

Preparticipation Physical Evaluation - Physical Form

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____

Examination						
Height:		Weight:				
BP:	/	(/)	Pulse:	Vision: R 20/ L 20/ Corrected ___ Yes ___ No

Medical	Normal	Abnormal Findings
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency)		
Eyes / Ears / Nose / Throat - Pupils equal / Hearing		
Lymph Nodes		
Heart - Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver)		
Lungs		
Abdomen		
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis		
Neurologic		
Musculoskeletal:		
- Neck		
- Back		
- Shoulders/Arm		
- Elbow/Forearm		
- Wrist/Hand/Fingers		
- Hip/Thighs		
- Knees		
- Leg/Ankles		
- Foot/Toes		
- Functional: Double-leg squat test, single leg squat test, and box drop or step drop test		

Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those.

Preparticipation Physical Evaluation

☐ Medically eligible for all sports without restriction.
☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: _____
☐ Medically eligible for certain sports: _____
☐ Not medically eligible pending further evaluation.
☐ Not medically eligible for any sports.
 Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____ MD, DO, NP, or PA

Preparticipation Physical Evaluation - History Form

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of Birth: _____ Sex: _____

Date of Examination: _____ Sport(s): _____

List past and current medical conditions: _____

Have you ever had surgery? If yes, list all past surgical procedures: _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional): _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects): _____

General Questions		Yes	No
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.			
1. Do you have any concerns that you would like to discuss with your provider?			
2. Has a provider ever denied or restricted your participation in sports for any reason?			
3. Do you have any ongoing medical issues or recent illness?			
Heart Health Questions About You		Yes	No
4. Have you ever passed out or nearly passed out DURING or AFTER exercise?			
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?			
7. Has a doctor ever told you that you have any heart problems?			
8. Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography.			
9. Do you get lightheaded or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
Health Questions About Your Family		Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car accident)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35?			
Bone and Joint Questions		Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a game or practice?			
15. Do you have a bone, muscle, ligament or joint injury that bothers you?			

Medical Questions		Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?			
20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
21. Have you ever had numbness, tingling, or weakness in your arms or leg, or been unable to move your arms or legs after being hit or falling?			
22. Have you ever become ill while exercising in the heat?			
23. Do you or someone in your family have sickle cell trait or disease?			
24. Have you ever had or do you have any problems with your eyes or vision?			
25. Do you worry about your weight?			
26. Are you trying to or has anyone recommended that you gain or lose weight?			
27. Are you on a special Diet or do you avoid certain types of foods?			
28. Have you ever had an eating disorder?			
Females Only		Yes	No
29. Have you ever had a menstrual period?			
30. How old were you when you had your first menstrual period?			
31. When was your most recent menstrual period?			
32. How many periods have you had in the past 12 months?			

Explain a "Yes" answer here: _____

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date _____

Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

Name (please print) _____

As a parent or legal guardian of the above named student-athlete. I give permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Signature of Athlete _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

Parent/Guardian Name _____

Phone Number _____

Alternate Contact Name _____ Relation _____

Alternate Contact Number _____

FILE JLCEF-E Concussions and Student Athletes

Fact Sheet for Parents/Legal Guardians and Student Athletes

Note: *Parents/Legal guardians and student athletes are required to read and sign this form. Return this form to the appropriate team coach.*

WHAT IS A CONCUSSION?

A concussion is a brain injury that is caused by a bump or blow to the head. It can change the way your brain normally works. It can occur during practices or games in any sport. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out. You can't see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

Parent/Legal guardian's responsibility

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion.

- appears dazed, stunned or disoriented; demonstrates decreased alertness
- experiences short-term memory difficulty
- forgets an instruction
- is unsure of game, score or opponent
- moves clumsily
- answers questions slowly or slurs words
- loses consciousness (even briefly)
- shows behavior or personality changes
- can't recall events prior to being hit or falling
- can't recall events after being hit or falling
- experiences seizures or vomiting

Every sport is different, but there are steps your child can take to protect him/herself from concussion.

- Ensure that your son/daughter follows his/her coach's rules for safety and the rules of the sport.
- Encourage your son/daughter to practice good sportsmanship at all times.
- Make sure he/she wears the right protective equipment for the activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

What should a parent/legal guardian do if he/she thinks their child has a concussion?

- Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports. Notify your child's coach if you think your child has a concussion.
- Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second

concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

- Tell your child's coach about any recent concussion in ANY sport or activity. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

Student athletes

What are the symptoms of a concussion?

- headache or "pressure" in head
- nausea or vomiting
- balance problems or dizziness
- double or blurry vision
- bothered by light
- bothered by noise
- feeling sluggish, hazy, foggy or groggy
- difficulty paying attention
- memory problems
- confusion
- does not "feel right"

What should an athlete do if he/she thinks they have a concussion?

Tell your coaches and your parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

Get a medical checkup. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.

Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

It is better to miss one game than the whole season.

Student signature: _____ Date: _____

Parent/Legal guardian signature: _____ Date: _____

For more detailed information on concussion and traumatic brain injury, visit:

<http://www.cdc.gov/injury>

or www.cdc.gov/ConcussionInYouthSports.

Florence County School District Five

Policy JLCEF-E

JHS ATHLETIC DISMISSAL POLICY:

A coach may immediately dismiss an athlete from a team whenever it is necessary to maintain discipline and control of the team. Grounds for dismissal may include, but are not limited to:

1. Being suspended from the team more than once
2. Stealing
3. Failure to follow direct instructions from coaches
4. Missing practice for the 3rd unexcused time
5. Being disrespectful to a coach or teammate
6. A blatant act of unsportsmanlike conduct
7. Being a constant discipline problem in school or on the field

Student Signature: _____

Parent Signature: _____