



Elmore City-Pernell Athletics ***Required Forms***

- ECP 2018-19 Student Athlete Information Form
- OSSAA Eligibility Record Form
- OSSAA Physical Examination and Parental Consent Form
 - Must Fill Out **NEATLY and in PRINT** the side with the Yes/No Questions
 - Make sure Parent and Athlete Sign the bottom
 - Fill out Name and Date of Birth on the "Preparticipation Physical Evaluation Side"
- Concussion and Head Injury Acknowledgement
- Sudden Cardiac Arrest Acknowledgement

*We will be offering Physicals at the HS during the school day on **Monday, May 14**. The cost will be \$10. Students will be released by gender and grade to get their physical done.*





Elmore City-Pernell Athletics

2018-19 Student Athlete Information Form

Last Name: _____ First Name: _____

Grade: _____ Sports: _____

Date of Birth: _____ Gender: _____

Address: _____

Parental Contact's (Names):

Phone Contacts:

Home: _____

Parents: _____

Athlete: _____

Email Contacts:

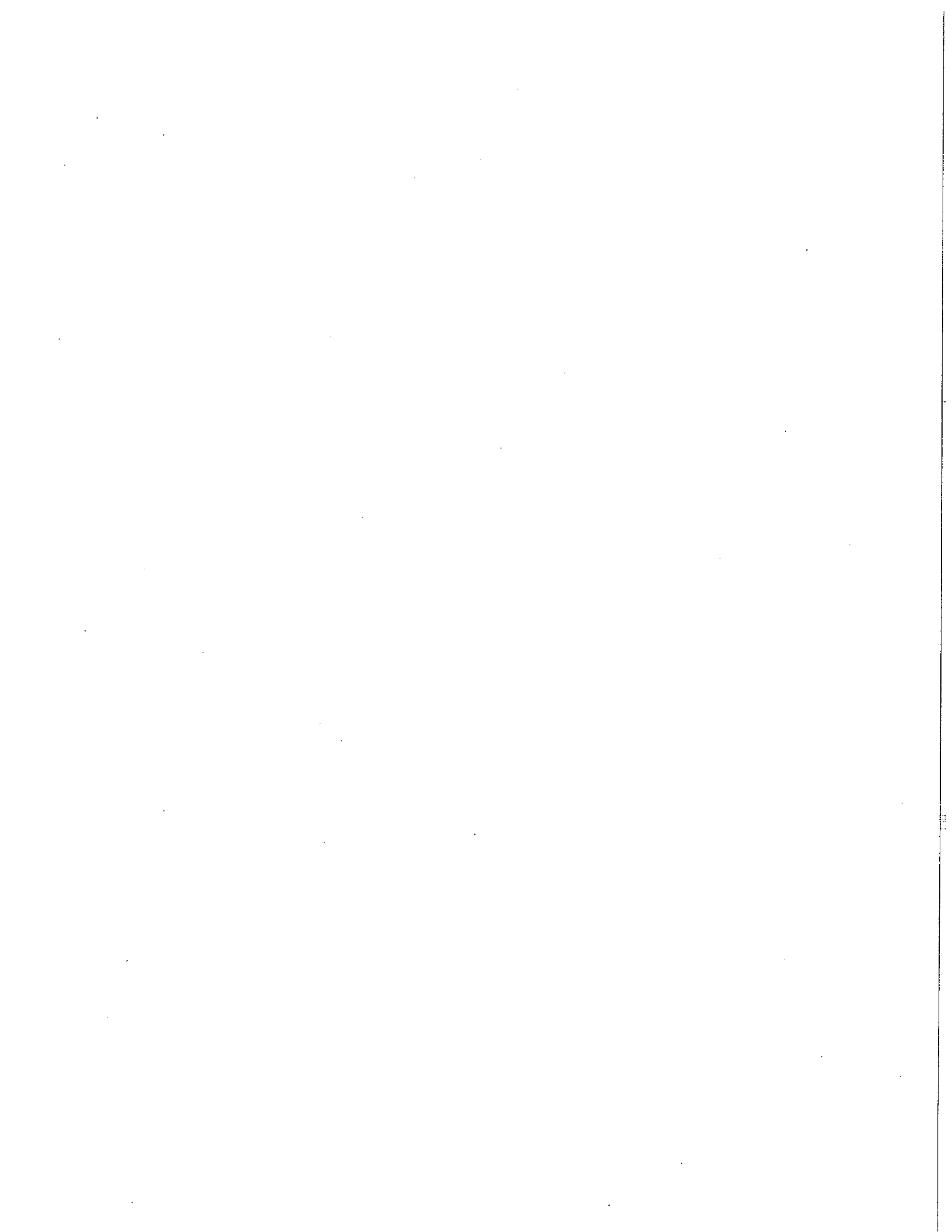
Parents: _____

Athlete: _____

Emergency Contact:

Name: _____

Phone Number: _____



OSSAA ELIGIBILITY RECORD FORM FOR STUDENTS IN GRADES 7-12
(TO BE FILLED OUT BY THE STUDENT AND PARENT AND FILED IN PRINCIPAL'S OFFICE)

NAME OF STUDENT (PRINT) _____ Grade _____ Birth date _____ Age _____

Student's Current Address _____

Last School attended _____ Last School Address _____ Zip _____

NOTE: STUDENT AND PARENT MUST SIGN BELOW AND EXPLAIN ALL "YES" ANSWERS FROM BELOW ON BACK OF FORM.

YES NO

1. Before September 1 will you be 14 years of age for 7th grade, 15 years of age for eighth grade, 16 years of age for ninth grade, or 19 years of age for high school participation? (Rule 1)
2. Have you missed school more than 10% of the school days taught for this 18-week grading period? (Rule 2)
3. Did you fail any classes during the last 18-week grading period? (Rule 3 & 4)
4. Are you currently failing any class? (Rule 3)
5. Were you ineligible to participate at any time during the last 18-week grading period? (Rules 3 & 4)
6. Have you done anything to jeopardize your amateur status such as receiving cash or merchandise connected with an athletic activity? (Rule 5)
7. Have you completed all 12th grade requirements for high school graduation? (Rule 6)
