

To: Parents and Student Athletes  
From: Coaches and Athletic Trainer  
Date: April 9, 2018  
Re: Mandatory Athletic Physicals



The **South Carolina High School League** requires all student athletes to have a **physical to participate** in athletics. Physicals for next school year must occur on or after April 1<sup>st</sup> for a student athlete to be eligible to participate. **The school must have the physical on file before the student may condition, practice or play with any team.**

**Free athletic physicals** will be offered to all students currently in grades 6 through 11 on **Sunday, April 22nd at Camden High School.** The physicals will take place in the Wellness Center at 2:00 p.m. Please be on time.

**Important:** Students who are participating in athletics for the first time are encouraged to get a physical examination from their family doctor. Additionally, any student athlete with private insurance that covers a yearly physical exam is encouraged to have their exam with their private doctor as well. The student's private doctor is familiar with his/her medical history and can best determine if he/she is able to participate in their chosen sport.

**Important:** A medical history form is enclosed. The parent must complete and sign the form. No student will be allowed to have a physical if the health history is not **completed and signed.** **Please indicate next year's grade level for the student, not your current grade!**

The Kershaw County School District is very grateful to the local physicians and the Kershaw Health Medical Center for their support in providing this service for our student athletes.

**Please remember:**

- 1 Arrive at 2:00
- 2 Bring medical history completed and signed
- 3 Students are expected to be dressed according to the school dress code

If you have any questions, please feel free to call your child's athletic trainer, Vincent Albano, at 803-425-8930 ext 3674.



Dear Parent/Guardian:

Attached is documentation required in order for your child to participate in middle school and high school athletics in Kershaw County School District. Please read this information completely, and feel free to contact the athletics department at your child's school should you have any questions or concerns. All forms must be completed prior to participation in any athletics related activity.

Please fill out the following and provide necessary documentation:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Contact No: \_\_\_\_\_  
In Case of Emergency: \_\_\_\_\_ Contact No: \_\_\_\_\_

\_\_\_\_\_ Copy of Birth Certificate

\_\_\_\_\_ Athletic Participation Fee

\_\_\_\_\_ Completed SCHSL Physical Form \*History completed thoroughly and accurately, athlete marked as "cleared" and physical signed by a MD, DO, PA or NP, dated after April 1 of the previous school year.

\_\_\_\_\_ Participation Form

In consideration of the student named above being permitted to voluntarily participate in the sport, activity, club, and program, I for myself, my child and our heirs, personal representatives, and /or assigns, do hereby release, agree to hold harmless, and waive any claim against, discharge for liability, and promise not to sue the Kershaw County School District, its officers, employees, volunteers, and/or agents for liability from all and all claims including the negligence of the Kershaw County School District, its officers, employees, and agents, with respect to any and all personal injury, accidents, illness, or property loss or property damage arising from, but not limited to the above-named student's participation in the activity.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Kershaw County School District  
Participation Form

Permission to Participate, Assumption the Risk,  
And Secondary Insurance Acknowledgement

As the parent or legal guardian of the above named student-athlete, I/we give my permission for his/her participation in athletic events and physical evaluation (PPE) by a physician, physician's assistant, or nurse practitioner for that participation. I/We understand that the PPE is simply a screening evaluation and not a substitute for regular healthcare. I/We know that the risk of injury/illness to my child comes with participation in sports and during travel to/from activities. I/We have had the opportunity to understand the risk of injury during participation in sports through meetings, written information, or by some other means and give my/our permission to participate in interscholastic athletics. Kershaw County School District carries athletic accident insurance on all students participating in extracurricular activities. This accident insurance benefits provided by the school system will pay only toward those covered expenses in excess of expenses recoverable from other insurance. There are limitations under this insurance coverage. It will not always pay all of the charges incurred for every accident. In the event of injury, while participating as a part of a SCHSL sanctioned sports team representing KCSD, the athlete should seek the attention of their school's Sports Medicine staff as soon as possible. A staff member will fill out the top portion of the insurance claim form. The parent/guardian should complete the remainder of the form, follow the directions, and mail the completed form to the insurance company. Medical care must be initiated within 60 days, and forms must be submitted directly to the Insurance Company by the PARENT within 90 days of the date of injury to be eligible for coverage. KCSD or its schools cannot be held responsible for the financial or other costs associated with injuries sustained while participating in athletics.

