



Mount Vernon School District Athletic Eligibility 2017-18

I **DO NOT** authorize my student's picture to appear on the District's web site. (Initial): _____

For Office Use Only		For Office Use Only	
Participation Fee		ASB	
_____ Check/Cash	_____ Check/Cash	Free/Reduced?	Y N
_____ Invest Ed	_____ Invest Ed	Insurance	Y N
_____ Other (explain)	_____ Other (explain)	Physical Exp.	_____
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Physical	<input type="checkbox"/> Health History	<input type="checkbox"/> Athletic Code
<input type="checkbox"/> Transportation	<input type="checkbox"/> Lysted Law		

Student Name: _____ Graduating Class: **2018 2019 2020 2021**
 (Last) (First) (MI)
 Home Address: _____ Telephone: _____
 (City) (State) (Zip) Birthdate: _____

WIAA Rule 27.4.0 USE OF INELIGIBLE PARTICIPANT – If you or your parents provide false or fraudulent information that causes us to play an ineligible participant, you will be declared ineligible for competition for a period of one (1) year, beginning the day the determination is made that false information had been provided. (paraphrased)

Fall Sport:	Cheer	XC	FB	GSoc	GSwim	BTen	VB	* Paperwork DUE on or before Aug. 14th
Winter Sport:	BBask	Cheer	GBask	BSwim	WR	GBowling		FOOTBALL Paperwork due Aug. 11th
Spring Sport:	Base	BGolf	GGolf	BSoc	GTen	Softball	Track	* Paperwork DUE on or before Nov. 6th
								* Paperwork DUE on or before Feb. 20th

Parent/Guardian: Indicate whether or not your son/daughter meets the requirements below (Age, Residence, Academic, Other):

	YES	NO	
Age	<input type="checkbox"/>	<input type="checkbox"/>	The student is under 19 years of age.
Residence	<input type="checkbox"/>	<input type="checkbox"/>	The student lives in the Mount Vernon School District with his/her natural parent(s), parent of legal custody, or court-appointed guardian (Any exception to this rule must have prior approval through the MVHS Athletic Office). <u>If the answer is "NO", please explain.</u>
Academic	<input type="checkbox"/>	<input type="checkbox"/>	The student passed at least 7 classes last semester and is enrolled in 8 classes currently. <u>If the answer is "NO", please explain.</u>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Is the student a Foreign Exchange student? <u>If "yes", with which program?</u>
	<input type="checkbox"/>	<input type="checkbox"/>	Is the student new to the Mount Vernon School District this year? (Conway students check "NO") <u>If "yes", identify the last school and dates of attendance.</u>
	<input type="checkbox"/>	<input type="checkbox"/>	Has the student repeated any grade or withdrawn from school at any time since the start of 7 th grade? <u>If "yes", explain.</u>
	<input type="checkbox"/>	<input type="checkbox"/>	Is the student a transfer student within the last 12 months? <u>If "yes", from which school?</u>

Please Read
Carefully and
Explain all
YES Answers.

PLEASE READ CAREFULLY, THEN COMPLETE AND SIGN BELOW

WARNING: Participation in interscholastic athletics can be dangerous, involving multiple risks of injury. Such injuries can range from abrasions, bruises and sprains to catastrophic injuries resulting in crippling conditions, paralysis, brain damage, and even fatality. Severe injuries can impair a student's ability to earn a living, to engage in social and recreational activities and to generally enjoy life. Careful consideration should be given to the risk and dangers associated with interscholastic athletics before making a decision to participate. The Mount Vernon School District **requires private insurance** for all students participating in interscholastic athletics. A student insurance plan is available through the Athletic Office at Mount Vernon High School or the school offices at either middle school. Parents/guardians are responsible for securing medical insurance coverage for their student and for any costs of medical treatment that may be incurred as a result of the student's athletic participation. Participation in interscholastic athletics is a privilege that carries a corresponding responsibility for exemplary conduct. Students are expected to abide by all school and athletic policies as published by the school.

MOUNT VERNON SCHOOL DISTRICT MEDICAL EMERGENCY AUTORIZATION: As a parent or legal guardian, I authorize a qualified physician to examine the above-named student and in the event of any injury, to administer emergency care and arrange for any consultation by a specialist, including a surgeon, he or she deems necessary to insure proper care of any injury. Every effort will be made to contact a parent or guardian to explain the nature of the problem prior to any involved treatment.

Please complete ALL of the following:

Parent Home Phone _____ Parent Cell Phone _____ Parent Work Phone _____ Emergency Contact and Phone # _____

Family Physician's name and Phone # _____ Insurance Company -- **MUST** include Policy # _____

Allergies to Food or Drugs _____ Medications _____

* We acknowledge that we have read and understand the above information and grant this student permission to participate in interscholastic athletics.

