



Athlete Information/Emergency Contact Sheet

Shelbyville ISD

Aug/2017 Grade _____

Athlete Information

Athlete Name: _____ Age: _____ Sex: _____ Date of Birth: ____/____/____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Parent / Guardian / Emergency Contact Information

1. Name: _____

Relation: _____

Employer: _____

Work Phone: (____) _____ - _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

2. Name: _____

Relation: _____

Employer: _____

Phone: (____) _____ - _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____



Shelbyville Athletics

Name: _____



CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student: _____

Declaration of Concussion - A student competing in a sport involving the head is subject to a concussion, physical force or impact to the head or body, which may result in a concussion. Concussion is a medical condition that may be temporary or permanent. Concussion is a medical condition that may be temporary or permanent. Concussion is a medical condition that may be temporary or permanent.

Procedures - Each and every student who is involved in a sport involving the head is subject to a concussion, physical force or impact to the head or body, which may result in a concussion. Concussion is a medical condition that may be temporary or permanent. Concussion is a medical condition that may be temporary or permanent.

Overnight - Each student shall sign and approve this Concussion Acknowledgment Form (CAF) before participating in any sport involving the head. The CAF is a legal document that is required for all students who are involved in a sport involving the head. The CAF is a legal document that is required for all students who are involved in a sport involving the head.

Concussion of Concussion - The student acknowledges that he or she understands the nature and extent of the risks involved in participating in a sport involving the head. The student acknowledges that he or she understands the nature and extent of the risks involved in participating in a sport involving the head.

Return to Play - According to the State Education Code, section 26.157, a student returning to play after a concussion must be cleared by a physician. The student acknowledges that he or she understands the nature and extent of the risks involved in participating in a sport involving the head.

(1) The student has read and understands the nature and extent of the risks involved in participating in a sport involving the head. The student acknowledges that he or she understands the nature and extent of the risks involved in participating in a sport involving the head.

(2) The student has read and understands the nature and extent of the risks involved in participating in a sport involving the head. The student acknowledges that he or she understands the nature and extent of the risks involved in participating in a sport involving the head.

(3) The student has read and understands the nature and extent of the risks involved in participating in a sport involving the head. The student acknowledges that he or she understands the nature and extent of the risks involved in participating in a sport involving the head.



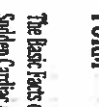
What is Sudden Cardiac Arrest? Sudden Cardiac Arrest (SCA) is a leading cause of death in young athletes. It is a sudden loss of consciousness due to a heart problem. SCA is a leading cause of death in young athletes. It is a sudden loss of consciousness due to a heart problem.



What are the symptoms/signs of Sudden Cardiac Arrest? Symptoms of SCA include chest pain, dizziness, fainting, and sudden loss of consciousness. SCA is a leading cause of death in young athletes. It is a sudden loss of consciousness due to a heart problem.



What causes Sudden Cardiac Arrest? SCA is caused by a sudden loss of consciousness due to a heart problem. SCA is a leading cause of death in young athletes. It is a sudden loss of consciousness due to a heart problem.



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What are the risks involved in American football? American football is a high-risk sport. The risks include injury, concussion, and death. American football is a high-risk sport. The risks include injury, concussion, and death.



What are the risks involved in local and/or national sports? Local and/or national sports are high-risk activities. The risks include injury, concussion, and death. Local and/or national sports are high-risk activities. The risks include injury, concussion, and death.



What are the additional risks involved in football, basketball, soccer, and baseball? Additional risks include dehydration, heatstroke, and lightning strikes. Additional risks include dehydration, heatstroke, and lightning strikes.



What are the roles of medical personnel? Medical personnel are responsible for providing medical care and ensuring the safety of athletes. Medical personnel are responsible for providing medical care and ensuring the safety of athletes.



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What are the recommendations for preventing Sudden Cardiac Arrest? Recommendations include regular medical checkups, proper hydration, and avoiding heat. Recommendations include regular medical checkups, proper hydration, and avoiding heat.

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Can Sudden Cardiac Arrest be prevented through proper screening? SCA can be prevented through proper screening and medical care. SCA can be prevented through proper screening and medical care.

