

# ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

**ARTICLE VII 36.14(1) PHYSICAL EXAMINATION:** Every year each student (grades 7-12) 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.

*This certificate of physical examination is valid for the purposes of the 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 print or type this information)

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ Phone # \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Date \_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

YES / NO Has this student had any?

1. \_\_\_\_\_ \_\_\_\_\_ Chronic or recurrent illness or injury?
2. \_\_\_\_\_ \_\_\_\_\_ Any illness lasting more than one(1) week?
3. \_\_\_\_\_ \_\_\_\_\_ Rheumatic fever, mononucleosis?
4. \_\_\_\_\_ \_\_\_\_\_ Hospitalizations (Overnight or longer)?
5. \_\_\_\_\_ \_\_\_\_\_ Surgery, other than tonsillectomy?
6. \_\_\_\_\_ \_\_\_\_\_ Missing organs (eye, kidney, testical)?
7. \_\_\_\_\_ \_\_\_\_\_ Allergy to medications, insects, food?
8. \_\_\_\_\_ \_\_\_\_\_ Seasonal allergies (hay fever)?
9. \_\_\_\_\_ \_\_\_\_\_ Problems with heart, blood pressure, cholesterol?
10. \_\_\_\_\_ \_\_\_\_\_ Racing of your heart or skipped heart beats?
11. \_\_\_\_\_ \_\_\_\_\_ Chest pain with exercise?
12. \_\_\_\_\_ \_\_\_\_\_ Frequent headaches, convulsions, dizziness, fainting?
13. \_\_\_\_\_ \_\_\_\_\_ Concussion, unconsciousness, extremity numbness?
14. \_\_\_\_\_ \_\_\_\_\_ Dizziness or fainting with exercise?
15. \_\_\_\_\_ \_\_\_\_\_ Heat exhaustion, heat stroke, other heat related problems
16. \_\_\_\_\_ \_\_\_\_\_ Asthma?
17. \_\_\_\_\_ \_\_\_\_\_ Epilepsy or other seizures?
18. \_\_\_\_\_ \_\_\_\_\_ Diabetes?
19. \_\_\_\_\_ \_\_\_\_\_ Eyeglasses or contact lenses?
20. \_\_\_\_\_ \_\_\_\_\_ Dental braces, bridges, plates?

What is the most and least you have weighed in the past year?

Most \_\_\_\_\_ Least \_\_\_\_\_

Date of the last known tetanus (lockjaw) shot? \_\_\_\_\_

## FOR WOMEN ONLY:

How old were you when you had your first menstrual period? \_\_\_\_\_

In the past year, what is the longest time you have gone between menstrual periods? \_\_\_\_\_

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

YES / NO Is there a history of?

1. \_\_\_\_\_ \_\_\_\_\_ Injuries requiring medical treatment?
2. \_\_\_\_\_ \_\_\_\_\_ Neck injury?
3. \_\_\_\_\_ \_\_\_\_\_ Knee injury?
4. \_\_\_\_\_ \_\_\_\_\_ Knee surgery?
5. \_\_\_\_\_ \_\_\_\_\_ Ankle injury?
6. \_\_\_\_\_ \_\_\_\_\_ Broken Bones?
7. \_\_\_\_\_ \_\_\_\_\_ Other serious joint injuries?
8. \_\_\_\_\_ \_\_\_\_\_ Use of protective equipment or braces?
9. \_\_\_\_\_ \_\_\_\_\_ Is there a history of family or genetic disease?
10. \_\_\_\_\_ \_\_\_\_\_ Has any family member died suddenly at less than 40 years of age of causes other than an accident?
11. \_\_\_\_\_ \_\_\_\_\_ Has any family member had a heart attack at less than 55 years of age?
12. \_\_\_\_\_ \_\_\_\_\_ Are you uncomfortably short of breath after running ½ mile without stopping?
13. \_\_\_\_\_ \_\_\_\_\_ Do you currently take medications including asthma inhalers? Please list the medicines and what condition they are for:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

**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.)

Athlete's Name \_\_\_\_\_ Vision R 20/\_\_\_\_\_ L 20/\_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance (esp. Marfan's)	_____	_____	_____
Eyes/Ears/Nose/Throat	_____	_____	_____
Mouth & Teeth	_____	_____	_____
Neck	_____	_____	_____
Lymph Nodes	_____	_____	_____
Heart (Standing & Lying)	_____	_____	_____
Pulses (esp. femoral)	_____	_____	_____
Chest & lungs	_____	_____	_____
Abdomen	_____	_____	_____
Skin	_____	_____	_____
Genitals – Hernia	_____	_____	_____
Musculoskeletal – ROM, strength, etc.	_____	_____	_____
Neurological	_____	_____	_____

Comments regarding abnormal findings: \_\_\_\_\_

**ATHLETIC PARTICIPATION RECOMMENDATIONS:**

\_\_\_\_\_ **Full & Unlimited Participation**

\_\_\_\_\_ **Limited Participation** – May NOT participate in the following (checked):

