

Date: _____
 Sport: _____
 Yr In Sch'l: 1 2 3 4 5

Southern Illinois University
Department of Intercollegiate Athletics
Tryout History & Physical

SS#: _____
 Date of Birth: _____
 Age: _____

NAME _____ PHONE # _____

LOCAL ADDRESS _____

EMERGENCY CONTACT INFORMATION:

NAME _____ RELATIONSHIP _____
 ADDRESS _____ PHONE # _____

I AM ALLERGIC TO THE FOLLOWING MEDICATIONS		I AM ON THE FOLLOWING MEDICATIONS		
Have any of your immediate family had any of the following?	YES	NO	Unknown	
High Blood Pressure				
Heart attack before age 50				
Sudden death of unknown cause before age 50				
Sudden death or loss of consciousness during exercise				
Disability or death from heart disease				
Disability or heart disease before age 50				
Stroke before age 50				
Prolonged Q-T Syndrome				
Marfan's Syndrome *				
Have YOU ever had:	YES	NO	Unknown	
High blood pressure				
<i>If "Yes," list any medications you are taking to control your high blood pressure above:</i>				
Rheumatic fever				
Loss of consciousness, or near loss of consciousness during exercise				
Severe chest pains during exercise				
Excessive, or more than expected, shortness of breath during exercise				
Excessive, or more than expected, fatigue during exercise				
Heart murmur				
Pneumothorax (collapsed lung)				
Heat related illness (heat cramps, heat exhaustion, heat stroke)				
Has your physical activity ever been restricted because of any of the above?				
Do you or your parents believe that there should be any limitation to our full participation in sports?				
WOMEN ATHLETES: When was the first day of your last period?				

ALL OF THE QUESTIONS ABOVE HAVE BEEN ANSWERED TO THE BEST OF MY KNOWLEDGE.

Athlete's Signature _____
 Physician Comments: _____

Date _____

SUUC Department of Intercollegiate Athletics

Tryout Examination
ID

Name:

Seated BP

Height

Inches

Weight

Resting Pulse

Exercise Pulse

SICKLE CELL TRAIT STATUS

This examination should include a sickle cell solubility test (SST), hemoglobin S quantitative, or documentation of results of a prior test. Please attach laboratory results.

EXAMINATION

REMARKS

Rhythm Regular?

Femoral Pulse Present

Point of Maximal Intensity is 5th ICS, MCL

S₂ Physiologically Split

Wrist Wrap: Thumb beyond 5th finger?

High Arched Palate

Pectus Carinatum

Pectus Excavatum

Radial--Femoral Pulse Gap

Precordial Hyperactivity

CLICK

YES NO

Systolic

Diastolic

MURMUR:

YES NO GRADE SYS DIAS DESCRIPTION

YES NO RADIATION:

TO

Sitting
Supine
Squatting
Standing

Other pertinent physical findings:

Further Work-Up Recommended?

Yes No

The candidate is cleared for Intercollegiate Athletic tryouts

Yes No

Physician's Signature

* Positive family history of Marfan's Syndrome requires cardiac and ophthalmology exam.