8. Have you failed any semesters (received no credit for the semester) since the time you entered the 7th grade? (Student's are generally limited to participating in athletics during the 7th grade and the five school years that follow consecutively after that school year- Rule 7)
9. Since entering 7th grade have you ever home-schooled or had an interruption in consecutive semesters of the educational tract?
10. Are you now or have you ever repeated any grade since entering the 7th grade? (Rule 7)
11. Do you live with someone now other than whom you lived with last school year? (Rule 8)
12. Do you live with someone other than your parents? (Rule 8)
13. Do you live with only one parent? (Rule 8)
14. Do you live outside this school district? (Rule 8)
15. Is more than one residence owned, rented or maintained by your parents or guardian? (Rule 8)
16. Are there other family members in grades K-12 attending a different school district other than the district you are now attending?
17. Have you ever participated at any school outside the district in which both parents had residence? (Rule 8)
18. Have you, your parents, or your guardians ever been influenced in any manner by anyone in this school district to attend this school to engage in athletics? (Rule 9)
19. Have you ever been granted athletic eligibility on the basis of an OSSAA hardship waiver? (Rule 20)
20. Were you on an approved foreign exchange program last year? (Hardship Waiver Manual-X)
21. Were you suspended, expelled, or under discipline at the previous school attended? (Rule 4)
22. Were you or your parents having a conflict with a coach, teacher, or administrator at the time you left your previous school?
(Harship Waiver Manual VI-E-2)

Each of the undersigned also acknowledge and agree that identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate and/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measures to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

If the above guidelines are not satisfied for athletic eligibility, the student may be ineligible for one year. (See Rule 8)
INCORRECT INFORMATION COULD CAUSE ELIGIBILITY TO BE REVOKED AND COULD RESULT IN THE FORFEITURE OF CONTESTS IN WHICH THE STUDENT HAS PARTICIPATED IN ADDITION TO OTHER PENALTIES.

