



Heather Burfeind - Principal  
Lance Hyatt – Counselor  
Ryan Hastings - Dean of Students  
Bryan Nash - Athletic Director  
Kathy Goodrich - Secretary / Registrar  
Brenda Rios - Attendance / ASB / A.D. Secretary

Kittitas Secondary School  
7571 Kittitas Highway  
P.O. Box 599  
Kittitas, WA 98934  
Phone: 855.380.8848  
Fax: 509.955.3140

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Welcome to Kittitas Athletics. As a team member you will be faced with many responsibilities to help make our program the best in the valley. This packet has been designed to help make the paper work easier, so you can turn out as soon as possible. The following must be completed to receive a RED CARD for clearance:**

1. Parental Consent for Medical Attention & Insurance Coverage-**Must have policy #**
2. Parent and Coach Expectations
3. Athletic Code
4. Code of Ethics
5. Concussion Release Form
6. Cardiac Arrest Awareness Form
7. Physical Form
8. ASB Card Purchased

❖ **All athletes must be a member of the Associated Student Body- ASB cards MUST be purchased prior to the first day of practice.**

❖ **Athletes, you ONLY need to fill out one sports packet per year and a red card per sport.**

Please check off all sports you will be competing in:

**Fall**

- MS Football
- MS Volleyball
- HS Football
- HS Volleyball
- Fall Cheer

**Winter**

- MS Boys Basketball
- MS Girls Basketball
- MS Wrestling
- HS Boys Basketball
- HS Girls Basketball
- HS Wrestling
- Winter Cheer

**Spring**

- MS Baseball
- MS Fastpitch
- MS Track
- HS Baseball
- HS Fastpitch
- HS Track
- HS Golf

**KITTITAS SECONDARY SCHOOL**

**MEDICAL EMERGENCY AUTHORIZATION FORM**

TO BE COMPLETED BY PARENT AND RETURNED TO SCHOOL PRINCIPAL'S OFFICE

Name of Student Athlete \_\_\_\_\_

As Parent or Legal Guardian, I authorize the team physician or, in his absence, a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he deems necessary to insure proper care of any injury. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Parent or Guardian)

Parent's Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Emergency Contact Person

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship of contact person \_\_\_\_\_

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

Name of Family Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**I understand that my son/daughter cannot participate in after-school athletics unless covered by the School Accident Plan or one with the following minimum provisions:**

1. A maximum payment for any one injury of at least \$25,000.00
2. Coverage equivalent to the Washington State Industrial Insurance Fee.
3. Schedule for doctor's services or hospitalization with a 30-day minimum for the latter.
4. X-rays to a maximum of at least \$25.00
5. Dental coverage equivalent to the Washington State Industrial Insurance Fee Schedule to at least \$100.00 per tooth.

**PLEASE CHECK ONE OF THE FOLLOWING:**

\_\_\_\_\_ I will purchase the School Accident Coverage Plan

\_\_\_\_\_ I have insurance coverage equivalent to or better than the above requirements of the Kittitas School District and will continue to keep it in force throughout the sport's season, therefore, I do not wish to enroll my son/daughter in the School Accident Coverage Plan

=====

**FOR SCHOOL USE ONLY:**

Completed Form Received \_\_\_\_\_ Date \_\_\_\_\_ Name \_\_\_\_\_

Duplicate Copy Distributed to coach \_\_\_\_\_ on \_\_\_\_\_ Date \_\_\_\_\_

Insurance coverage by parents Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

One copy filed in Student Permanent Record: \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_ Name \_\_\_\_\_

Kittitas School District  
Athletic Department  
Parent and Coach Expectations

Expectations for parents/guardians:

1. Support your student-athlete's efforts to achieve success.
2. Work to promote a positive environment that is conducive to the development of your student-athlete.
3. Treat all coaching personnel with courtesy and respect.
4. Assure that your student-athlete will attend all scheduled practices and athletic contests.
5. Promote and model mature and sportsmanlike behavior at all athletic contests. Enjoy watching a moment in your child's life that cannot be recaptured.

