

# Preparticipation Physical Evaluation - Physical Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_

<b>Examination</b>			
Height:	Weight:		
BP: / ( / )	Pulse:	Vision: R 20/ L 20/	Corrected ___ Yes ___ No

Medical	Normal	Abnormal Findings
<b>Appearance:</b> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency)		
<b>Eyes / Ears / Nose / Throat</b> - Pupils equal / Hearing		
<b>Lymph Nodes</b>		
<b>Heart</b> - Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver)		
<b>Lungs</b>		
<b>Abdomen</b>		
<b>Skin</b> - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis		
<b>Neurologic</b>		
<b>Musculoskeletal:</b>		
- Neck		
- Back		
- Shoulders/Arm		
- Elbow/Forearm		
- Wrist/Hand/Fingers		
- Hip/Thighs		
- Knees		
- Leg/Ankles		
- Foot/Toes		
- Functional: Double-leg squat test, single leg squat test, and box drop or step drop test		

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

### Preparticipation Physical Evaluation

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. If conditions arise after the athlete had 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

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# 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: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

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): \_\_\_\_\_  
 \_\_\_\_\_

<b>General Questions.</b> Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.		Yes	No	<b>Medical Questions</b>		Yes	No
1.	Do you have any concerns that you would like to discuss with your provider?			16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2.	Has a provider ever denied or restricted your participation in sports for any reason?			17.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
3.	Do you have any ongoing medical issues or recent illness?			18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
<b>Heart Health Questions About You</b>				19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
4.	Have you ever passed out or nearly passed out DURING or AFTER exercise?			20.	Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
5.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			21.	Have you ever had numbness, tingling, or weakness in your arms or leg, or been unable to move your arms or legs after being hit or falling?		
6.	Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?			22.	Have you ever become ill while exercising in the heat?		
7.	Has a doctor ever told you that you have any heart problems?			23.	Do you or someone in your family have sickle cell trait or disease?		
8.	Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography.			24.	Have you ever had or do you have any problems with your eyes or vision?		
9.	Do you get lightheaded or feel shorter of breath than your friends during exercise?			25.	Do you worry about your weight?		
10.	Have you ever had a seizure?			26.	Are you trying to or has anyone recommended that you gain or lose weight?		
<b>Health Questions About Your Family</b>				27.	Are you on a special Diet or do you avoid certain types of foods?		
11.	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car accident)?			28.	Have you ever had an eating disorder?		
12.	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			<b>Females Only</b>		Yes	No
13.	Does anyone in your family had a pacemaker or implanted Defibrillator before age 35?			29.	Have you ever had a menstrual period?		
<b>Bone and Joint Questions</b>				30.	How old were you when you had your first menstrual period?		
14.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a game or practice?			31.	When was your most recent menstrual period?		
15.	Do you have a bone, muscle, ligament or joint injury that bothers you?			32.	How many periods have you had in the past 12 months?		
Explain a "Yes" answer here: _____ _____ _____ _____ _____							

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date \_\_\_\_\_

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# Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

Name (please print) \_\_\_\_\_

As a parent or legal guardian of the above named student-athlete. I give permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, 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. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Signature of Athlete \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_

# Calhoun Falls Charter School

## Athlete/Parent Concussion Statement

PARENTS AND ATHLETE please initial in each box

Parent Athlete

- I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer.
- I have read and understand the *CDC Concussion Fact* sheet for parents.
- I have read and understand the *CDC Concussion Fact* sheet for athletes.

**After reading the Concussion fact sheet, I am aware of the following information:**

- A concussion is a brain injury that I am responsible for reporting to my athletic trainer, physician, or coach.
- A concussion can affect everyday activities, athletic performance balance, sleep, reaction time, and classroom performance.
- If I suspect a teammate has a concussion I am responsible for reporting the injury to my athletic trainer.
- I will not return to activity on the same day if I have received a blow to the head or body that results in concussion related symptoms.
- Following a concussion the brain needs time to heal. You are much more likely to have another concussion if you return to play prior to your symptoms resolving.
- In rare cases, repeat concussions can cause permanent brain damage or even death.
- I understand that physician clearance, and completion of *Return-to-Play Protocol* must be completed before an athlete returns to full participation.