* We authorize emergency medical care and treatment under the terms set forth above.

Parent/Guardian Signature _____

Date _____

Student Signature _____

Date _____

Mount Vernon High School Transportation Waiver 2017-18

(Please Print)

Student's First Name	Student's Middle Name	Student's Last Name
<hr/>		
Address	City	Zip
<hr/>		
()	()	()
Work Phone	Home Phone	Cell Phone

When Mount Vernon High School athletes practice locally off-campus or participate in home contests not on the campus of Mount Vernon High School, transportation is typically *not* provided by the Mount Vernon School District. Examples of these off-campus venues include, but are not limited to: Skagit Valley College, Sherman Anderson Ballpark, Mount Baker Middle School, Centennial Elementary, the Mount Vernon YMCA, the 15th St. Playfield, the 18th St. Playfield, Eaglemont Golf Club, Skagit Country Club, Overlook Golf Course, Avalon Golf Club.

Please note the following details regarding transportation to and from practice or games:

- Mount Vernon School District #320 is not responsible for transporting to practice and game sites within Mount Vernon, nor to regular practice sites near but not in Mount Vernon (Eaglemont, Skagit CC, Overlook Golf Course). Parents should make arrangements to transport students to off-campus sites.
- Parents/guardians are liable for their minor driver(s).
- Whenever you or your child drives, your insurance coverage will provide primary coverage.
- Under no circumstances will Mount Vernon SD #320 support any student driver transporting other Mount Vernon students.
- A waiver must be signed for **each** athlete. Individuals who refuse to sign a waiver will not be allowed to participate.
- **Depending on team policy, athletes may be granted permission to leave after the conclusion of contests with their parents or guardians. They may *not* leave with siblings or teammates' parents or other non-guardians.**

Since Participation in this activity is voluntary and the District is not directly supervising, controlling, or providing the students' transportation, the student and his/her parent or guardian will defend and hold harmless the Mount Vernon School District and its employees, coaches, staff, and volunteers from any and all claims and losses resulting from student travel between sites.

X	X
Student's signature	Parent/Guardian Signature
Date	Date

The above legal guardian or parent executes this Waiver and Release of Liability to effectively waive any rights of Athlete and of the guardian/parent to the same extent as if executed by an Athlete the age of 18 years or older. (Updated 4-28-17)

The Mount Vernon School District #320 is an equal opportunity employer. The District complies with all state and federal rules and regulations and does not discriminate on the basis of age, religion, sex, marital status, sexual orientation, race, creed, color, national origin, honorably discharged veteran or military status, the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. We will take steps to assure that national origin persons who lack English language skills can participate in all education programs, services and activities, including those specific to career and technical education programming. The following persons have been designated to handle inquiries regarding non-discrimination policies: Bill Nutting, Title IX Officer, Clint Carlton, Section 504 Officer, or Bilingual Education Programs, Mount Vernon School District #320, 124 E. Lawrence Street, Mount Vernon, WA (360) 428-6110.

MOUNT VERNON HIGH SCHOOL

ATHLETIC CODE AND INFORMATION

Athletics – Cheerleading - Dance/Drill

PHILOSOPHY

It is the belief of the Mount Vernon School District that students benefit from participation in our athletics, cheerleading and dance/drill programs. These programs provide an opportunity for students to develop mentally, physically, emotionally, and socially. These programs fall under the guidelines of the Washington Interscholastic Activities Association (WIAA). Students choosing to participate in these programs are expected to conduct themselves in a manner that will reflect the high standards of their program, school, and community. It is only through the observance of these standards that individuals and teams can fulfill their responsibilities as representatives of Mount Vernon High School.

ELIGIBILITY FOR PARTICIPATION

PAPERWORK AND FEES

In order for a student to participate in athletics (including cheerleading and dance/drill), the following must be completed, signed, and on file in the Athletic Office:

- Athletic Eligibility Form with Emergency Medical Authorization
- Athletic Code
- Sport-specific Inherent Risk (changes each season)
- Transportation Waiver
- Concussion/Head Injury Awareness (Lystedt Law)
- Proof of valid Medical Insurance
- Purchase of ASB card
- Participation fee
- Valid Physical Examination and Health History
 - Prior to the first practice, a student must undergo a thorough medical exam and be approved for high school interscholastic competition by a medical authority licensed to perform a physical exam (MD, DO, ARNP, PA (physician's assistant), naturopathic physicians – Doctors of Chiropractics are not so licensed).
 - A new physical is necessary upon entering high school.
 - Physicals are valid for 24 months.
 - Student and parents must complete the Health History form every 12 months.

