

PREPARTICIPATION PHYSICAL 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: _____ Grade: _____

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). _____

Are your required vaccinations current? _____

Patient Health Questionnaire Version 4 (PHQ-4)

Overall, during 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 ≥ 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 poly-morphic 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 Staphylococcus aureus (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, tingling, 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 food and 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.

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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PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3-10
Name _____ Date of Birth _____ Grade _____ IHSAA Member School _____

PHYSICIAN REMINDERS

1. 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 last 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 use any other appearance/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?



2. 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? Y 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									
Lymphnodes									
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									
• MSV, lesions suggestive of MRSA, tinea corporis									
Neurologic									
MUSCULOSKELETAL									
	NORMAL		ABNORMAL FINDINGS			NORMAL		ABNORMAL FINDINGS	
Neck					Knee				
Back					Leg/ankle				
Shoulder/arm					Foot/toes				
Elbow/forearm					Functional				
Wrist/hand/fingers					• Duck-walk, single leg hop				
Hip/thigh									

☐ 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

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. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Health Care Professional (print/type) _____ Date _____

Address _____ Phone _____ License # _____

Signature of Health Care Professional _____, MD, DO, PA, or NP (Circle one)

NAME: _____

REHABILITATION SERVICES

PRE-SEASON SCREEN

MUSCULOSKELETAL EXAMINATION FORM (FLEXIBILITY/RANGE OF MOTION/STRENGTH)

UPPER EXTREMITY ROM:

WFL ☐ DEFICIT ☐ _____

SPINE SCREEN:

TOE TOUCH: WFL ☐ DEFICIT ☐ _____

ROTATION: WFL ☐ DEFICIT ☐ _____

GAIT/ALIGNMENT: WFL ☐ DEFICIT ☐ _____

DUCK WALK/LE ROM: WFL ☐ DEFICIT ☐ _____

SINGLE LEG HOP: WFL ☐ DEFICIT ☐ _____

Therapist Name (printed): _____

**Jasper Middle School
Department of Athletics
3600 Portersville Road
Jasper, IN 47546
Phone: (812) 482-6454**

**Medical Emergency Information
2021-2022**

Parents: In order for your child to participate in Jasper Middle School Athletics, we **MUST** have this form on file. It is for your child's protection in the event of an emergency. Please complete each blank. Please use pen.

Athlete _____

Address _____

City: _____ State: _____ Grade: _____

Telephone: () _____ Cell Phone: _____ Birth date: _____ Sex: _____ Age: _____

Mother's Name: _____ Work phone number: _____

Father's Name: _____ Work phone number: _____

Daytime e-mail address _____

Allergies: (including any medication): _____

Date of last Tetanus Shot: _____

Physician: _____ Phone: () _____

Physician Address: _____

Who should we contact first in case of an emergency?

Name _____

Home Telephone: _____ Cell Phone: _____ Work Telephone _____

If unable to contact the above person, whom should we contact?

Name: _____

Home Telephone: _____ Cell Phone: _____ Work Telephone: _____

If unable to contact either of the above persons, I give the Head Coach full power, at my expense, to authorize any medical treatment necessary and prescribed by certified medical personnel for the safety and well-being of my child, including emergency transportation to an emergency care facility.

Parent/Guardian Signature: _____

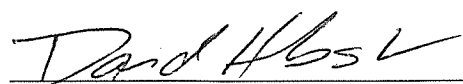
***NOTE: If consent is not granted, student may not participate in any school athletic program. This consent shall not relieve parent from liability for any medical services provided to student.

PLEASE TURN OVER PAGE AND SIGN CODE OF CONDUCT FORM. STUDENT AND PARENT SIGNATURE REQUIRED.

TO: Parents, Coaches, and Athletes

RE: Code of Conduct

Attached is a Code of Conduct that has been adopted by Jasper Middle School, effective July 26, 1999. The Code includes standards for student athletes/extra curricular and penalties for breaches of these standards. The new policy is designed to establish a uniform set of procedures for all sports teams. Each student is to be given a copy of the policy statement. A parent or guardian and the student must sign the form below indicating that they know the rules and pledge to abide by them. Athletes may not practice or participate in any sport until this form is on file in the Athletic Office.



David Hubster, Principal



Ben Mundy, Athletic Director

2021-2022

We have read and understand the Jasper Middle School Code of Conduct for student athletes/extra curricular and agree to abide by the rules and procedures of the Athletic Department.

Student Athlete

Grade

(2021-2022)

Parent or Guardian

*****THIS FORM MUST BE RETURNED TO THE ATHLETIC DEPARTMENT
BEFORE AN ATHLETE MAY PRACTICE OR PARTICIPATE IN ANY SPORT.**

Code of Conduct for Jasper Middle School Student Extra Curricular Activities

For the purpose of establishing an accurate definition of an extra-curricular activity, it shall, hereafter, be interpreted to mean any activity sponsored by the school or by a school-related organization that takes place outside the regularly scheduled school day and any event sponsored during the school day which requires absence from regularly scheduled classes.

