

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam: _____ Date of Birth: _____

Name: _____ Age: _____

Sex: _____ Grade: _____ School: _____ Sport(s): _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability: "Instability of the spine in the area of the neck"		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

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: _____

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PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

1. 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?
2. 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 ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Cleared for all sports without restriction on this date: Date Physical Exam Was Given _____ (MM/DD/YYYY)
 Not cleared

- Pending further evaluation
- For any sports
- For certain sports _____

 Reason _____

Recommendations

I have examined the above-named student and completed the pre-participation 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 _____
 Address _____ Phone _____
 Signature of physician/PA/NP _____, (Please check box) MD DO PA NP



AUTHORIZATION FOR STUDENT PARTICIPATION IN A ONE-DAY OR SEASONAL ACTIVITY

I, the undersigned, authorize my son/daughter _____, to participate in _____ activity scheduled for _____ (date) from _____ am/pm to _____ am/pm or during _____ semester from _____ (date) to _____ (date).

I understand that California law (Education Code section 35330) provides that any person making a field trip or excursion waives all claims against the school district and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. Accordingly, I hereby waive all claims that I might have against the school district or the State of California, their officers, agents, and employees for injury, accident, illness, or death occurring during or by reason of the activity described above.

Parent/Guardian Signature

Date

AUTHORIZATION FOR USE OF PRIVATE VEHICLES* FOR STUDENT TRANSPORTATION AND INSTRUCTIONS FOR DRIVERS

I, the undersigned, understand that participation in the above-listed field trip or school activity will require transportation by bus or private vehicles driven by students, parents, or other designated drivers. I certify that I have read the below instructions that apply to all drivers or riders in private vehicles:

- Driver has a valid license. (If provisional or the driver is under 18 years old, passengers under 20 years old may not be transported at any time during the first 12 months; and no driving between 11 pm and 5 am may occur unless accompanied by a licensed parent/guardian or other licensed driver age 25 or older.)
- The vehicle is safe (tires, brakes, lights, horn, suspension, etc.) A safety check of the type conducted by the California Highway Patrol is recommended.
- Driver has adequate liability insurance. Drivers/owners of private vehicles are liable in the event of illness, accident, injury, or death resulting from such use. State law requires that "All persons making any field trips or excursion (either as a driver or rider in a private vehicle) shall be deemed to have waived all claims against the school district, employees, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion or for the use of private transportation driven by students, parents or other designated drivers."
- The number of passengers is appropriate for which the vehicle is designed. Student drivers are not allowed to transport more than three other students in any one vehicle. The number of occupants in a sedan vehicle, station wagon, or van, including the adult driver, may not exceed eight. In all cases, each passenger is required to use a seat belt. Passengers are forbidden to ride in the cargo area of pickups or motor trucks whether or not camper shells or other protective covering enclose these areas.
- Caravan-style travel will be utilized if more than one vehicle is used for the trip.

DESIGNATED DRIVER APPROVAL

Signature of designated student driver: _____ Date: _____

Signature of parent/guardian as a driver or approval for son/daughter to be designated as a driver: _____
Date _____

STUDENT RIDER APPROVAL

Signature of student rider: _____ Date: _____

Signature of parent/guardian for son/daughter to ride in a private vehicle driven by another student, parent, or other designated driver: _____ Date: _____

Returned signed form to Coach.

**Motor homes may not be used to transport students.*