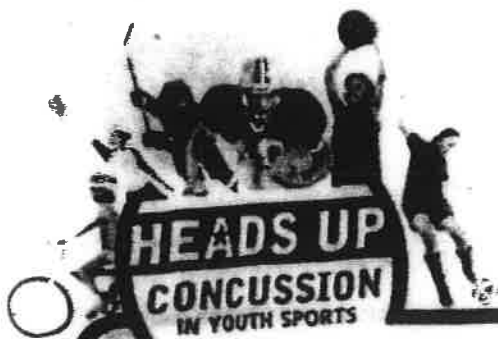
\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Printed Name of Parent



# HEADS UP CONCUSSION IN YOUTH SPORTS

A Fact Sheet for PARENTS

## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

## WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

### Signs Observed by Parents or Guardians

*If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

### Symptoms Reported by Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just "not feeling right" or "feeling down"

## HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture. However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

## WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

### 1. SEEK MEDICAL ATTENTION RIGHT AWAY.

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

### 2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

### 3. TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

*It's better to miss one game than the whole season.*



## Athletic Pre-Participation Forms Getting Started Guide (Parent & Student)

Your school has elected to collect pre-participation forms online through PlanethHS. Follow the steps below to complete pre-participation registration:

<p><b>1. Create Accounts</b></p>	<ul style="list-style-type: none"> <li>• Both a parent and student are required to create separate accounts.</li> <li>• Go to <a href="http://www.planeths.com">www.planeths.com</a></li> <li>• If your school has provided their <i>Quick Account Code</i>, TEXT the code to 69274 to create your parent &amp; student account.</li> <li>• <i>Creation of accounts can be done on all devices with internet connection: Computers, Smart Phones, Tablets, iPads, etc.</i></li> </ul> <p><i>*Creation of accounts can be done on all devices with internet connection: Computers, Smart Phones, Tablets, iPads, etc.</i></p> <ul style="list-style-type: none"> <li>• <u>Home School selection</u>- this is the school that you/your student attends/studies. Do NOT select the school district in which your school resides.</li> <li>• <u>My student plays for both the Middle School and High School?</u> If your student plays on both a middle and high school team, upon account creation, select the home school in which your <b>STUDENT STUDIES</b>. You will be able to select the secondary school within the Additional Schools section after creating your account.</li> </ul> <p>Once logged in, you will be prompted to link the parent and student account. Enter the email address OR cell phone number to send an invitation to the parent/student. The invited person clicks on the link via email or text message to finish the linking process. The invited person can also login and accept the link request, via the prompt after logging in.</p> <p><b>Why do I have to link accounts?</b> Forms required by your school, often require both a parent and student signature to mark the form as completed. For the PlanethHS system to know what student and parent will be viewing and signing the proper forms, a linked parent/student account is required.</p>
<p><b>2. Link Parent &amp; Student Accounts</b></p>	<p>Click the <b>Athletic Forms button</b> to move to the Pre-Participation Forms Overview Page and complete the required digital forms.</p>
<p><b>3. Athletic Forms button</b></p>	<p>In the <b>Sports Interest</b> section, check the sports you will be participating.</p>
<p><b>4. Select the Sports you will participate</b></p>	<p>If you/your student participate in sports at multiple schools, add the additional schools here. If you/your student do not play for multiple schools, leave this section blank.</p>
<p><b>5. Additional Schools (If Applicable)</b></p>	<p>Click on each form link, complete each form, and click the <b>Sign &amp; Submit</b> button. <b>Both the parent and student must complete this step.</b> Your school/district chooses which forms require the student, parent, or student AND parent signatures.</p>
<p><b>6. Complete &amp; Sign Digital Forms</b></p>	<p><b>Parents will only see example forms until the parent and student accounts are linked.</b> Once the accounts are linked, the parent example forms will convert to web-forms for completion. *The student will always see the webforms to complete and to sign, even before the accounts are linked. This gives the ability for students to send a parent linked account request and to upload the physical exam signed by the physician during group physicals.</p>
<p><b>7. Accepted Forms Notification</b></p>	<p><b>Upload Buttons</b> are shown when you are required to upload a document instead of completing the web-form. For example, the physical exam form your physician completes or a birth certificate. These forms can be uploaded by either the parent or student but require the parents signature.</p> <p>When your school has accepted all forms, a notification will be sent to you stating all forms have been accepted. You will be notified via email and/or text message (if you have selected the text message option during account creation), if a form has been denied by your school. You will be given the reason for denial and link to review and resubmit your changes back to the school.</p>