Rules for Student Athletes/Extra Curricular

All students who choose to participate in athletics/extra curricular at Jasper Middle School shall abide by the following rules and any other rules set forth by their coach(s).

- A. At no time is a student athlete/extra curricular allowed to use or be in possession of any form of alcoholic beverage, tobacco, or illegal drug. *This rule applies year round for the three years while a student at Jasper Middle School.*

PENALTIES

Rule C-8-1 of the Indiana High School Athletic Association forms the basis of the Code of Conduct for Jasper Middle School Athletes. (This rule applies for each school year and encompasses rule A.)

“Contestants’ conduct, in and out of school, shall be such as:

- A. Not to reflect discredit upon their school or the Association.
- B. Not to create a disruptive influence on the discipline, good order, moral or educational environment of the School” this may include, lying, cheating, stealing and, any other expectations of students found in the Jasper Middle School Handbook.

PENALTIES

1. First Offense - Suspension of twenty percent of contests that student is participating in or will participate in. Conference – The student and his/her parents must have a conference with the coach. The principal will be informed, and a written account will be submitted.
 2. Second Offense – Automatic suspension for a full season from the activity in which the student is participating. If season is half over, suspension will carry into first half of following season.
 3. Third Offense – Automatic suspension from Jasper Middle School athletics/extra curricular for the remainder of the school year.
- C. The school athletic years for all student athletes begins with their first official practice of their sixth grade year, and continues for 3 years or as long as a student athlete/extra-curricular is participating in that activity.
- D. The principal and the athletic director shall be responsible for determining if a violation of these rules has taken place.
- E. The penalty(ies) listed above will be enforced for violation of these rules.

NOTE: It is recognized that the principals, by the Administrative Authority vested in them by their school corporation, may exclude such contestants from representing their school.

ATTENDANCE

Students are expected to be in school all day on the day of a contest. Students who are absent from school are not allowed to attend practice or contests on that same day. On the day following a contest, students are to be present when school begins. Any student not present for the beginning of school, on the day after a contest, is not to participate in practice. The only exception to this rule is for a funeral. Students who are absent with just cause, may participate with permission of the athletic director, principal, or assistant principal.

ACADEMIC ELIGIBILITY

Any student who receives a “U” or an “F” in a subject, including citizenship, on his/her quarterly report will have his/her eligibility placed under review by the Principal, Assistant Principal and Athletic Director for the following grading period.

Any student who receives a “U” or an “F” in a subject, including citizenship, on his/her final (spring) nine-week report (not semester report) at the end of his/her 6th or 7th grade year, will have his/her eligibility placed under review by the Principal, Assistant Principal and Athletic Director for the first nine-week grading period of his/her 7th or 8th grade year.

The above will likewise apply to any student new to Jasper Middle School. A new student’s transcript will be evaluated before eligibility will be granted.

Students in the 8th grade that were retained in the 7th or 8th grade are not allowed to participate in conference games. JMS students will abide by the age requirements as set by the Southern Indiana Junior High Athletic Conference.

COMMITMENT TO JASPER MIDDLE SCHOOL

1. Students shall not participate on any other organized team during the school team season of that same sport.
2. When students are participating in two different activities, both school sponsored, the student and coaches/sponsors will work out an acceptable schedule. If an agreement cannot be reached, student will have to make a choice between the conflicting activities.
3. When students are participating in two different activities, one school sponsored and one not, the student will give priority to the school activity.

CONCUSSION ACKNOWLEDGEMENT AND SIGNATURE FORM
FOR PARENTS AND STUDENT ATHLETES

Student Athlete's Name (Please Print): _____

Sport Participating In (If Known): _____ Date: _____

Due to the new law "Student Athletes: Concussions and Head Injuries" (IC 20-34-7), schools are now required to distribute information sheets to inform and educate student athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. The law requires that each year, before beginning practice for an interscholastic or intramural sport, a high school student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach. The law further states that a high school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

Parent - please read the attached "Heads Up – Concussion in High School Sports – A Fact Sheet for Parents" and ensure that your child has also received and read "Heads Up – Concussion in High School Sports – A Fact Sheet for Athletes". After reading these fact sheets, please sign below and ensure that your child also signs the form. Once signed, have your student athlete return this form to his/her coach.

I am a student athlete participating in the above mentioned sport. I have received and read the Student Athlete Information Fact Sheet. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

(Signature of Student Athlete)

(Date)

I, as the parent or legal guardian of the above named student, have received and read the Parent Information Fact Sheet. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

(Signature of Parent or Guardian)

(Date)

HEADS*UP

CONCUSSION IN HIGH SCHOOL SPORTS

A 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?

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- 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 your 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 help prevent a concussion?

Every sport is different, but there are 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.



HEADS*UP

CONCUSSION IN HIGH SCHOOL 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?

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

SYMPTOMS REPORTED BY ATHLETE	SIGNS OBSERVED BY PARENTS/GUARDIANS
<ul style="list-style-type: none"> • 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" 	<ul style="list-style-type: none"> • 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

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?

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.

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.

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.

If you think your teen has a concussion:
Don't assess it yourself. Take him/her out of play.
Seek the advice of a health care professional.

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

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