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Print Name [_____] Signature [_____] Date [_____] School Name [_____]



Shelbyville Athletics



Name: _____



UIL University Interscholastic League Parent and Student Agreement/Acknowledgment Form Anabolic Steroid Use and Random Steroid Testing

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner to alter body size.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk o strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail o imprisonment in the Texas Department of Criminal Justice.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uilvars.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

Student Name (Print): _____ Grade (8-12) _____

Student Signature: _____ Date: _____

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uilvars.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

ACKNOWLEDGEMENT OF RULES

Arizona School Authority: This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

Student's Name: _____ Date of Birth: _____
Current School: _____

I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and served with the coach or other representative of the school on any date.

Participation, as a condition of participation and for the purpose of competing, is subject to the University Interscholastic League (UIL) rules. I consent to the disclosure of personally identifiable information, including information that may be subject to the Family Educational Rights and Privacy Act (FERPA), regarding the above named student between and among the following: the high school or middle school where the student currently attends or has attended; any school the student transfers to; the relevant District Executive Committee and the UIL. I further understand that all information relevant to the student's UIL eligibility and compliance with other UIL rules may be disclosed and considered a public forum. I acknowledge that revocation of this consent must be in writing and delivered to the student's school and the UIL.

It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs. I have read and understand the University Interscholastic League rules on the reverse side of this form and agree that any and all damages will be borne by all of the University Interscholastic League rules.

The undersigned agrees to be responsible for the safe return of all athletic equipment loaned by the school to the above named student.

If, in the judgment of any representative of the school, the above student needs immediate care and attention as a result of any physical injury or illness, the school will contact the nearest hospital and transport the student to such care and attention as may be required. I hereby agree to indemnify and save harmless the school and any school representative from any claim by my person, my insurance or on account of such care and attention of said student.

I have been provided the UIL Parent Information Manual regarding health and safety issues including concussion and my understanding of the same. I understand the UIL rules to provide accurate and truthful information on UIL forms could subject the student to penalties determined by the UIL.

The UIL Parent Information Manual is located at www.uilvars.org/files/UILvars/UILvarsParentInformationManual.pdf. Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associated physician and athletic trainers permitted to share information concerning medical diagnosis and treatment for your student.

- To the Parent: Check any activity in which this student is allowed to participate.
- | | | | |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming & Diving | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer | <input type="checkbox"/> Team Tennis | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Wrestling | | | |

Date: _____
Signature of parent or guardian: _____
Street address: _____
City: _____ State: _____ Zip: _____
House Phone: _____ Business Phone: _____

GENERAL INFORMATION

- School coaches may not:
- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camp (exception: See Section 1209 of the Constitution and Contact Rules).
 - Give any instruction or substitute any practice for an individual or a team during the off-season except during the one school day authorized in baseball, basketball, football, soccer, softball, or volleyball.
 - Schools and school booster clubs may not provide food, fees, or transportation for non-school activities.

GENERAL ELIGIBILITY RULES

- According to UIL standards, students could be eligible to represent their school in interscholastic activities if they:
- are not 19 years of age or older on or before September 1 of the contest academic year. (See Section 446 of the Constitution and Contact Rules for exceptions).
 - have not graduated from high school.
 - are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
 - are full-time students in the participant high school they wish to represent.
 - are initially enrolled in the sixth grade not more than four years ago.
 - are meeting academic standards required by state law.
 - are with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone, the student could be eligible if the student has been in continuous attendance for at least one calendar year and has not enrolled at another school, no indication is given to the student to attend the school (for example, students or their parents may pay their own transportation costs) and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Contact Rules.
 - have observed all provisions of the Amateur Rule.
 - have not been recruited. (Does not apply to college recruiting as permitted by rule.)
 - have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a basketball, baseball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, supervises or explains that student in the camp. Students who will be in grades 7, 8, and 9 may attend one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer at each type of sports camp. Baseball, basketball, football, soccer, softball, and volleyball camps where school personnel work with their own students may be held in May, after the last day of school. June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or its designee shall approve the schedule of fees.
 - have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (including or intangible property or services including anything that is usable, wearable, shalable or consumable) for participating in any athletic sport during any part of the year. Athletes shall not receive valuable consideration for allowing their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
 - did not change schools for athletic purposes.

I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

I have read the regulations cited above and agree to follow the rules.

Date: _____ Signature of student: _____

Acknowledgment of Rules Form Page 2

PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

2017

This **MEDICAL HISTORY FORM** must be completed *annually* by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

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

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weight more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary): _____ _____ _____		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. **THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ / _____ (_____/_____) _____
brachial blood pressure while sitting

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

As a minimum requirement, this Physical Examination Form must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It *must* be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * Local district policy may require an annual physical exam.

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
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: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.