(Student) (Date) (Coach) (Date)

(Parent/Guardian) (Date)

PLEASE EXPLAIN ALL "YES" ANSWERS IN THE SPACE BELOW.

FOR SCHOOL USE ONLY

TO BE COMPLETED AND CERTIFIED BY SCHOOL ADMINISTRATION

Each school must have the following information on file:

1. Copy of this eligibility record form. (Send copy to OSSAA office with hardship request.)
2. Physical examination, Concussion and Head Injury Acknowledgement and an annual parent consent form.
3. Attendance record for current 18-week grading period. (Rule 2)
4. Transcript and any other documentation regarding student's eligibility status.

If the student answers no to all of the above questions, you can be reasonably assured he/she is eligible (residence) to participate at your school. This is only an aid to the administrators concerning new students in your school system and does not automatically guarantee a student is eligible. If the student answers yes to any of the questions, further examination is required to determine eligibility status. NOTE: Any outstanding athlete transferring to your district should not be certified for athletic participation without complete information being obtained from all sources concerning the student's athletic eligibility.

Based on the above questions

(student's name - PRINT _____ is eligible is not eligible

to participate at (school) _____ for the school year 20__ 20__.

(School Administrator Name and Title)

(Date)

OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

PLEASE PRINT

DATE OF EXAM _____

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Phone _____

Personal physician _____ Phone _____

In case of emergency, contact: Name _____

Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers 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"/> | 24. Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing or chronic illness? | <input type="checkbox"/> | <input type="checkbox"/> | 25. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been hospitalized overnight? | <input type="checkbox"/> | <input type="checkbox"/> | 26. Do you cough, wheeze, or have trouble breathing during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 27. Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> | 28. Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> | 29. Do you or does someone in your family have sickle cell trait or disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> | 30. 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"/> |
| 8. Have you ever had a rash or hives develop during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 31. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 32. Do you wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 33. Have you ever had a sprain, strain, or swelling after injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 34. Have you broken or fractured any bones or dislocated any joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you get tired more quickly than your friends do during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> | 36. If yes, check appropriate box and explain below. | | |
| 14. 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 |
| 15. 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 |
| 16. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Back | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee |
| 17. 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"/> Chest | <input type="checkbox"/> Hand | <input type="checkbox"/> Shin/calf |
| 18. Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Ankle |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Upper arm | | <input type="checkbox"/> Foot |
| 20. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> | 37. Do you want to weigh more or less than you do now? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever been knocked out, become unconscious, or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> | 38. Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | 39. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> | 40. Record the dates of your most recent immunizations (shots) for: | | |
| | | | Tetanus _____ Measles _____ | | |
| | | | Hepatitis _____ Chickenpox _____ | | |

Explain "Yes" answers on a separate sheet.

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, athletic trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate an/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

Signature of parent/guardian _____ Signature of Athlete _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM _____

Name _____ Date of Birth _____

Height _____ Weight _____ Body fat (optional) _____ % Pulse _____ BP _____ / _____ Color Blind Yes No (circle one)

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

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

() Cleared

() Cleared after completing evaluation/rehabilitation for: _____

() Not cleared for: _____ Reason: _____

Recommendations: _____

Name & Title of Examiner (Print/Type) _____ Date _____

Address _____ Phone _____

Signature of Examiner _____



Concussion and Head Injury Acknowledgement

Elmore City-Pernell Public Schools

(Name of School)

In compliance with Oklahoma Statute Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the CONCUSSION FACT SHEET provided to you by Elmore City-Pernell Schools related to potential concussion and head injuries occurring during participation in athletics.
(NAME OF SCHOOL)

I _____, as a student-athlete who participates in
(PLEASE PRINT STUDENT ATHLETE'S NAME)

Elmore City-Pernell Schools athletics and I, _____
(NAME OF SCHOOL) (PLEASE PRINT PARENT/LEGAL GUARDIAN'S NAME)

as the parent/legal guardian, have read the information material provided to us by

Elmore City-Pernell Schools related to concussions and head injuries occurring during
(NAME OF SCHOOL)

participation in athletic programs and understand the content and warnings.

