Yes ☐No Comments:

MEDICAL EXAMINATION	NORMAL	ABNORMAL FINDINGS
Skin: including Herpes simplex virus (HSV), tinea corporis, or lesions suggestive of methicillin-resistant *Staphylococcus aureus* (MRSA)		
Head/Eyes/Ears/Nose/Throat		
Lungs		
Abdomen		
Musculoskeletal system		
Neurological		
Appearance (including physical stigmata of Marfan)		
Heart murmur		
Cardiac arrythmia		
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)

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,** submit documentation of test results with this packet. **If no,** obtain testing before arrival and submit test results with this packet. – NCAA now requires student-athletes to provide sickle cell trait test results prior to any participation in sports activities. – 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. – International students should consult with your primary care provider about whether newborn screening results are available in your medical record. – If you must test now, acceptable tests include Sickle Cell Solubility, hemoglobin electrophoresis, HPLC, and DNA testing. CBC / Hemogram results are NOT accepted to satisfy this requirement	PREVIOUSLY TESTED	TESTING NOW

Checklist for Additional Required Documentation

- ☐ Operative report and documentation of clearance for return to sport for any surgeries after January 1, 2024. If not yet cleared to return to sports, documentation of current activity status may be substituted.
- ☐ Documentation of all prior work-up for known or suspected cardiac abnormalities.
- ☐ Documentation of any prior cardiac testing resulting from symptomatic events.

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:** _____

- Physical must be **performed on/after March 9, 2025** and must be within six months of the participation start date.
- Per NCAA, **physician co-signature required** 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: _____

Completed forms preferred by email (see below) or fax (603-646-6455). Questions? Call us!

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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:

https://www.ncaa.org/sports/2016/7/20/ncaa-drug-testing-program

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
Create a free account to inquire about medications and 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 Sports Medicine

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BANNED SUBSTANCE DOCUMENTATION
MEDICAL EXCEPTION FORM—ADD/ADHD

STOP

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 Student 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