Expectations for coaches:

1. Promote the health and safety of student athletes at all times.
2. Be a model for appropriate language, sportsmanship, and behavior at all times.
3. Establish time demands that acknowledge the primary importance of each student-athlete's academic and family responsibilities.
4. Promote among athletes and coaches a solid sense of team membership.
5. Assist, whenever appropriate, with post high school planning for individual student athletes as it relates to athletics.
6. Be available to meet with parents at times that are mutually convenient and in alignment with parent/coach guidelines.
7. Adhere to WIAA and Kittitas School District policies.

Parent/Coach Communication Plan

Communication a parent/guardian should expect from a coach:

1. The expectations the coach has for your child as well as the players on the team.
2. Locations and times of all practices and games.
3. Team requirements.
4. Discipline that may result in the denial of your child's participation.

Appropriate concerns to discuss with coaches:

1. Situations involving your child.
2. Ways to help your child improve.
3. Your child's attitude, work ethic, and eligibility.
4. Concerns about your child's behavior

Issues that are not appropriate to discuss with coaches or AD:

1. Playing time of any student-athlete
2. Team strategy, practice organization, or play calling.
3. Other student-athletes

Procedures to follow if there is a concern to discuss with a coach:

1. Your child should speak to the coach about an issue, before you intervene. This will help our student-athletes grow into young adults.
2. Contact the coach to set up an appointment. If the coach can not be reached, contact the athletic director. The athletic director will assist you in arranging a meeting.
3. If a meeting with the coach did not provide a satisfactory resolution, call to schedule an appointment with the athletic director to discuss the situation. The athletic director will only intervene if the issue has already been discussed with the coach.

Please do not confront a coach before or after a game or practice. Meetings during these times normally do not assist in creating a resolution to the situation.

Please do not use email to discuss an issue with a coach.

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Parent Signature

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Date

## KITTITAS SECONDARY ATHLETIC CODE

The opportunity to participate in the interscholastic athletic program is a privilege granted to all students of the district. Participants in this voluntary program are expected to conform to specific conduct standards established by the principals and athletic coaches.

A student who is found by a certificated staff member of the student's school to be in violation of any rules is subject to removal from the team. Provision is made for a student who has allegedly violated one or more of the conduct rules to appeal a disciplinary action as specified in this code.

The following rules shall be applicable for a sports season:

### **Use and/or Possession of Alcoholic Beverages, Tobacco / Vaping Devices**

An athlete who is found to be in possession of alcohol or tobacco / vaping devices products may be removed from the athletic team for three weeks (first offense). If the student violates the rule twice during the sports season, he/she will be dropped from the team for the season.

### **Use and/or Possession of Illegal Chemical Substances or Opiates**

An athlete who is found to be in possession of one or more of the above (including marijuana/cannabis) will be removed from the team for the balance of the sports season.

### **Physical Appearance**

An athlete shall maintain the dress and grooming standards of the team. First offense: verbal warning. Repeated offenses: removal from the activity for five (5) school days.

### **Unsportsmanlike Conduct**

An athlete shall exhibit appropriate conduct in practices and/or contests.

### **Attendance at School**

If an athlete receives an unexcused absence for any portion of the day, the athlete shall be ineligible to participate in practice or competition on that day.

### **Absence from Practice**

An athlete is expected to be in attendance at all team practices unless excused for illness or by prior approval.

### **Violation of Law on School Grounds**

When a student is found guilty of an offense committed while on school grounds or at a school activity, the corrective action will depend upon the nature of the violation.

### **Repeated Offenses**

If a student repeatedly violates one of the above rules, he/she may be removed from the team for the remainder of the sports season.

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Athlete Signature

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Parent Signature



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## Code of Ethics – Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

### Disciplinary Procedures for Violations of the Student-Athlete Code of Ethics

The following is the procedure for dealing with violations of Kittitas School District Code of Ethics for Student-Athletes;

1. First Offense. Head Coach and Director of Athletics meet with the student-athlete and discuss the violation and the possible sanctions associated with that offense. Sanctions could include;
  - a. Possible suspension from games, practices and other team activities.
  - b. Possible referral to counseling.
2. Second Offense. Head Coach and Director of Athletics meet with the student-athlete and discuss the violation and the possible sanctions associated with that offense. Sanctions could include:

- a. Mandatory suspension from games. Up to 25% of season.
  - b. Assigned work from Director of Athletics.
  - c. Possible referral to counseling.
  - d. Possible removal from team.
3. Third Offense. Head Coach and Director of Athletics meet with student-athlete and discuss the violation and the possible sanctions associated with that offense. Sanction will include;
- a. Removal from athletic team.