OTHER ELIGIBILITY REQUIREMENTS

Students who do not meet all of the following eligibility guidelines may seek an appeal with the Northwest District Eligibility Board:

AGE • An athlete must be less than twenty years old at the start of any sports season

RESIDENCE/TRANSFER • An athlete must meet the Residence Rule and Transfer Rule requirements, as found in WIAA rules 18.10 and 18.11.

ATTENDANCE • An athlete must be in regular attendance (defined in WIAA rules 18.8 and 18.9) during the preceding **and** current grading periods to be eligible.

ACADEMICS

- In order to maintain academic eligibility during the current semester, the student must:
 - a) maintain passing grades in all 8 classes; **or**
 - b) be passing 7 of 8 classes with a 2.0 or higher GPA (current semester)

Students declared ineligible during periodic grade checks will remain ineligible for one week or two contests, whichever is less. The dates of those checks will be posted at the beginning of the season.

Students taking 7 classes (or on-track seniors taking 6 classes – WIAA rule 18.7.1) must be passing all classes. Students may *not* drop a class in order to be passing all classes.

- An athlete must have passed 7 full-time classes the previous semester, earning 3.5 credits or the equivalent to maintain eligibility. Home School and Running Start students must meet the same standards (WIAA rule 18.7).
- If an athlete is declared ineligible because of any credit or attendance issues, he/she shall be placed on academic suspension through the last Saturday in September (if first semester) or for the first 5 weeks of the succeeding grading period (if second semester). If, at the end of the suspension, the student's academic performance meets the "current semester" criteria above, he/she will be declared eligible (WIAA rule 18.7.6).
- Incompletes will be counted as F's until officially changed to a passing grade. NC grades count as failing grades.

CODE ENFORCEMENT TIMELINE

Students who choose to participate in athletic programs, including cheer and dance/drill, will be governed by the Athletic Code as well as the student discipline matrix while at any school-sponsored activity. Additionally, students who participate in these programs will be governed by the Athletic Code away from school-sponsored activities for the entire school year (beginning with the first day of fall practice through the last day of school). This includes district-sponsored activities outside the period previously defined. The expectations of this code continue throughout the student's enrollment in the Mount Vernon School District. This code must be signed annually as a means of informing students and parents of revisions in the code.

GENERAL EXPECTATIONS

- Completion of a season in good standing is required in order for a student to be eligible for a letter or other individual award. The season begins with the first day of turnout and ends with the last sanctioned event.
- Participants must travel to and from contests away from Mount Vernon in transportation provided by the school. The only typical exception will be in case of an injury to a participant requiring alternate transportation or family emergencies. Prior signed arrangements between

parents/guardians and the athletic office must be made in order for a student to ride home with the parent/guardian.

- Any athlete who has been injured and has had medical treatment cannot return to participation until a signed release from the doctor is presented to the head coach.
- Any student who is not in school for any portion of a school day will not be allowed to practice or play in a game on that day unless excused by the Athletic Director.
- Any Student suspended from school, including in-school suspensions, will not be eligible to participate in nor attend any co-curricular athletic activities during the duration of their suspension.
- Students known to be involved in illegal acts will be ineligible for competition (and potentially for any level of participation). Participation in athletics is a privilege, and that privilege can be withheld at any time. The athletic director, in consultation with school administration, will determine whether an athlete's behavior warrants removal from participation and/or competition.

CONSEQUENCES FOR VIOLATIONS OF THIS CODE

Any student failing to comply with the Athletic Code shall be subject to disciplinary action in accordance with the following procedures:

1. The consequences for violating any team regulations, except those involving alcohol, tobacco, and/or drugs, are developed by the coach of the individual sport. Team consequences may be more restrictive than those of the MVHS code.
2. Repeated violations of any team regulations may lead to dismissal for the remainder of the season. Before the coach can exclude a student from an extra-curricular program for the remainder of the season, the coach must confer with the Athletic Director. Discipline, other than removal for the season, will be determined by the head coach.

DRUG/ALCOHOL/TOBACCO POLICY

Students will not be permitted to use, possess, or traffic tobacco (including chewing tobacco, nicotine oils, e-cigs), alcohol, legend drugs, or controlled substances (RCW 69.41.020-050 and RCW 69.50). Any student violating this rule will be disciplined as outlined in the school discipline matrix and this athletic code for violations occurring at school sponsored activities. Violations away from school will be governed by the athletic code only.

Information regarding potential code violations will be gathered using a variety of methods to ensure accuracy. Any penalty assessed will be partially dependent on the student's level of cooperation (see "Reduction in Penalty"). Knowingly attending a gathering where drugs and/or alcohol are being consumed by minors, will be considered a violation of the drug/alcohol policy.

REDUCTION IN PENALTY – FIRST OFFENSE

- Students who **self-report** a code violation will reduce their sanction from one full year to 20% of the current sport season or a combination of seasons, provided they abide by A and B below. Self-reporting must take place within 72 hours of the violation.

