

ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

ARTICLE VII 36.14(1) PHYSICAL EXAMINATION Every year each student shall present to the student's superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, to the effect that the student has been examined and may safely engage in athletic competition.

The certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or print this information)

Name _____ Male _____ Female _____ Date of Birth _____ Grade _____
 Home Address _____ Phone # _____
 Parent's/Guardian's Name _____ Date _____
 Family Physician _____ Phone # _____

HEALTH HISTORY The following questions should be completed by the student-athlete with the assistance of a parent or guardian. A parent or guardian is required to sign on the back of this form after the physical examination is completed.

- | Yes | No | Has this student had any: | Yes | No | Has this student had any: |
|-----------|-------|--|-----------|-------|--|
| 1. _____ | _____ | Chronic or recurrent illness or injury? | 16. _____ | _____ | Asthma? |
| 2. _____ | _____ | Any illness lasting more than one (1) week? | 17. _____ | _____ | Epilepsy or other seizures? |
| 3. _____ | _____ | Rheumatic fever, mononucleosis? | 18. _____ | _____ | Diabetes? |
| 4. _____ | _____ | Hospitalizations (overnight or longer)? | 19. _____ | _____ | Eyeglasses or contact lenses? |
| 5. _____ | _____ | Surgery, other than tonsillectomy? | 20. _____ | _____ | Dental braces, bridges, plates? |
| 6. _____ | _____ | Missing organs (eye, kidney, testicle)? | | | |
| 7. _____ | _____ | Allergy to medications, insects, food? | Yes | No | Is there a history of: |
| 8. _____ | _____ | Seasonal allergies (hay fever)? | 21. _____ | _____ | Injuries requiring medical treatment? |
| 9. _____ | _____ | Problems with heart, blood pressure, cholesterol? | 22. _____ | _____ | Neck injury? |
| 10. _____ | _____ | Racing of your heart or skipped heart beats? | 23. _____ | _____ | Knee injury? |
| 11. _____ | _____ | Chest pain with exercise? | 24. _____ | _____ | Knee surgery? |
| 12. _____ | _____ | Frequent headaches, convulsions, dizziness, fainting? | 25. _____ | _____ | Ankle injury? |
| 13. _____ | _____ | Dizziness or fainting with exercise? | 26. _____ | _____ | Broken bones (fractures)? |
| 14. _____ | _____ | Concussion, unconsciousness, extremity numbness? | 27. _____ | _____ | Other serious joint injuries? |
| 15. _____ | _____ | Heat exhaustion, heat stroke or other heat related problems? | 28. _____ | _____ | Use of protective equipment or braces? |

- Yes No Further history:**
29. _____ Is there a history of family or genetic disease?
 30. _____ Has any family member died suddenly at less than 40 years of age of causes other than an accident?
 31. _____ Has any family member had a heart attack at less than 55 years of age?
 32. _____ Are you uncomfortably short of breath after running 1/2 mile (2 times around a track) without stopping?
 33. List all medications you are presently taking, including asthma inhalers, and what condition the medication is for:
 a. _____
 b. _____
 c. _____
34. What is the most and the least you have weighed in the past year? Most _____ Least _____
 35. Date of last known tetanus (lockjaw) shot _____

FOR WOMEN ONLY:

1. How old were you when you had your first menstrual period? _____
 2. In the past year, what is the longest time you have gone between menstrual periods? _____

Use the space below to explain any of the above numbered YES answers or to provide any additional information:

PHYSICAL EXAMINATION RECORD To be completed by a licensed professional as designated in Article VII 36.14(1). This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

Name _____

Height _____ Weight _____ Pulse _____ Blood Pressure _____ Vision R 20/ _____ L 20/ _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
1. Appearance (esp. Marfan's)			
2. Eyes/Ears/Nose/Throat			
3. Mouth & Teeth			
4. Neck			
5. Lymph Nodes			
6. Heart (Standing & Lying)			
7. Pulses (esp. femoral)			
8. Chest & Lungs			
9. Abdomen			
10. Skin			
11. Genitals-Hernia			
12. Musculoskeletal: ROM, strength, etc. (See questions 21-28)			
13. Neurological			

Comments Regarding Abnormal Findings: _____

ATHLETIC PARTICIPATION RECOMMENDATIONS:

_____ **Full and Unlimited Participation**
 _____ **Limited Participation** - May not participate in the following (checked):
 _____ Baseball _____ Basketball _____ Cross Cntry _____ Football _____ Golf _____ Soccer
 _____ Softball _____ Swimming _____ Tennis _____ Track _____ Volleyball _____ Wrestling
 _____ **Clearance Pending Documented Follow Up of** _____
 _____ **NOT CLEARED FOR ATHLETIC PARTICIPATION**

 Licensed Professional's Name (printed) Date
X _____
 Licensed Professional's Signature Phone

Parent's or Guardian's Permission and Release (Sign after the physical examination has been completed.)
 I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school, except those activities indicated above by the licensed professional. I also give my permission for the team's physician, athletic trainer, or other qualified personnel to give first aid treatment to this student at an athletic event in case of injury.

