



Paso Robles Joint Unified School District
Middle School Athletic Packet
2018-2019



Office use only

Name: _____
Please Print Clearly - Include nicknames

Date: _____ Grade: 6 / 7 / 8

Sport Participation: Please Circle the sport you plan to participate

<u>Fall</u>	<u>Winter</u>	<u>Spring</u>
Girls' Volleyball	Basketball	Track and Field
Cross Country	Wrestling	Soccer
	Cheer	Boys' Volleyball

Physical Date _____
Clearance Date _____
Cleared Yes No



Athletic Packet Checklist

Please make sure the following are completed and submitted to your school:
(If completing a fillable form online, please print and sign each of the forms before submitting)

- Carefully read the information provided with regard to philosophy, eligibility, attendance, equipment, conduct, and appeals process.
- Carefully read the **CIF Code of Ethics**
- Read and sign the **PRJUSD Parent/Legal Guardian Permission Slip**.
- Read and sign the **PRJUSD Release of Student Form/Athletic Activity Participation** (provide insurance).
- Read and sign the **Parent/Athlete Concussion Information Sheet**.
- Read and sign the **Sudden Cardiac Arrest Information Sheet**.
- Fill out and sign the **Pre-participation Physical Evaluation History Form**.
- Have an MD or DO clear your athlete for athletic play using the provided **CIF Physical Examination Form**. We must have a stamp from the office indicating where the athletic physical was completed.

I have read and verify that I understand and have signed all the above documents.



Parent or Guardian Signature

Date



Student Signature

Date



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AUTHORIZATION FOR ATHLETIC PARTICIPATION

Philosophy Statement

It is our belief that participation in athletic activities is a privilege at Paso Robles Joint Unified School District: one that benefits the individual student-athlete, our student body, and the entire Paso Robles community. Athletics encourages the development of established moral and ethical values in sportsmanship, integrity, and teamwork. Athletic involvement promotes individual, physical, mental, cultural, social, and emotional growth in our students. It opens the door for every student to express themselves in whatever worthy activity they may choose while strengthening accepted lifetime values. Our goal is to develop commitment, discipline, skill development and sportsmanship as well as provide a safe and healthy environment to ensure all those participating are provided with the opportunity to have a positive educational, athletic experience.

Conduct of Persons Involved in Athletics - General Rules and Regulations:

The conduct of a person involved in athletics is observed by many, and often reflects not only on the individual student, but the team and the school as a whole. It is important that behavior be exemplary in the following situations:

Scholastic Eligibility

1. Student-athletes should strive to maintain high academic standards. They should manage time so that sufficient energy is given to studies in order to insure acceptable grades.
2. Student-athletes must maintain an overall non-weighted grade point average (GPA) of 2.0. Inability to maintain these grading standards at the end of a quarter/semester will make the student ineligible to participate in contests until the end of the next grading period.
3. It is the student-athlete and parent's responsibility to know their grades and to keep the coach informed.
4. Eligibility shall be determined at the time of each of the four grade reports (first quarter, first semester, third quarter, and second semester). Eligibility/ineligibility will start/end on the Monday following the mailing of grades home. A student-athlete must earn a 2.0 GPA to be eligible to participate in athletic contests. The second semester grades will determine whether a student will be eligible the first quarter of the following year. Summer school grades can positively affect one's GPA for fall sport participation.

Attendance

A student must attend a minimum of half a school day on the day of a contest or the day prior for weekend contests.

School Equipment and Uniforms

1. Student-athletes are financially responsible for all equipment and uniforms checked out to him/her. The student-athlete will not be cleared for the next season of sport until all equipment and uniforms have been returned. Athletes will not be permitted to participate in promotional activities (including graduation ceremony) unless all equipment and uniforms have been returned.
2. Student-athletes should inspect all items received for rips, tears, cracks, or excessive wear. Problems should be reported to the coach immediately. Student-athletes who lose or return damaged equipment are responsible for their replacement.



