

# Mount Aloysius College Student Athletes Health Requirements

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All student Athletes must complete the following and return to Health Services before they can compete in sports.

- Physical exam.
  - The first physical exam for athletics **MUST** be completed by your family physician.  
(Download the Health Form from that section for a copy of the physical exam form)  
Your physician must check off that you can play actively participate in sports. You will then receive a yearly physical exam on campus.
- Health insurance
- A copy of your Health insurance card (Please send in with your health form)
- Pre-participation Health Form (must be completed yearly)



Office of Health Services  
7373 Admiral Peary Highway  
Cresson, PA 16630  
(814) 886-6515  
(814)886-6391  
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**Annual Pre-Participation Athletic Medical History**  
**(To be completed yearly by students participating in sports)**

**Name:** \_\_\_\_\_ **Sport:** \_\_\_\_\_

**Chronic Illnesses:** \_\_\_\_\_

**Recent Acute Illnesses:** \_\_\_\_\_

**Past Hospitalizations:** \_\_\_\_\_

**Past Surgeries:** \_\_\_\_\_

**Past Injuries:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_  
(Drug, Food, Environmental)

**Medications:** \_\_\_\_\_  
(Over the counter, Prescription, Vitamins)

**Prior limitations placed on sports participation:** \_\_\_\_\_

**THE NEXT 2 APPLY TO FEMALE ATHLETES ONLY:**

**Pregnancies:** \_\_\_\_\_

**Menstrual History:** \_\_\_\_\_  
(Age of menses, duration, frequency)

**Check all that apply (Male and Female athletes):**

- Previous concussion or loss of consciousness
- Syncope or near syncope with exercise
- Symptoms of exercise-induced bronchospasm
- Loss of paired organ function (eye, kidney, lung, testicle)
- Excessive fatigue
- Exertion chest pain
- Excessive exertion shortness of breath
- History of heat related illness
- History of cardiac disease or symptoms
- History of heart murmur
- History of high blood pressure
- Possible exposure to Tuberculosis (TB)
- Family history of sudden death (under age 50 from non-traumatic cause)
- Family history of heart disease
- Family history of Marfan syndrome

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_