



# SKIDMORE STUDENT ATHLETE PAPERWORK

## 1st Year Student Athlete Requirements

All students participating in Skidmore NCAA athletics for the first time must complete all 4 documents attached, as listed below.

Deadline: July 15, 2024

Please upload completed documents to the Health Services Portal:  
(<https://skidmore.studenthealthportal.com>)

Form Required	Completed by:	Completed	Uploaded to portal
Part 1: Sports Health History Form	Student and medical provider		
Part 2: Physical Exam Form completed on or after 3/1/24	Medical provider		
Part 3: Sickle Cell Test Results	Medical provider (lab result)		
Part 4: Release of information with Athletic Trainers	Student		

\* Physical Exam Form can be used for incoming student & athletic participation requirements as long as on or after March 1, 2024.

\* Alternative physical exam documentation, such as a standard PCP form, may be accepted but *must* include:

1. Clear documentation of full physical exam with any pertinent clinical findings
2. Signed statement from a medical provider that you can "participate in athletics without restriction."

SKIDMORE COLLEGE HEALTH SERVICES

Phone: 518-580-5550 Fax: 518-580-5556 E-mail: [health@skidmore.edu](mailto:health@skidmore.edu)

Medicines and Allergies: Please list all of the prescription, over-the-counter medicines and supplements you are currently taking including doses.

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines

Food

Other (please specify)

Explain "Yes" answers below. Circle anything you don't know the answer to.

GENERAL QUESTIONS	Yes	No
1. Has a medical provider ever denied or restricted your participation in sports for any reason?		
2. Have you ever had an illness or injury that caused you to miss more than 3 days of practice or competition?		
3. Do you have any ongoing medical conditions? If so, please identify below: Asthma Anemia Diabetes Infections Other:		
4. Have you ever spent the night in the hospital?		
5. Have you ever had surgery? If yes, please list below.		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No

6. Have you ever passed

Explain "Yes" answers:

TO BE COMPLETED BY PHYSICIAN OR ADVANCED PRACTICE CLINICIAN

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	Date of Birth:
VITAL SIGNS:	Ht:	Wt:	B/P:	Pulse:	

MEDICATIONS:

ALLERGIES:

PAST MEDICAL HISTORY:

ITEM/AREA EVALUATED	NORMAL	NOT EXAMINED	ABNORMAL	IF ABNORMALITIES ARE NOTED, PLEASE DESCRIBE
Appearance				
Nose & Sinuses				
Mouth & Throat				
Teeth & Gingiva				
Ears				
Eyes				
Neck				
Lungs				
Heart				
Vascular				
Abdomen				
Upper Extremities				
Lower Extremities				
Spine				
Neurologic				
Other (please specify)				

MEDICAL PROVIDER ATTESTATION

FOR ALL INCOMING STUDENTS:

I have examined this patient within the past 2 years (AFTER 7/15/2022\*). All medical/psychiatric conditions and therapies are noted above or on attached pages.

\*FOR STUDENTS PARTICIPATING IN NCAA ATHLETICS EXAM MUST BE WITHIN 6 MONTHS OF PARTICIPATION (ON or AFTER 3/1/2024) per NCAA requirements

Cleared for all sports without

Effective August 1, 2022 the NCAA requires that all Division III student-athletes provide *proof* of sickle cell testing.

To meet requirements students must submit results for ONE of the following:

Hemoglobin Solubility or Hemoglobin S test

Sickle Cell Solubility Test

Hemoglobinopathy panel that includes hemoglobin A +/- hemoglobin F, S.

Newborn screening results. The panel must specify "hemoglobinopathy screen" or "sickle cell screen." In 2000, 41 states required sickle cell testing as part of newborn screening testing done for all born in a hospital setting. As of 2006 g.

