

Pre-Participation Physical Evaluation

Physical Examination

Name _____ Date of Birth _____

Height _____ Weight _____ %Body Fat (optional) _____ Pulse _____ BP _____/_____/_____ (_____/_____)

Vision R 20/____ L 20/____ Corrected Y N Pupils: Equal _____ Unequal _____

GENERAL MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*Station-based examination only

CLEARANCE

Cleared

Cleared after completing evaluation/ rehabilitation for: _____

Not Cleared for: _____ Reason: _____

Recommendations: _____

Name of Physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of Physician _____ MD, DO, PAC, RNP, DC

Participant & Parental Disclosure and Consent Document

PLEASE NOTE: It is the responsibility of the parent/guardian to notify the school if there are any unique individual problems that are not listed on the Health Examination Form A.

Name of Student _____ School _____

Is this student covered by health/accident insurance? [] Yes [] No

Name of Health Insurance Provider _____

If no insurance provider, explain: _____

CONSENT FORM

Parent or Guardian Statement of Permission, Approval, and Acknowledgement:

By signing below, I the parent or legal guardian of the above named student do:

- Hereby consent to the above named student participating in the interscholastic athletic program at Spanish Fork High School. This consent includes travel to and from athletic contests and practice sessions.
- Further consent to treatment deemed necessary by health care providers designated by school authorities for any illness or injury resulting from his/her athletic participation.
- Recognize that a risk of possible injury is inherent in all sports participation. I further realize that potential injuries may be severe in nature including such conditions as; fractures, brain injuries, paralysis or even death.
- I take full financial responsibility for any injuries which may occur to my child during his/her participation in high school athletics.
- I have read and understand the Extra-Curricular Activity Guidelines found in the Student Handbook.
- I understand my child is required to have a physical examination by a qualified medical provider completed before practicing for or participating in any high school athletic contest sponsored by Nebo School District or UHSAA. I understand the exam is at the expense of the student/parent/guardian and may not be taken prior to May 1st immediately preceding entry into the high school fall athletic program. *This physical will remain on file at Spanish Fork High School. Physical Examination-Form A signed by the Physician stating that the child is physically fit enough to participate in High School Athletics/Activities is **valid for one calendar year.** If my student's health changes and would alter this evaluation, I will notify the school as soon as possible but within no longer than 10 days.*
- I hereby acknowledge having received education including receiving written information regarding the signs, symptoms, and risks of sport related concussion. I also acknowledge that I have read, understand and agree to abide by the UHSAA Concussion Management Policy and /or the policy of the school listed above. <http://www.uhsaa.org/SportsMed/ConcussionManagementPlan.pdf>

Name of parent/guardian _____ Signature of parent/guardian: _____ Date: _____

Student Statement

I hereby acknowledge that:

- I have read and agree to abide by the Extra-Curricular Eligibility Standards found in the Student's Handbook.
- I live within the Spanish Fork High School Boundaries or have been approved for Open Enrollment.
- I have not repeated any grades in school. If so what year _____.
- This application to compete in interscholastic athletics for SFHS is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Utah High School Activities Association.
- My responsibility to report to my coaches and parents/guardians illness or injury I experience.
- Having received education including receiving written information regarding signs, symptoms, and risks of sports related concussion. I also acknowledge my responsibility to report to my coaches and parent(s)/guardian(s) any signs or symptoms of a concussion.

Signature of Student _____ Date _____

THIS FORM MUST BE ON FILE AT THE MEMBER HIGH SCHOOL PRIOR TO PARTICIPATION.