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Student-Athlete Conduct

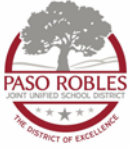
1. Student athletes shall conduct themselves on/off campus, in the classroom, on school trips, or while participating in any school activity in a manner consistent with the mission and philosophy of Paso Robles Joint Unified School District. Any violation of school code during the season of sport or off season will be handled in accordance with the school discipline code. Any school based decision can be reviewed by the Athletic Review Board for further disciplinary action including suspension from contests or removal from a team.
2. Student-athletes should demonstrate good citizenship at all times. Standards include respectful attention during classroom activities, respect for faculty, staff and fellow students, as well as respect for school property and equipment.
3. On trips, student-athletes directly represent our school and community; therefore, it is expected that all student-athletes behave in an acceptable manner when traveling and conduct themselves in a manner that reflect positively on themselves, their team, school, and community. Athletic trips are considered school activities and all school codes in addition to team rules apply. Violations of school code or team rules can result in suspension from athletic contest in addition to school discipline.
4. Student-athletes placed on site or district behavior contracts will be ineligible for athletic participation for the duration of the contract. Eligibility for participation may be reviewed and granted by the Athletic Review Board.
5. Athletes will wear appropriate attire on trips, which can include school issued uniforms, sweats, shirt/tie, jackets or any other items required by the coach.
6. Student-Athletes must travel to and from contests in school transportation unless permission is obtained from school administration. A request for parent transportation must be in the form of a written request from the parent and students can only be released to a parent, guardian, or a person on the emergency card having permission to pick up the student-athlete and sign them out following the event.

Transferring to or Participating on another Sports Team during the Season

1. Athletes may not transfer from one sport to another in the same season after the first regularly scheduled contest has been played. If a student-athlete is cut from a team, they may attempt to try-out for another team in the same season.
2. A student-athlete who voluntarily quits a team after the first regularly scheduled contest is not permitted to work-out, try-out, practice, or participate with another team without the permission of both coaches and the Athletic Director.
3. Any student-athlete removed from a team for misconduct shall not work-out, tryout, practice, or participate with another team until the end of the season including playoffs.

Review and Appeal Process

If a student or parent feel there are extenuating circumstances involved in the violation of the code, they may appeal the decision. The board shall consist of the Athletic Director, an additional school administrator and a member of the faculty. The School Athletic Review Board shall meet and review the appeal. The student-athlete or parent/guardian can make a further appeal to the Principal who will make the final decision.



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CIF CODE OF ETHICS

Parent Code of Ethics (Just be positive)

Parents play a key role in helping their children learn the valuable lessons learned by participation in interscholastic athletics. It is imperative parents display proper behavior at all times and support their team in a positive manner. The importance of parents behaving as positive role models cannot be understated. Of particular concern are parents who harass officials or make comments in the stands regarding judgments made by the coaches. This type of behavior is counterproductive and tends to destroy the values of good sportsmanship and the game. Please realize that your admittance to athletic events is a privilege to observe a contest and support school activities not a license to verbally assault players, coaches, or officials. Any parent displaying poor sportsmanship or improper behavior will be asked to leave the event and can have their privilege of activity attendance denied at any time. Parents are asked to respect the decisions of the coach and direct any concerns to the coach first. Coaches are professionals and make judgments based on decisions they believe are in the best interests of the team. The coaches must take into account all members of the team in an ever changing environment. If you wish to discuss a concern please make an appointment to meet with the coach either prior to or after a game day, do not attempt to discuss a concern right before or right after a contest. If a resolution cannot be reached, please contact the Athletic Director.

CIF Philosophy of Pursuing Victory with Honor

The essential elements of character building and ethics in CIF sports are embodied in the concept of sportsmanship and the six core principles: Trustworthiness, respect, responsibility, fairness, caring and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character." The Paso Robles Joint Unified School District and school administration supports this philosophy and will attempt to always promote good sportsmanship and foster good character by teaching, enforcing, advocating, and modeling these "six pillars of character." We are asking each athlete, parent/guardian, and spectator to help us by supporting these principles.



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PARENT/LEGAL GUARDIAN PERMISSION

By its nature, participation in interscholastic athletics includes risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised athletic programs, it is impossible to completely eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Participants must obey all safety rules report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. By signing this form, we acknowledge that we have read the above information.