Please note that the following violations of the Student-Athletes Code of Ethics will result in immediate suspension pending the outcome of a criminal investigation. Arrests will warrant a suspension of the student's season.

- a. Creating or distributing illegal drugs. (i.e. Marijuana, Vape, Cocaine, Meth, Ecstasy)
- b. Involvement in a felony. (i.e. battery, theft, homicide)
- c. Vandalism of school property.

After the investigation is completed and the individual is found not guilty then he/she will be allowed to return to the team. However, if the individual is found guilty of the offense then he/she will be immediately removed from the team. Due process must be allowed in these circumstances.

As a condition of membership in Kittitas School District, all athletes shall adopt policies prohibiting the use and abuse drugs, alcohol, and steroids. All member schools shall have participating students and their parents/legal guardian agree that the athlete will not use steroids without the written prescription of a fully licensed physician.

By signing below, both the participating student athlete and the parents/legal guardian hereby agree that the student understands that code of ethics.

We also understand that \_\_\_\_\_ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

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Printed Name of Student Athlete

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Signature of Student Athlete Date

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Signature of Parent/Guardian Date

Kittitas School District 403  
Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**Symptoms may include one or more of the following:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
|--|--|

**Signs observed by teammates, parents and coaches include:**

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness



Kittitas School District 403  
Concussion Information Sheet

**What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<https://www.cdc.gov/headsup/youthsports/index.html>

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



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**KITTITAS SCHOOL DISTRICT**

**Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form**

The Kittitas School District believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness pamphlet contained both in the Student Athletic Handbook and on the District website. Refer to it regularly.

This form must be signed annually by the parent/guardian and student prior to participation in Kittitas School District athletics. If you have questions regarding any of the information provided in the pamphlet, please contact the athletic director at your school.

**I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST AWARENESS PAMPHLET.**

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Name (Signed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (Printed)

\_\_\_\_\_  
Parent Name (Signed)

\_\_\_\_\_  
Date



# Sudden Cardiac Arrest

## Information Sheet for

### Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



**What is sudden cardiac arrest?** Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

*SCA is also the leading cause of sudden death in young athletes during sports*

**What causes sudden cardiac arrest?** SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Fainting during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

**How to prevent and treat sudden cardiac arrest?** Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

*Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!*



### Cardiac 3-Minute Drill

- 1. RECOGNIZE Sudden Cardiac Arrest**
  - Collapsed and unresponsive
  - Abnormal breathing
  - Seizure-like activity
- 2. CALL 9-1-1**
  - Call for help and for an AED
- 3. CPR**
  - Begin chest compressions
  - Push hard/ push fast (100 per minute)
- 4. AED**
  - Use AED as soon as possible
- 5. CONTINUE CARE**
  - Continue CPR and AED until EMS arrives



**Be Prepared!  
Every Second Counts!**

**UW Medicine**  
Center For Sports Cardiology  
[www.uwsportscardiology.org](http://www.uwsportscardiology.org)



WASHINGTON INTERSCHOLASTIC  
ACTIVITIES ASSOCIATION



SCA Awareness  
Youth Heart Screening  
CPR/AED in Schools

[www.nickoftimefoundation.org](http://www.nickoftimefoundation.org)

## ■ 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? (Circle response.)

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

(A sum of  $\geq 3$  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?				
2. Has a provider ever denied or restricted your participation in sports for any reason?				
3. Do you have any ongoing medical issues or recent illness?				
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?				
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				
7. Has a doctor ever told you that you have any heart problems?				
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.				

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)			Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?				
10. Have you ever had a seizure?				
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)?				
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)?				
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				



BONE AND JOINT QUESTIONS	Yes	No
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 practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

**Explain "Yes" answers here.**

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**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: \_\_\_\_\_

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

<sup>a</sup> 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: \_\_\_\_\_