

BENTLEY *Athletic Training*

FOR STAFF USE ONLY:
 Full exam needed: _____
 Ortho exam only: _____ Reason: _____
 General medical exam only: _____ Reason: _____
 No exam needed: _____ Date of last full exam: _____
 Staff initials: _____

MEDICAL HISTORY AND ORTHOPEDIC PHYSICAL EXAM

(To be completed by athlete/print legibly):

Name: _____ Today's date: _____
 last first
 Sport(s): _____ Date of birth: _____ Year in school: _____
 (Fr, So, Jr, Sr, 5th)

(To be completed by medical staff):

Height: _____ Weight: _____ BP: _____ Pulse: _____

(To be completed by physician):

Structure:	Normal	Abnormal	Comments:
Heart			
Lungs			
Abdomen			
Neurological			
Musculoskeletal			

Additional comments:

_____ MAY PARTICIPATE WITHOUT RESTRICTION
 _____ PARTICIPATION WITH RESTRICTION(_____)
 _____ NO PARTICIPATION ALLOWED(_____)

PHYSICIAN SIGNATURE(S) _____ / _____
 DATE _____

FAMILY HISTORY:

1. Does anyone in your family(include grandparents), have a history of any of the following?

- Sudden death before the age of 50 from a non-traumatic cause
- Heart disease or cardiac abnormality
- Marfan’s syndrome
- High blood pressure
- Sickle cell anemia
- Diabetes

Explain any “yes” answers: _____

ALLERGIES:

Check all that apply and list where appropriate:

- To medications: _____
- To foods: _____
- Environmental: _____

INJURY HISTORY:

List all CURRENT injuries: _____

- 1. Have you ever been hospitalized due to an injury? yes no
- 2. Have you ever had a surgical operation due to an injury? yes no
- 3. Have you ever been “knocked unconscious” yes no
- If “yes”, number of times? _____
- Were you seen by a physician? yes no
- Were you hospitalized? yes no

4. List and explain any orthopedic bracing devices currently used: _____

5. Have you ever sustained an injury to any body part listed below?(check all that apply):

- | | | | |
|-----------------------------------|---------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Arm | <input type="checkbox"/> Internal organ | <input type="checkbox"/> Lower leg |
| <input type="checkbox"/> Face | <input type="checkbox"/> Elbow | <input type="checkbox"/> Back | <input type="checkbox"/> Ankle |
| <input type="checkbox"/> Teeth | <input type="checkbox"/> Wrist | <input type="checkbox"/> Hip | <input type="checkbox"/> Foot/toes |
| <input type="checkbox"/> Jaw | <input type="checkbox"/> Hand/fingers | <input type="checkbox"/> Pelvis/groin | |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Chest | <input type="checkbox"/> Upper leg | |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Ribs | <input type="checkbox"/> Knee | |

Explain any “yes” answers: _____

Bentley University

Athletic Program Liability Release and Waiver

Notice: This document contains important terms and conditions which affect your legal rights. READ CAREFULLY

1. I am aware that playing or practicing in any type of sport or athletics can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing any type of sport or athletics include, but are not limited to, death, paralysis, dismemberment, and serious injury or impairment to other aspects of my body, general health and well being.

2. I understand that the risk of injury inherent in any sport or athletic activity depends in part upon the general health and physical condition or limitations of the individual participant. I have been examined by and consulted with my personal physician, or a physician or other health care professional employed by Bentley University, in order to determine whether and to what extent I am fit to participate in such activities. I certify that I am aware of no health-related reasons or problems which preclude or restrict my participation in athletic activities. I understand that any physical examination performed by the Bentley University Athletic Training Department is necessarily limited in scope and should no be deemed a substitute for a comprehensive physical examination performed by my personal physician. I understand that Bentley University recommends that all students regularly visit their personal physician to monitor their general health.