Signature of Student-Athlete

DATE

Signature of PARENT/LEGAL GUARDIAN

DATE

By signing this form, I also acknowledge that I have reviewed the Heat-Related Information contained in the packet, as well.



Oklahoma State Department of Health
Creating a State of Health



OKLAHOMA STATE DEPARTMENT OF
EDUCATION
CHAMPION EXCELLENCE

Sudden Cardiac Arrest Acknowledgement Statement

(NAME OF SCHOOL)

I have received and read the Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians. I understand the warning signs and seriousness of sudden cardiac arrest (SCA) related to participation in athletic programs and the need for immediate evaluation for any suspected condition.

Signature of Student-Athlete

Print Student Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

This form is required to be completed annually prior to the student athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.

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

What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop pumping adequately. When this happens, blood stops flowing to the brain and other vital organs, and, if left untreated, can quickly result in death.

How common is Sudden Cardiac Arrest?

While SCA in student athletes is rare, it is the leading medical cause of death in young athletes. The chance of SCA occurring to any individual student athlete is estimated to be about one in 80,000 to 100,000 per year.

What causes Sudden Cardiac Arrest in student athletes?

SCA is caused by several structural and electrical conditions of the heart. These conditions predispose an individual to have an abnormal heart rhythm. SCA is more likely during exercise or physical activity, placing student athletes with undiagnosed heart conditions at greater risk. Some of these conditions are listed below.

- **Inherited conditions present at birth of the heart muscle** (passed on from family): Hypertrophic Cardiomyopathy (HCM), Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC), and Marfan Syndrome
- **Inherited conditions present at birth of the electrical system:** Long QT Syndrome (LQTS), Catecholaminergic Polymorphic Ventricular Tachycardia, and Brugada Syndrome (BrS)
- **NonInherited conditions** (not passed on from the family, but still present at birth): Coronary artery abnormalities, Aortic valve abnormalities, Non-compaction Cardiomyopathy, and Wolff-Parkinson-White Syndrome (occurs from an extra conducting fiber in the heart's electrical system)
- **Conditions not present at birth but acquired later in life:** Commotio Cordis (occurs from a direct blow to the chest), Myocarditis (infection or inflammation of the heart), and Recreational/Performance Drug Use
- **Idiopathic:** Sometimes the underlying cause of Sudden Cardiac Arrest is unknown, even after autopsy.

What are the warning signs that Sudden Cardiac Arrest may occur?

- **Fainting, passing out, or seizure** - especially during or right after exercise
- **Chest pain or discomfort** - especially with exercise
- **Excessive Shortness of breath** - with exercise
- **Racing heart or irregular heartbeat** - with no apparent reason
- **Dizziness or lightheadedness** - especially with exercise
- **Unusual Fatigue/Weakness** - with exercise
- **Fainting** - from emotional excitement, emotional distress, or being startled
- **Family history of sudden cardiac arrest prior to the age of 50**

While a heart condition may have no warning signs, in more than a third of sudden cardiac deaths, there were warning signs that were not reported to an adult or taken seriously. If any of the above warning signs are present, a cardiac evaluation by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

What are the risks of practicing or playing after experiencing SCA warning signs?

Ignoring such signs and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.

When is a student athlete required to be removed from play?

Any student who collapses or faints while participating in an athletic activity is required by law to be removed by the coach from participation at that time.

