



Physical Form – Athletes and Nursing Students

Fill out completely and SCAN INTO MEDICAT Portal prior to participation: grandview.medicatconnect.com Must be completed annually.

Medical History – Completed by Patient

Name _____ Date of Birth _____ Are you: Athlete Nursing student Both

Emergency Contact _____ Emergency Contact Phone _____ Gender Identity _____

Please mark if you ever had any of the following and **elaborate below** on all items marked.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Hospitalized (stayed overnight)
<input type="checkbox"/> Surgery
<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Heart murmur
<input type="checkbox"/> Missing an eye, kidney, testicle
<input type="checkbox"/> Seizure, "fit" or epilepsy
<input type="checkbox"/> Eye or vision problems
<input type="checkbox"/> Glasses or contacts
<input type="checkbox"/> Use special equipment (pads, braces, eye guard, orthotics etc.)
<input type="checkbox"/> Anxiety or depression
<input type="checkbox"/> Other mental illness
<input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes
<input type="checkbox"/> Allergies (medicines, bees, etc.)
<input type="checkbox"/> Skin problems (itching, rash, acne)
<input type="checkbox"/> Trouble breathing or cough during or after exercise
<input type="checkbox"/> Dizzy during or after exercise
<input type="checkbox"/> Racing heart/skipped heartbeats
<input type="checkbox"/> Chest pain during or after exercise
<input type="checkbox"/> Head injury
<input type="checkbox"/> Knocked out/unconscious
<input type="checkbox"/> Stinger/burner/pinched nerve | <input type="checkbox"/> Heat cramps, heat illness or muscle cramps
<input type="checkbox"/> Sprained, strained, dislocated, fractured, broken or repeated swelling or other injuries of bones or joints
<input type="checkbox"/> Other medical problems
<input type="checkbox"/> Presently under a doctor's care for condition
<input type="checkbox"/> Current medication/pills | <p>Do you or has anyone in your family...</p> <input type="checkbox"/> Died of heart problems or sudden death before age 50
<input type="checkbox"/> Had Sickle Cell trait or disease or another blood disorder
<input type="checkbox"/> Had Marfan's Syndrome <p>Females only:</p> Age of 1 st menstrual period _____
Date of last period _____
Longest time between periods in last 12 months _____ |
|--|---|---|--|

Medical problem or injury since last evaluation _____ Date of last tetanus shot? _____

Please explain any YES answers and list medications:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Student Signature _____ Date _____

Exam - Completed by a health care provider

Height _____ Weight _____ Blood pressure _____ Pulse _____ Resp _____ T _____ °F

Uncorrected Vision: Right eye _____ Left eye _____ Corrected Vision: Right eye _____ Left eye _____

Physical Examination

- | | |
|--|--|
| 1 Eyes <input type="checkbox"/> Ok _____ | 8 Lungs <input type="checkbox"/> Ok _____ |
| 2 Ears <input type="checkbox"/> Ok _____ | 9 Abdomen <input type="checkbox"/> Ok _____ |
| 3 Nose <input type="checkbox"/> Ok _____ | 10 Extremities <input type="checkbox"/> Ok _____ |
| 4 Throat <input type="checkbox"/> Ok _____ | 11 Spine <input type="checkbox"/> Ok _____ |
| 5 Neck <input type="checkbox"/> Ok _____ | 12 Breast <input type="checkbox"/> Ok _____ |
| 6 Skin <input type="checkbox"/> OK _____ | 13 Hernia <input type="checkbox"/> Ok _____ |
| 7 Heart <input type="checkbox"/> Ok _____ | 14 Thyroid <input type="checkbox"/> Ok _____ |

Status Cleared for full activity Cleared, with restrictions Not cleared for activity

Comments, restrictions, other medical concerns: (i.e., asthma, diabetes, meds, allergies, etc.)

Health Care Provider's Name (print) _____

Health Care Provider's Signature _____ Date _____

Nursing Student: must be constantly able to meet the following demands.

MENTAL/COGNITIVE DEMANDS:

1. The environment may cause high stress levels due to constant interruptions, high volume urgency of issues, and interactions with a wide variety of professionals and personalities.
2. Must be able to work independently and assume responsibility for timely completion of assigned functions.
3. Must be able to follow verbal and written instructions.
4. Ability to learn basic computer skills.

PHYSICAL REQUIREMENTS:

Physical Demands (strength)

1. Department of Labor level III tasks: MEDIUM- Exert up to 50 lbs. of force occasionally, and/or up to 25 lbs. of force frequently, and/or up to 10 lbs. of force constantly. Typically, on feet standing or walking a minimum of 6 hours out of an 8-hour day.

Physical Demands (movement)

2. Able to lift, push, pull or carry, in order to move patients and/or items from one position or place to another (either mechanically or with a co-worker).
3. Able to stoop, kneel, crouch, crawl, in order to maneuver around within or about the environment to provide care needed.
4. Able to reach, handle, finger and feel in order to manipulate wide variety of equipment, and some complex equipment, and distinguish characteristics of objects, such as sign, shape, temperature or texture

Physical Demands (auditory)

5. Able to express or exchange ideas by means of the spoken work in order to convey oral information to patients, physicians, families, visitors, and public as well as giving instructions to other workers accurately, loudly, or quickly.
6. Able to hear in order to identify various kinds and character of sounds, including the ability to receive detailed information through oral communications, and to make fine discriminations in sounds, such as when listen to lungs and heart sounds.

Physical Demands (taste/smell)

7. Able to smell and distinguish with a degree of accuracy, differences or similarities in intensity or quality of odors, or recognizing particular odors, such as odors indicating infection or other medical complications or emergencies, such as a patient's call for help.

Physical Demands (vision)

8. Possess visual acuity and clarity at close range to focus and read small print such as identification bands, thermometers.
9. Possess visual acuity and depth perception for distance vision related to moving people and things within and through the environment, and ability to judge distance and spatial relationships.
10. Possess color vision in order to identify and distinguish colors, such as on-site test results

Nursing student will have additional clinical requirements once admitted to the major.