Concussion Information

I have received and understood information in some means regarding concussions and brain injury, which has informed me of the nature and risk of concussion and brain injury, including the risks associated with continuing to participate in physical activity after a concussion or brain injury. I understand that any symptom(s) of concussion should be reported to my child's coach immediately, and that my child should not participate in any physical activity, driving of a motor vehicle, or strenuous mental activity until evaluated for concussion and cleared by an appropriate healthcare provider (physician, athletic trainer, physician assistant, or nurse practitioner). If diagnosed with a concussion, I understand that my child must be symptom free, cleared by a licensed physician, and complete a gradual return to play protocol supervised by a qualified medical professional prior to resuming physical activity in accordance with South Carolina State Law. It is highly recommended that the clearing physician be specifically trained in the management of sports related concussion.

Release of Medical Information

I/We grant permission to Nurses, Certified Athletic Trainers, Coaches, Physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to all necessary medical information. I/We grant the school's Sports Medicine staff access to medical information concerning my son/ daughter by a physician or their staff. Likewise, the school's Sports Medicine staff may release medical information to Physician's offices, Coaches, Nurses, Administrators, and school/district Faculty/Staff.

Consent for Medical Treatment

I/We give consent for treatment deemed necessary for a condition arising during participation of events, including medical or surgical treatment recommended by a medical doctor. I grant permission to Certified Athletic Trainers and Coaches, as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. Furthermore, I give permission for my child to receive medical care, without explicit parental notification, from the school's Sports Medicine staff and/or Team Physicians if he/she becomes injured while participating in an event.

*By signing below, I attest that the provided information is correct, and that I understand and agree to the statements above regarding Permission to Participate, Assumption of Risk, Secondary Insurance Acknowledgement, Release of Medical Information, Concussion Acknowledgement, and Consent for Medical Treatment. I/We commit to reporting **ALL** injuries and illnesses to the Sports Medicine staff, especially any symptoms of a possible concussion. Please contact the school's Athletic Director/ Sports Medicine Staff prior to scheduling any appointments for injuries sustained as a result of participation in athletics. I/We also understand that the Sports Medicine staff requires written documentation and clearance from any medical care received prior to returning to activities, even if it is not the result of participation in athletics. When the Sports Medicine staff determines that advanced medical care is required, the athlete must provide written clearance from an appropriate provider, prior to returning to participation. I/we will not condone participation in any activities against medical advice or until the athlete is cleared by an appropriate medical provider (as determined by the school's Sports Medicine staff).*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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<br>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? |     |    |
| <b>HEART HEALTH QUESTIONS ABOUT YOU</b>  | <b>Yes</b> | <b>No</b> | 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:<br><input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur<br><input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection<br><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?              |     |    |
| <b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>  | <b>Yes</b> | <b>No</b> | 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?   |     |    |
| <b>BONE AND JOINT QUESTIONS</b>  | <b>Yes</b> | <b>No</b> | 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?   |            |           | <b>FEMALES ONLY</b>   |     |    |
| 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 \_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

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

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

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>c</sup>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. If conditions arise after the athlete had been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

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

# CONCUSSION

## INFORMATION FOR STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS

**What is a concussion?** A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

**How do I know if I have a concussion?** There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

| Thinking/Remembering                   | Physical                            | Emotional/Mood                             | Sleep                    |
|--|-------------------------------------|--|--------------------------|
| Difficulty thinking clearly            | Headache                            | Irritability-things bother you more easily | Sleeping more than usual |
| Taking longer to figure things out     | Fuzzy or blurry vision              | Sadness                                    | Sleeping less than usual |
| Difficulty concentrating               | Feeling sick to your stomach/queasy | Being more moody                           | Trouble falling asleep   |
| Difficulty remembering new information | Vomiting/throwing up                | Feeling nervous or worried                 | Feeling tired            |
|  | Dizziness                           | Crying more                                |                          |
|  | Balance problems                    |  |                          |
|  | Sensitivity to noise or light       |  |                          |

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

**What should I do if I think I have a concussion?** If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

**When should I be particularly concerned?** If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

**What are some of the problems that may affect me after a concussion?** You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur once you have a concussion, you are more likely to have another concussion.

**How do I know when it's ok to return to physical activity and my sport after a concussion?** After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

**You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.**