What is required for a student athlete to return to play?

Any student who is removed or prevented from participating in an athletic activity is not allowed to return to participation until evaluated and cleared for return to participation in writing by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

What are the current recommendations for screening student athletes?

A complete annual sports preparticipation examination based on recommendations from the American Heart Association (AHA), American Academy of Pediatrics (AAP) and American College of Cardiology (ACC) is the cornerstone of screening for preventable causes of SCA. Each year student athletes in Oklahoma are required to have a Sports Preparticipation Physical Examination based on these recommendations completed by a health care provider such as a physician, physician's assistant, or advanced nurse practitioner and filed with the student athlete's school prior to beginning practice. The Sports Preparticipation Examination includes a personal and family health history to screen for risk factors or warning signs of SCA and measurement of blood pressure and a careful listening to the heart, especially for murmurs and rhythm abnormalities.

Noninvasive testing such as an electrocardiogram (ECG) or echocardiogram (ECHO) may be utilized by your health care provider if the sports preparticipation examination reveals an indication for these tests. Screening using an ECG and/or and ECHO is available to student athletes as an option from their personal health care provider, but is not mandatory, and is generally not routinely recommended by either the AHA, AAP or ACC.

What is the treatment for Sudden Cardiac Arrest?

➤ RECOGNIZE Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

➤ CALL 9-1-1

- Call for help and for an AED

➤ CPR

- Begin chest compressions
- Push hard/fast (100/min)

➤ AED

- Use an AED as soon as possible

➤ CONTINUE CARE

- Continue CPR and AED until EMS arrives

All schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). Time is critical and an immediate response is vital. An AED should be placed in a location that is readily accessible. AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restart a normal heart rhythm.

***Remember, to save a life: recognize SCA, call 9-1-1,
begin CPR, and use an AED as soon as possible!***

CONCUSSION/HEAD INJURY FACT SHEET PARENTS/GUARDIANS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding", "getting your bell rung" or what seems to be a mild bump or blow to the head can be serious. You cannot see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear to be noticed until days or weeks after the injury. If your child reports any symptoms of a concussion or if you notice any symptoms yourself, seek medical attention right away.

WHAT ARE THE SYMPTOMS REPORTED BY ATHLETES?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

WHAT ARE THE SIGNS OBSERVED BY PARENTS/GUARDIANS?

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Cannot recall events prior to hit or fall
- Cannot recall events after hit or fall

HOW CAN I HELP MY CHILD PREVENT A CONCUSSION?

- Ensure they follow their coach's rules for safety and the rules of the sport.
- Make sure they use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards----IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.)
- Learn the signs and symptoms of a concussion.

FOR MORE INFORMATION VISIT:

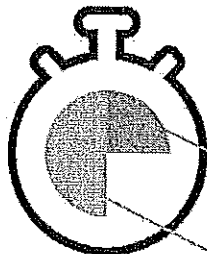
- www.cdc.gov/TraumaticBraininjury/
- www.oata.net
- www.ossaa.com
- www.nfhslearn.com

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON!

BEAT THE HEAT


Summer's high temperatures put student athletes at increased risk of heat illness. There are several types of heat illness. They range in severity, from heat cramps and heat exhaustion, which are common but not severe, to heat stroke, which can be deadly. Although heat illnesses can be fatal, death is preventable if they're quickly recognized and properly treated.

DEHYDRATION AND HEAT ILLNESSES




As a rule-of-thumb, most athletes should consume 200 to 300 milliliters of fluid every **15 MINUTES OF EXERCISE.**

It takes only **30 MINUTES** for cell damage to occur with a core body temperature of 105 degrees.



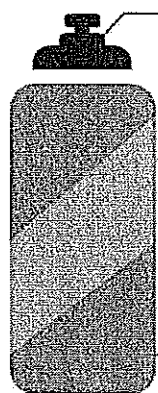
Currently, 13 states have heat-acclimatization policies, for secondary school athletics with New Jersey being the first.



