

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 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?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	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: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <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?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	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?		
BONE AND JOINT QUESTIONS	Yes	No	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?			FEMALES ONLY		
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 • 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* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) [†]			
Skin • HSV, lesions suggestive of MRSA, linea corporis			
Neurologic [‡]			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[†]Consider GU exam if in private setting. Having third party present is recommended.
[‡]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 resolve 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

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

Items marked with an asterisk (*) are required.

* Name

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.

Signatures

Student Athlete

Print Name: _____

Signature: _____

Date: _____

Parent / Guardian

Print Name: _____

Signature: _____

Date: _____

I acknowledge and understand that participation in athletics and other activities governed by SCHSL, for the student named above in the South Carolina Charter School District requires that certain information about the student be shared to determine the student's eligibility for participation in athletics and other activities. This information includes certain medical, academic, demographic and other information necessary to determine eligibility for participation in athletics and other activities.

As the parent or legal guardian of the student named above, by clicking the "Sign & Submit" button below, I acknowledge, understand and grant permission to SCHSL, South Carolina Charter School District, PlanetHS, LLC and ArbiterSports, LLC, to use this information for as long as the minor student named above is enrolled in South Carolina Charter School District and for such information to be managed in accordance with the South Carolina Charter School District policies, and I also grant permission for the information provided about the student named above to be used by SCHSL, South Carolina Charter School District, PlanetHS, LLC and ArbiterSports, LLC for analytical and research purposes anonymously (without any personally identifying information of the minor student).

By clicking "Sign & Submit", I acknowledge, understand and further agree that my electronic signature is the legal equivalent of my manual signature on this form, and represent that, to the best of my knowledge, my answers and information provided to the above questions are complete and correct.

A CONCUSSION FACT SHEET FOR ATHLETES

Concussion Facts:

- A concussion is a brain injury that affects how your brain works
- A concussion is caused by a bump, blow or jolt to the head or body
- A concussion can happen even if you haven't been knocked out
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are ok to return to play

What are the symptoms of a concussion?

Concussions symptoms differ with each person and with each injury, and they may not be noticeable for hours or days.

Common symptoms include:

- Headaches
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

What should I do if I think I have a concussion? DON'T HIDE IT. REPORT IT. Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell you coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

GET CHECKED OUT. Only a health care professional can tell if you have a concussion and when it's ok to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play

TAKE CARE OF YOUR BRAIN. A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

How can I prevent a concussion?

Every sport is different, but there are some steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport
- Practice good sportsmanship at all times

If you think you have a concussion:

Don't hide it. Report it. Take time to recover.

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

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



Athlete/Parent Concussion Statement

Items marked with an asterisk (*) are required.

PARENTS AND ATHLETE - Check EACH BOX Once Read and Understood

	Parent	Athlete
* I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer.	<input type="checkbox"/>	<input type="checkbox"/>
* I have read and understand the CDC Concussion Fact sheet for parents.	<input type="checkbox"/>	<input type="checkbox"/>
* I have read and understand the CDC Concussion Fact sheet for athletes.	<input type="checkbox"/>	<input type="checkbox"/>

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

	Parent	Athlete
* A concussion is a brain injury that I am responsible for reporting to my athletic trainer, physician, or coach.	<input type="checkbox"/>	<input type="checkbox"/>
* A concussion can affect everyday activities, athletic performance balance, sleep, reaction time, and classroom performance.	<input type="checkbox"/>	<input type="checkbox"/>
* If I suspect a teammate has a concussion I am responsible for reporting the injury to my athletic trainer.	<input type="checkbox"/>	<input type="checkbox"/>
* 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.	<input type="checkbox"/>	<input type="checkbox"/>
* 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.	<input type="checkbox"/>	<input type="checkbox"/>
* In rare cases, repeat concussions can cause permanent brain damage or even death.	<input type="checkbox"/>	<input type="checkbox"/>
* I understand that physician clearance, and completion of Return-to-Play Protocol must be completed before an athlete returns to full participation.	<input type="checkbox"/>	<input type="checkbox"/>

Signatures

Student Athlete

Print Name: _____

Signature: _____

Date: _____

Parent / Guardian

Print Name: _____

Signature: _____

Date: _____

I acknowledge and understand that participation in athletics and other activities governed by SCHSL, for the student named above in the South Carolina Charter School District requires that certain information about the student be shared to determine the student's eligibility for participation in athletics and other activities. This information includes certain medical, academic, demographic and other information necessary to determine eligibility for participation in athletics and other activities.

As the parent or legal guardian of the student named above, by clicking the "Sign & Submit" button below, I acknowledge, understand and grant permission to SCHSL, South Carolina Charter School District, PlanetHS, LLC and ArbiterSports, LLC, to use this information for as long as the minor student named above is enrolled in South Carolina Charter School District and for such information to be managed in accordance with the South Carolina Charter School District policies, and I also grant permission for the information provided about the student named above to be used by SCHSL, South Carolina Charter School District, PlanetHS, LLC and ArbiterSports, LLC for analytical and research purposes anonymously (without any personally identifying information of the minor student).

Warning of Inherent Risk Minor Waiver/Release

Items marked with an asterisk (*) are required.

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to participate in any way in the related events and activities of the **BRIDGES PREPARATORY SCHOOL ATHLETICS PROGRAMS**, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in athletic programs exist, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such to the attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS BRIDGES PREPARATORY SCHOOL and its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs.
5. I grant permission to athletics trainers, first responders, nurses, and coaches as well as physicians or those under their direction who are a part of athletic prevention and treatment, to have access to necessary medical information.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS

Student Participant Understanding of Risk

I understand the seriousness of the risks involved in participating in an athletic program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Signatures

Student Athlete

Print Name: _____

Signature: _____

Date: _____

Parent / Guardian

Print Name: _____

Signature: _____

Date: _____

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By clicking "Sign & Submit", I acknowledge, understand and further agree that my electronic signature is the legal equivalent of my manual signature on this form, and represent that, to the best of my knowledge, my answers and information provided to the above questions are complete and correct.