3. I have weighed the dangers inherent in participating in sports activities, the risks presented by my own health and physical condition, and my personal desire to participate in sports activities. I have concluded that the risks inherent in my participation, both in general and as affected by my individual health and physical condition, are acceptable.

4. In consideration of and return for the services, facilities and other assistance provided to me by Bentley University in my association (or proposed association) with a Bentley University athletic team or program, and for Bentley University permitting me to engage in all activities related to the team, I;

- A. voluntarily assume all risks associated with my participation;
- B. waive any right to make a claim or demand against Bentley University, its trustees, agents, servants, employees, and its athletic staff (collectively, the "University") arising out of my participation;
- C. on behalf of myself and my heirs, release the University from any and all liability, claims, causes of action or demands of any kind or nature whatsoever which might arise by or in connection with my participation;
- D. agree to defend, indemnify and hold harmless the University from and against any and all liability, claims, causes of action or demands of any kind or nature whatsoever which might arise by or in connection with my participation.

5. I am of sound mind and body. I have carefully read the foregoing document. I understand its contents, I am aware that by signing this document I am giving up legal rights and it is my intent to do so. I sign this document of my own free will and violation and with full appreciation of the consequences of doing so.

Dated: _____ (Signature)

Print name _____.

I/We are the parents/legal guardians of _____.

He/She has my/our permission to participate in athletic programs at Bentley University. I/We have carefully read the foregoing document and understand its terms and effects. I/We agree to be bound by it and by the expressed desires of my/our son/daughter/ward.

_____ (Signature) _____ (Signature)

Dated: _____ Dated: _____.

CONSENT FOR MEDICAL TREATMENT FOR MINORS

In case of the need for medical care for my child, _____,
(student's name)

I, _____, authorize any interested health care provider to render to the child named above,
(parent/guardian)

Any and all medical treatment that such provider deems necessary, including hospitalization. Health care providers may include, but are not limited to; Athletic trainers, emergency medical technicians, Campus Safety, nurses and physicians.

Parent/guardian signature: _____ Date: _____.

Emergency contact telephone numbers: _____.

TEAM PHYSICIAN CLEARANCE

As a current or prospective student-athlete at Bentley University, I understand and agree to the following statement:

The Athletic Department of Bentley University has a designated "Team Physician(s)". The physician has final approval or disapproval of my participation in intercollegiate athletics at Bentley University. This includes, but is not limited to the following: pre-participation exam results and illness or injury prior to, during and post season. This decision may be in lieu of or in addition to recommendations by other physicians.

Printed name: _____.

Signature: _____ Date: _____.

As the parent/guardian of the above-named athlete, I agree to the "Team Physician Clearance" statement:

Parent/guardian signature: _____ Date: _____.

AUTHORIZATION FOR RELEASE OF MEDICAL/PERSONAL INFORMATION

I, _____, authorize Bentley University and its employees and representatives to
(student's printed name)

release pertinent personal and insurance information to any interested medical care provider and the coach of my sport. This information may need to be provided to interested persons in the event that I require medical care. This information may include, but is not limited to ; my name, birth date, social security number, insurance information, parent's telephone numbers, school and home addresses and emergency contacts.

I also authorize Bentley University and any physician, athletic trainer or other health care provider retained by Bentley University to release and discuss with the coach of my athletic team, the Bentley University athletic administration or any interested health care provider, information concerning my past and present general health, provided that Bentley University or any such health care provider has determined in its, his or her sole discretion that such information may be relevant to my ability to participate, or continue to participate, in any Bentley University athletic program.

For good and valuable consideration, the receipt of which is hereby acknowledged, I release Bentley University (including its offices, trustees, employees, agents and representatives) from any and all claims and liability arising from the release by Bentley University or my medical records or other personal information in accordance with the terms of the foregoing authorization.

Student Signature: _____ Date: _____.

I, _____, the parent/guardian of the above-named student agree to the
"Authorization for release of medical/personal information" for my son/daughter.

Parent/guardian Signature _____ Date: _____.

