

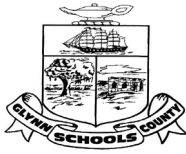


**GEORGIA
HIGH SCHOOL
ASSOCIATION**

**2020/2021
PHYSICAL EVALUATION FORMS**



**GLYNN COUNTY
ATHLETICS**



**Glynn County School System Athletic Department
Athletic Insurance & Consent Form
Please Complete in Blue or Black Ink**

Student Name: _____ Age: _____ School Year: 20__ to 20__
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Student Cell: _____

Part 2-Emergency Contact/Medical Information

Parent Name: _____ Cell Phone: _____
Emergency Contact: _____ Phone: _____
Family Physician: _____ Phone: _____
Allergies: _____
Medical Conditions: _____

It is important for you to understand that medical bills related to an athletic injury are the responsibility of the parents. Occasionally, student athletes are injured during practice or games and the school needs to ascertain that the parents have medical insurance in order to cover expenses if an injury occurs. Please check one of the following and complete the information related to your child's insurance coverage.

EVERY ATHLETE MUST HAVE INSURANCE TO PARTICIPATE. (PLEASE INITIAL ONE OF THE STATEMENTS BELOW)

_____ **I have personal insurance for my child.**
Medical Insurance Company: _____ Policy #: _____
Medical Insurance Phone Number: _____

_____ ***I wish to purchase athletic insurance for my child.**
***Contact Gene Weber Insurance Agency at 321-637-0035 or provider of your choice.**

Part 3-Release Statement

I understand that per the Georgia High School Association a **Pre-participation Physical Evaluation** must be performed by a physician to medically screen each student who participates in the athletic programs of the Glynn County School System. I further understand that a basic medical screening (the required physical exam) is general in nature and limited in its scope and does not indicate or assure me that my child is completely free from impairments. If I wish for a more detailed physical exam to be performed upon my child/ward then it is my responsibility to arrange and pay for such an exam. If this more detailed exam is performed, it is my responsibility to notify the Glynn County School System, and its appropriate employees any potential medical problems uncovered by any physical exam given to my child/ward other than the general physical required by the school system for athletic participation. I agree to fully waive any and all claims of whatever nature, fully and finally, now and forever, for my child/ward, for myself, my estate, my heirs, my administrators, my executors, my assignees, my agents, my successors, and for all members of my family, and to indemnify, release, defend, discharge and hold harmless the Glynn County School System, Glynn County Board of Education, employees, agents, coaches, athletic trainers, physicians, and any other practitioner of the healing arts (an "Indemnified Party") from any and all liability, personal, or property damages, claims, causes of action or demands brought against the Glynn County School System indemnified party arising out of any injuries to my child/ward or to his or her property or losses of any kind which may result from or in connection with his or her participation in any activity related to the athletic programs provided by the Glynn County School System.

I also hereby give permission for my son/daughter to undergo medical treatment for any injury or illness he/she might sustain or acquire while engaged in interscholastic athletics in the Glynn County School System. I understand that the athletic trainer will perform only those procedures which are within his training, credentials, and scope of professional practice to prevent, care for, and rehabilitate. In the event that more serious medical procedures are required, such as surgery or other invasive procedures, I understand that attempts will be made to contact me for consent. I understand that if my child suffers a potentially life threatening injury or illness, and in the event I am unable to be contacted within a reasonable period of time, I authorize any duly licensed medical practitioner to perform such procedures as he/she may medically deem necessary to alleviate the problem.

HAVING AND GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ATHLETICS. UNDERSTOOD THIS AGREEMENT, I FREELY SIGN THIS PERMISSION FORM TO PROVIDE MEDICAL TREATMENT

Parents/Guardian Signature: _____ Date: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)
 Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>

■ 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, e-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-enhancing 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 (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
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"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 	<input type="checkbox"/>	
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 	<input type="checkbox"/>	
Lymph nodes	<input type="checkbox"/>	
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck	<input type="checkbox"/>	
Back	<input type="checkbox"/>	
Shoulder and arm	<input type="checkbox"/>	
Elbow and forearm	<input type="checkbox"/>	
Wrist, hand, and fingers	<input type="checkbox"/>	
Hip and thigh	<input type="checkbox"/>	
Knee	<input type="checkbox"/>	
Leg and ankle	<input type="checkbox"/>	
Foot and toes	<input type="checkbox"/>	
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 	<input type="checkbox"/>	

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

Medically eligible for certain sports

Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

Georgia High School Association

Student/Parent Concussion Awareness Form

SCHOOL: _____

DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

BY-LAW 2.68: GHSA CONCUSSION POLICY: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.

b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

By signing this concussion form, I give _____ High School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2020-2021 school year. This form will be stored with the athletic physical form and other accompanying forms required by the _____ School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date

Georgia High School Association

Student/Parent Sudden Cardiac Arrest Awareness Form

SCHOOL: _____

1: Learn the Early Warning Signs

If you or your child has had one or more of these signs, see your primary care physician:

- Fainting suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones
- Unusual chest pain or shortness of breath during exercise
- Family members who had sudden, unexplained and unexpected death before age 50
- Family members who have been diagnosed with a condition that can cause sudden cardiac death, such as hypertrophic cardiomyopathy (HCM) or Long QT syndrome
- A seizure suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones

2: Learn to Recognize Sudden Cardiac Arrest

If you see someone collapse, assume he has experienced sudden cardiac arrest and respond quickly. This victim will be unresponsive, gasping or not breathing normally, and may have some jerking (Seizure like activity). Send for help and start CPR. You cannot hurt him.