- Students who **admit** (when asked the first time by the athletic director or an MVHS administrator) will reduce their sanction from one full year to 40% of the current sport season, or a combination of seasons, provided they abide by A and B below.
- Students who, through investigation, are found in violation of the athletic code but who neither self-report nor admit a violation when asked will reduce their sanction from one full year to 60% of the current sport season, or a combination of seasons, provided they abide by A and B below.

Students found to have been in violation of the drug/alcohol rule will be verbally advised by the Athletic Director, or the head coach and a school administrator, of the alleged violation. At this meeting, the student and his/her parent will have the opportunity to explain his/her actions. If, after such a conference, the administration determines that further disciplinary action is justified:

- The student will not be allowed to participate in any contest for one calendar year from the date of the meeting. Additional sanctions may include removal from school and referral to law enforcement.
- The penalty will be reduced *as follows*, if:
 - A. The student agrees to meet with and follow the recommendations of a MVSD- and State-approved Substance Abuse Counselor/Agency, or:
 - B. If seeking an approved specialist is not possible, the student arranges to meet with another counselor agreed upon by the Athletic Director, and follows that counselor's recommendations during the subsequent year.

For A and B above, proof of a scheduled appointment and timeline for future appointments (if available) is required within fourteen (14) days from the date of the initial meeting declaring the student eligible, and prior to a reduction in penalty.

- It is possible for a penalty to cross seasons.
- Students found to have violated the athletic code will not be allowed to sign up for a sport after the season has started. In order for the suspension period to count, the student must participate fully in the sport where the suspension is being applied and complete the season.

The penalty for a **second violation** of the drug/alcohol rule at any time during a student's high school career will result in a one year suspension from all sports.

A **third violation** of the drug/alcohol rule will render the participant permanently ineligible during his/her high school career.

I have read, understand, and agree to abide by the above regulations. If I choose to violate the code, I take full responsibility for my actions and choices.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

Mount Vernon High School Athletics

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- | |
|---|
| <ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays incoordination• Answers questions slowly• Slurred speech• Shows behavior or personality changes• Can’t recall events prior to hit• Can’t recall events after hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness |
|---|

Mount Vernon High School Athletics

Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember: it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

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

Student-athlete Name (Printed)

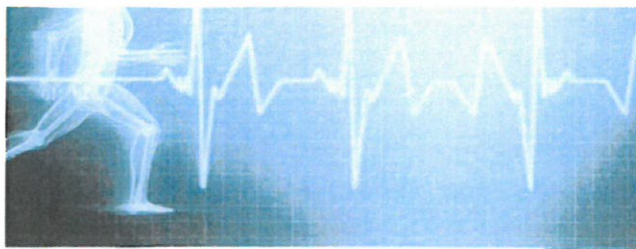
Student-athlete Signature

Date

Parent/Legal Guardian Name (Printed)

Parent or Legal Guardian Signature

Date

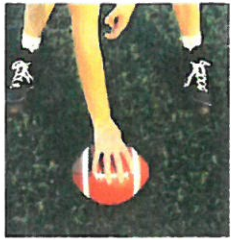


Sudden Cardiac Arrest

Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



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 beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, 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). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore 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!



Cardiac 3-Minute Drill

1. RECOGNIZE

Sudden Cardiac Arrest

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

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives

AED



**Be Prepared!
Every Second
Counts!**

UW Medicine
Center For Sports Cardiology
www.uwsportscardiology.org



**WASHINGTON INTERSCHOLASTIC
ACTIVITIES ASSOCIATION**



SCA Awareness
Youth Heart Screening
CPR/AED in Schools

www.nickoftimefoundation.org

Mount Vernon School District

Sudden Cardiac Arrest Awareness Form

The Mount Vernon School District believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial which is the reason for the Sudden Cardiac Arrest Awareness pamphlet you received. Refer to it regularly.

This form must be signed annually by the parent/guardian and student prior to participation in Mount Vernon School District athletics. If you have questions regarding any of the information provided in the pamphlet, please contact the athletic director at your school.

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE SUDDEN CARDIAC ARREST AWARENESS PAMPHLET.

_____	_____	_____
<i>Student Name (Printed)</i>	<i>Student Name (Signed)</i>	<i>Date</i>
_____	_____	_____
<i>Parent Name (Printed)</i>	<i>Parent Name (Signed)</i>	<i>Date</i>

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	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
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: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
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 Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
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)?			40. Have you ever become ill while exercising in the heat?		
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?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
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)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			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 _____

© 2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

HE0503

9-2681/0410

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 • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)?		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic*		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

*Consider GU exam if in private setting. Having third party present is recommended.

*Consider 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 of Physical: _____

Address _____ Phone: _____

Signature of physician _____, MD or DO

©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.