I hereby give my consent for my student:


1. to participate and represent his/her school in approved athletic activities.
2. to accompany any school team of which he/she is a member on local or out-of-town trips.
3. to be treated by a certified athletic trainer contracted by the school district for the purpose of attempting to evaluate, treat, or relieve any injuries received while participating in district athletics.
4. to be transported, and/or receive medical care by medical caregivers of the school's choice, when it is determined that emergency medical care is necessary in the course of such athletic activities or such travel.
5. to practice off campus under the supervision of a cleared coach in the case where alternate facilities are necessary for skill development, generally utilized for cross country, water polo, and track practice.

I further agree not to hold Paso Robles Joint Unified School District, or anyone acting in its behalf, responsible for any injury occurring to the above named student in the proper course of such athletic activities or travel. I also give Paso Robles Joint Unified School District permission to release my student's name and image to media for promotional purposes.

 **STUDENT:** I HAVE READ AND UNDERSTAND THE POLICIES, RULES, AND REGULATIONS OF THE ATHLETIC DEPARTMENT AND AGREE TO ABIDE BY THEM.

STUDENT SIGNATURE

DATE

 **PARENTS:** WE HAVE READ AND UNDERSTAND THE POLICIES, RULES AND REGULATIONS OF THE ATHLETIC DEPARTMENT AND AGREE TO ABIDE BY THEM. WE AGREE TO, AND WILL SUPPORT, THE SCHOOL IN THE OBSERVANCE OF THESE ITEMS.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE



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**RELEASE OF STUDENT
 TO PARENT/GUARDIAN AFTER FIELD TRIP OR ACTIVITY**

I request that _____ at _____
Student Name School Name

be released to my custody after all trips, activities or sports Games or events. I agree to notify the coach/ staff member immediately following the game and sign out my son/ daughter utilizing the district release form. Rather than returning to school in the transportation provided by Paso Robles Joint Unified School District. The following are additionally authorized individuals should also be listed on the registration medical card to whom the above-referenced child may be released:

 Name Relationship

 Name Relationship

 Name Relationship

Waiver of Claims:

I agree that once my son/daughter is released to my custody, I assume full responsibility for his/her health, safety and welfare as provided for in California Education Code Section 35330. I agree to waive all claims against the District and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.



Printed Name (Parent/Guardian) Approval Signature (Parent/Guardian)

Home Phone Number Other Phone Number Date

It is the responsibility of the designated school official to ensure all students are properly accounted for before transportation to or from a school activity occurs. All parents will sign children out following each game. Coaches need to reference the roster with the sign out sheet to verify the number of athletes traveling home.

ATHLETIC ACTIVITY PARTICIPATION

Paso Robles Joint Unified School District currently provides secondary insurance coverage through **Self-Insured Schools of California (SISC)** for all sports **except tackle football**. This is only a secondary coverage and will pay a maximum of \$2,500.00. Tackle football is not covered under this SISC policy. We are now requiring parent(s) or legal guardian obtain or purchase a primary coverage at a higher level of coverage for tackle football. For more information on SISC call 661.636.4710

PLEASE INDICATE THE FORM OF INSURANCE COVERAGE YOU WILL USE:

- _____ State of California-Healthy Families Program
- _____ State of California-Medi-Cal
- _____ None
- _____ My own insurance, my son/daughter is insured by:

Name of Insurance Company: _____ **Policy or Group No.** _____



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.



Student-Athlete Name Printed

Student-Athlete Signature

Date



Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Keep Their Heart in the Game

A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION

What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.
Gasping, gurgling, snorting, moaning or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1



Confirm unresponsiveness.
Call 9-1-1 and follow emergency dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Early Defibrillation



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.



STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE



PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation
<http://www.epsavealife.org>

CardiacWise (20-minute training video)
<http://www.sportsafetyinternational.org>



PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

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

Medicines

Pollens

Food

Stinging Insects

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

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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



Signature of athlete _____



Signature of parent/guardian _____

Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	/	(/)	Pulse Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 			
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 			
Lymph nodes			
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 			
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
- For any sports
- For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____