3: Learn Hands-Only CPR

Effective CPR saves lives by circulating blood to the brain and other vital organs until rescue teams arrive. It is one of the most important life skills you can learn – and it's easier than ever.

- Call 911 (or ask bystanders to call 911 and get an AED)
- Push hard and fast in the center of the chest. Kneel at the victim's side, place your hands on the lower half of the breastbone, one on top of the other, elbows straight and locked. Push down 2 inches, then up 2 inches, at a rate of 100 times/minute, to the beat of the song "Stayin' Alive."
- If an Automated External Defibrillator (AED) is available, open it and follow the voice prompts. It will lead you step-by-step through the process, and will never shock a victim that does not need a shock.

By signing this sudden cardiac arrest form, I give _____ High School permission to transfer this sudden cardiac arrest form to the other sports that my child may play. I am aware of the dangers of sudden cardiac arrest and this signed sudden cardiac arrest form will represent myself and my child during the 2020-2021 school year. This form will be stored with the athletic physical form and other accompanying forms required by the _____ School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date

1. Athletes shall conduct themselves on and off campus in such a manner as to avoid In School and Out of School Suspension. A student placed in ISS or OSS shall be ineligible to practice or play until the next day following the suspension.
2. A student placed in detention or Saturday school shall answer to the coach for additional discipline.
3. Any student that receives expulsion or long term suspension as a result of a tribunal will be suspended from Varsity athletic participation for the remainder of the academic school year. Sub Varsity Participation will be reviewed by the school.
4. All athletes will travel with his/her teams to all events. Athletes not travelling with the team will not be allowed to participate in that day's game unless prior approval has been given by a GCSS administrator. They will also return with the team unless a travel release form has been completed and signed by all parties involved. The travel release form can be found at www.gcsathletics.com. Failure to comply with this rule may result in suspension from the team.
5. If an athlete is ejected from a game for any reason, he/she will be suspended from competition in accordance with GHSA By-Law 2.72. An ejected athlete is not allowed to travel with the team and is not allowed in the team's area at an event. Any athletes that is ejected due to unsportsmanlike conduct towards an official will be subject to punishment by the school. Coaches are required to submit a report of any athlete ejected from a game due to unsportsmanlike conduct. The school and athletic department reserve the right to discipline an athlete for any infraction that is deemed detrimental to the athletic program. The GHSA also penalizes players for each ejection.
6. Website or social media postings of any type that may have a negative impact on the sport, team, athletic department, school, or the Glynn County School system will not be tolerated and may result in athletic probation. Taking inappropriate pictures or sending inappropriate pictures via a website or social media of any type may result in athletic probation.
7. An athlete suspended by a coach or an athlete who quits a team may not participate or compete in another sport until the season involving the athlete quitting/suspension has been completed.
8. All athletes must meet the GHSA eligibility requirements academically. Middle School Athletes must meet the requirements specified in the Middle School Athletic Handbook. Athletes shall consider academics to be their highest calling and work toward maintaining the highest grades their personal talents allow.
9. Athletes shall do nothing to embarrass the program of participation or the Glynn County School System.
10. Athletes shall refrain from the use of drugs, alcohol, vapes, and/or tobacco. (See Drug Policy)
11. The use or possession of tobacco products shall involve a punishment by the school administration and school system. Outside of the school punishment, the first offense will result in punishment by the coach and a conference with the parents. Further violations will result in a one game suspension.
12. Athletes shall maintain a positive attitude and attend all practices and/or games in order to maintain a good standing with the team.
13. Athletes should never be involved in actions that result in criminal charges.
14. Any athlete charged with a felony criminal act shall be suspended indefinitely and ineligible for participation until the legal proceedings have been dismissed or concluded, and/or a judge or representative of the court system has notified the school that the student has been cleared to participate. At that time, the coach and the school administration will decide if the athlete may return to competition.
15. Athletes shall respect the position that comes with team membership. They will always respect their classmates and their teachers, making sure that they are always contributing to a positive learning environment.

PARENT SIGNATURE: _____	DATE: _____
STUDENT SIGNATURE: _____	DATE: _____



GLYNN COUNTY SCHOOLS DRUG TESTING CONSENT

Mandatory Student Drug Testing: JCABB

The Glynn County Board of Education firmly believes that the use and abuse of drugs that are not prescribed or used as prescribed are detrimental to the physical, emotional, and mental well-being of its students. The Board further believes that this abuse seriously interferes with the academic and athletic performance of students and creates an unhealthy learning environment. These concerns have prompted the Board to authorize the Superintendent and his/her administrative staff to develop and implement drug screening procedures for all students who wish to participate in any interscholastic athletic or extracurricular activity, or for any student who applies for a parking permit and intends to park a vehicle on school grounds of Glynn County Schools.