 Typed or Printed Name of Parent/Guardian **X** _____
 Signature of Parent/ Guardian

 Address (Street/P.O. Box, City, State, Zip) Phone

FOR THE PARENTS/GUARDIANS

By signing below, I state that I have read and understand the following:

1. By its nature, participation in interscholastic athletics includes a risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. All student athletes should follow safety rules and the fundamental skills taught by their coaches to perform with the least chance of injury. Each student should inspect their own equipment daily.
2. I am aware that there is a Board of Education policy that contains certain regulations for academic eligibility, attendance in school, behavior both in and out of school and health rules that forbid the use of alcohol, tobacco and drugs. I fully understand that my son/daughter may be suspended or dropped from an activity for failure to abide by these rules and regulations. (See Student Code of Conduct found in the Student Handbook.)
3. As the parent/guardian of _____, I hereby give permission for this student to accompany his/her classmates to various extracurricular activities during the school year.
4. **INSURANCE:** All participants in athletics must have some type of family health/accident insurance coverage or must purchase an alternate school policy. Persons not purchasing school insurance should understand that there is no school insurance to provide protection to their child during any phase of his/her participation in athletics. Insurance information is available in the school office.
 - a. _____ My child is covered by a family health/accident insurance plan. Policy # _____ with _____ Insurance Company.
 - b. _____ I will purchase the alternate health/accident policy available through the Clear Lake Community schools. **Form must be filled out and submitted with check to the School office. This must be done before an athlete is allowed to participate.**

X _____ (Parent/Guardian Signature) _____ (Date)

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FOR THE STUDENTS

Person to contact if parent/guardian cannot be located:

Name _____ Work Phone # _____ Home Phone # _____

WARNING, AGREEMENT TO OBEY INSTRUCTIONS AND ASSUMPTION OF RISK

1. I am aware that there is a Board of Education policy that contains certain regulations for academic eligibility, attendance in school, behavior both in and out of school and health rules that forbid the use of alcohol, tobacco and drugs. I fully understand that I may be suspended or dropped from an activity for failure to abide by these rules and regulations. (See Student Code of Conduct found in the Student Handbook.)
2. I am aware that playing or practicing to play athletics can be dangerous involving **MANY RISKS OF INJURY**. I understand that by its nature, participation in interscholastic athletics includes a risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. All student athletes should follow safety rules and the fundamental skills taught by their coaches to perform with the least chance of injury. Each student should inspect their own equipment daily.

Because of such dangers, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and to agree to obey such instructions.

The terms above shall serve as a voluntary release.

I HAVE READ AND UNDERSTAND THE FOREGOING WARNING, AGREE TO OBEY INSTRUCTIONS AND ASSUME THE RISK OF PARTICIPATION.

X _____ (Student Signature) _____ (Date)

HEADS UP: Concussion in High School Sports

The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, *Brain Injury Policies*:

- (1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
- (2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
- (3) Key definitions:
"Licensed health care provider" means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
"Extracurricular interscholastic activity" means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

What is a concussion?

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

What parents/guardians should do if they think their child has a concussion?

1. **OBEY THE NEW LAW.**
 - a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
 - b. Seek medical attention right away.
2. Teach your child that it's not smart to play with a concussion.
3. Tell all of your child's coaches and the student's school nurse about ANY concussion.

What are the signs and symptoms of a concussion?

You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

STUDENTS:

If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

IT'S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.

IMPORTANT: Students participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

We have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High School Sports."

Signs Reported by Students:

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

PARENTS:

How can you help your child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

Signs Observed by Parents or Guardians:

- 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
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Information on concussions provided by the Centers for Disease Control and Prevention.

For more information visit: www.cdc.gov/Concussion

Student's Signature

Date

Student's Printed Name

Parent's/Guardian's Signature

Date

Student's School