Exertional heat stroke is one of the top three killers of athletes and soldiers in training.

- From 2010-15, 20 athletic heat stroke fatalities were reported.
- It takes seven to 14 days for a body to adapt to exercising in the heat.
- Dehydration at levels of 3 to 4 percent body mass loss can reduce muscle strength by an estimated 2 percent.

SAFETY TIPS

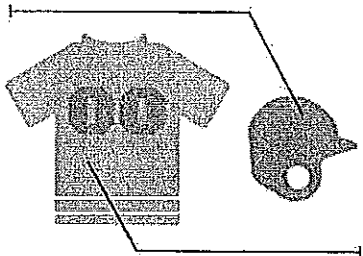


Have sports drinks on hand for workout sessions lasting longer than an hour.

Keep beverages cold – cold beverages are consumed 50 percent more than warm beverages.

Hydrate before, during and after activity.


Remove unnecessary equipment, such as helmets and padding, when environmental conditions become extreme.



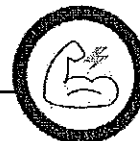
Clothing worn by athletes should be light colored, lightweight and protect against the sun.

- For the first week or so, hold shorter practices with lighter equipment so players can acclimate to the heat.
- Follow a work-to-rest ratio, such as 10-minute breaks after 40 minutes of exercise.
- Get an accurate measurement of heat stress using a wet-bulb globe temperature, which accounts for ambient temperature, relative humidity and radiation from the sun.
- If someone is suffering from exertional heat stroke, remember to cool first and transport second.
- Have large cold tubs ready before all practices and games in case cold-water immersion is needed to treat exertional heat stroke.


SIGNS OF MINOR HEAT ILLNESS



Dizziness

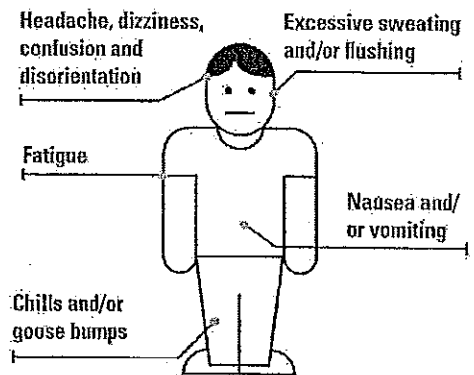


Cramps, muscular tightening and spasms



Lightheadedness, when not associated with other symptoms

EARLY WARNING SIGNS OF EXERTIONAL HEAT STROKE



Headache, dizziness, confusion and disorientation

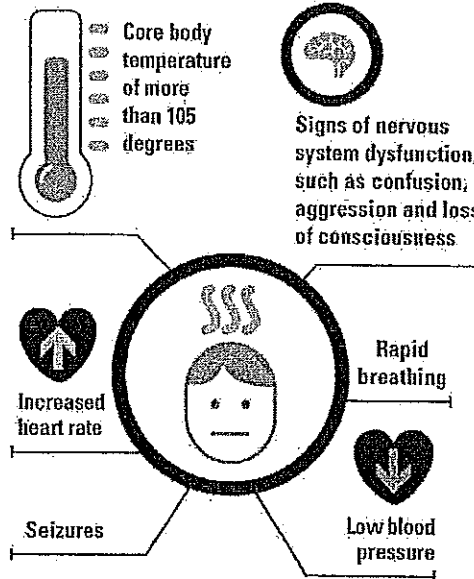
Excessive sweating and/or flushing

Fatigue

Nausea and/or vomiting

Chills and/or goose bumps

SIGNS OF EXERTIONAL HEAT STROKE



Core body temperature of more than 105 degrees

Signs of nervous system dysfunction, such as confusion, aggression and loss of consciousness

Rapid breathing

Increased heart rate

Low blood pressure

Seizures