\_\_\_\_\_ Baseball \_\_\_\_\_ Basketball \_\_\_\_\_ Cross Country \_\_\_\_\_ Football \_\_\_\_\_ Golf  
 \_\_\_\_\_ Softball \_\_\_\_\_ Volleyball \_\_\_\_\_ Track \_\_\_\_\_ Wrestling \_\_\_\_\_ Swimming \_\_\_\_\_ Soccer

\_\_\_\_\_ **Clearance Pending Documented Follow Up of** \_\_\_\_\_

\_\_\_\_\_ **NOT CLEARED FOR ATHLETIC PARTICIPATION**

Licensed Professional's Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Licensed Professional's Signature \_\_\_\_\_ Phone \_\_\_\_\_

**Parent/Guardian Permission & Release:** (Sign after the physical examination has been completed.)

I hereby give my consent for the above named student to engage in approved athletic activities as a representative of their 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 my child at an athletic event in case of injury.

\_\_\_\_\_  
 Typed or printed Name of Parent/Guardian

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

\_\_\_\_\_  
 Address (Street/POB, City, State, Zip)

\_\_\_\_\_  
 Phone #

CENTER POINT-URBANA HIGH SCHOOL STUDENT-PARENT ATHLETIC ACTIVITY INFORMATION

Name of Student:

Grade:

Both the student and a parent/guardian must read and sign where indicated.

Prior to participation in PRACTICE a student MUST:

- Have on file at the school a physician's statement for the current school year, certifying that the student is physically able to, in the physician's opinion, compete fully in athletic contests. The physician's statement will allow participation for one calendar year, as per the Iowa Department of Education Policy.
• Have on file a Warning and Acknowledgment of Risk and Agreement to Obey Instructions Statement, Insurance for Extra-Curricular Activities Statement, a completed Emergency Information Form, and a Student-Parent Athletic-Activity Information Form.

Prior to participating in any Interscholastic Contests or Public Performances a student MUST have on file at the school an Acknowledgment of Eligibility Requirement and Good Conduct Code.

To be eligible to participate in an interscholastic contest or public performance, a student must meet all residency, enrollment, age, and academic rules and regulations established by the IHSAA, The IGHSAU, and Center Point-Urbana High School.

WE AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS AS SET FORTH BY THE IHSAA, THE IHSGAU, AND THE CENTER POINT-URBANA HIGH SCHOOL.

Parent/Guardian Signature

Date

Student Signature

Date

CHECK APPROPRIATE BOX OF ALL ACTIVITIES THAT MAY BE PARTICIPATED IN THIS SCHOOL YEAR.

- FOOTBALL
BASKETBALL
BASEBALL
ALL SPORTS

- VOLLEYBALL
WRESTLING
SOFTBALL

- CROSS COUNTRY
GOLF
TRACK & FIELD

- FLAG SQUAD
CHEERLEADING
DRILL TEAM

1. WARNING AND ACKNOWLEDGEMENT OF RISK:

Playing or practicing to play/participate in any sport can be a dangerous activity involving many risks of injury. The dangers and risks for playing or practicing to play/participate in the above sport/activity include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects to the body, general health and well being. The dangers and risks of playing or practicing to play/participate in the above sport/activity may result not only in serious injury, but in a serious impairment of future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

We have read and understand the above warning and acknowledge the risk where the possibility of sports/activity injury is explained. We realize there is a possibility that a child may suffer severe injury, including permanent paralysis or death, as a result of participating in school activities.

2. AGREEMENT TO OBEY INSTRUCTIONS

Because of the dangers of participating in the above sports/activities we recognize the importance of following coaches'/directors' instructions regarding playing/performing techniques, training and other team/activity rules, and agree to obey such instructions.

Parent/Guardian Signature

Date

Student Signature

Date

INSURANCE FOR EXTRA-CURRICULAR ACTIVITIES (Back Page)

Center Point-Urbana School does not carry accident insurance to cover injuries sustained by your child while participating in sports or other extra curricular activities. As parents, you must either (1) indicate to us that your child is covered through your own family insurance plan, or (2) personally assume the cost of injuries sustained by your child.

Please check the appropriate box indicating your intentions in this matter. Sign in the space provided below and return it to the school with your child. Your child will not participate without this sheet being on file.

Our child is covered by other family insurance.

We understand that Center Point-Urbana Schools does not carry accident insurance to cover our child. We assume complete responsibility.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name - Please Print

CENTER POINT-URBANA EMERGENCY INFORMATION

Please Print Clearly

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

EMERGENCY CONTACTS if parents are not available -

Will these people be responsible for your child?  Yes  No

1. Name: \_\_\_\_\_ Phone # : \_\_\_\_\_  
Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone # : \_\_\_\_\_  
Address: \_\_\_\_\_

Does your child have health problems we should know about? Please mention any allergies, drug reactions, physical disabilities, accidents, injuries of the past year, or regular medication taken:

\_\_\_\_\_  
\_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone # : \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone # : \_\_\_\_\_

The team coach may apply first aid treatment until the family doctor can be contacted. Yes No

I give my consent for coaches, trainer, and team doctor to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached. Yes No

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

\_\_\_\_\_  
Date