A. Guidelines for Mandatory Drug Testing:

Administrators shall not utilize information obtained in the course of administering the policy for disciplinary purposes other than those set forth in this policy. This policy is not designed to be used in any manner, voluntarily or involuntarily, to provide a source of information for law enforcement agencies or for the prosecution of the student. The Principal shall not release test results of any person other than those described within this policy or as required by law or a lawfully issued subpoena or court order.

B. Applicability:

This policy applies to all students involved in competitive interscholastic activities in grades 9 through 12. These activities include but are not limited to athletics, band, cheerleading. Any student that elects to participate in any of these programs/activities with parental consent will be subject to random drug testing in accordance with this policy. The random test will be conducted in season and out of season. Random testing/screening may take place at any time during the school year from the beginning of classes. Upon completion of the consent form, the student will automatically be entered in the testing pool for the entire year.

C. Confidentiality:

The Glynn County School System shall not release records of drug test/screen or any resulting actions to anyone other than the student's parents, as defined by Georgia statutes, school officials, and the head coach/sponsor without the written authorization from the parent/guardian or the student, if the student is over 18 years of age. Additionally, the District respects the privacy of its students and shall maintain confidentiality regarding any drug testing/screening under this policy.

Compliance with the requirements of the Student Drug Testing Policy are mandatory. A copy of the policy and regulation has been made available for review, and I have read and understand its terms and provisions. My signature below indicates that I fully understand the statements above and that I fully consent to my child participating in the Drug Testing Program.

Check all that apply:

- | | | | | |
|-------------------------------------|-------------------------------------|--|--|---|
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> BASKETBALL | <input type="checkbox"/> CHEERLEADING | <input type="checkbox"/> CROSS COUNTRY | <input type="checkbox"/> FOOTBALL |
| <input type="checkbox"/> GOLF | <input type="checkbox"/> LITERARY | <input type="checkbox"/> MARCHING BAND | <input type="checkbox"/> ONE ACT | <input type="checkbox"/> PARKING PERMIT |
| <input type="checkbox"/> SOCCER | <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> SWIMMING | <input type="checkbox"/> TENNIS | <input type="checkbox"/> TRACK & FIELD |
| <input type="checkbox"/> VOLLEYBALL | <input type="checkbox"/> WRESTLING | | | |

Parent/Guardian Name (Print): _____

Signature: _____

Student Name (Print): _____

Signature: _____

Student ID Number: _____

Date: _____



GEORGIA HIGH SCHOOL ASSOCIATION

GHSA Adopts Newest Pre-Participation Form

Effective August 1, 2019, the GHSA has adopted the newest version of the Pre-Participation Exam, 5th edition created by the American Academy of Pediatrics and five other associations including the American College of Sports Medicine and the National Athletic Trainers Association.

The 2019 edition **replaces all previous editions** in use including the most recent 2010 edition currently in use. The new version has added mental health questions as well as more questions about cardiac health and new orthopedic screenings.

This GHSA pre-participation exam form is the only one that will be allowed for the student's exam (no other formats will be accepted).

We recognize that there will be a delay in getting past editions removed from the school website as well as all individual sports webpages. GHSA is communicating with all members schools as well as district or county ADs and administrations, we are sending this same message to the Georgia Athletic Trainers Association (GATA) and the Georgia Association of School Nurses (GASN). We ask that each school communicate with middle schools, team physicians and local healthcare facilities.

We recognize this is going to take time to get rid of old editions. We encourage the changeover to start immediately. However, because there may be 2010 versions already in circulation, those will be accepted through the end of 2019. Then, starting January 1 2020, only the 2019 version will be accepted.

Preparticipation Physical History and Evaluation Form

Preparticipation Physical History and Evaluation Form (Spanish)

Preparticipation Physical History Supplement - Athletes with Disabilities

FOR REFERENCE

From Page 15 of the Constitution and By-Laws states:

1.40 LIMITS OF PARTICIPATION

1.41 Students must have a certificate of an annual physical examination on file at the school prior to participating in any athletic try-outs, practices, voluntary workouts or games that indicate the students are physically approved for participation.

(a) Physical examinations will be good for twelve (12) months from the date of the exam.

EXCEPTION: Any physical examination taken on or after April 1 in the preceding year will be accepted for the entire next GHSA school year.

(b) The physical exam must be conducted by a licensed medical physician, doctor of Osteopathic medicine, nurse practitioner or a physician's assistant.

(c) The exam must be signed by an M.D., D.O., or by a Physician's Assistant, or an Advance Practice Nurse who has been delegated that task by an M.D., or D.O.

(d) The GHSA requires that member schools use the latest edition of the preparticipation physical evaluation form approved by the American Academy of Pediatrics, et. al., found on the GHSA web site. This information may be found at: <https://www.ghsa.net/ghsa-preparticipation-physical-evaluation-forms>