

PREPARTICIPATION PHYSICAL HISTORY FORM



Note: Complete and sign this form (with your parents if younger than 18) before your appointment. History Form is retained by physician/healthcare provider.

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	HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?			9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
2. Has a provider ever denied or restricted your participation in sports for any reason?			10. Have you ever had a seizure?		
3. Do you have any ongoing medical issues or recent illness?			HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
HEART HEALTH QUESTIONS ABOUT YOU	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)?		
4. Have you ever passed out or nearly passed out during or after exercise?			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)?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
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.					

BOUNE 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?		
FEMALE SPECIFIC	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 _____

TRUNK ROTATION: WFL DEFICIT _____

CERVICAL ROM: WFL DEFICIT _____

GAIT/ALIGNMENT: WFL DEFICIT _____

DUCK WALK/LE ROM: WFL DEFICIT _____

SINGLE LEG HOP: WFL DEFICIT _____

Therapist's Name (printed): _____

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

Medical Emergency Information
2022-2023

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: _____

Home phone: () _____ Cell Phone: _____ Birth date: _____ Sex: _____ Age: _____

Parent/Guardian's Name: _____ Work number: _____

Parent/Guardian's Name: _____ Work number: _____

Daytime e-mail address _____

Allergies: (including any medication): _____

Date of last Tetanus Shot: _____

Physician: _____ Phone: () _____

Physician's Address: _____

Who should we contact first in case of an emergency?

Name _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

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

Name: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

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.

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 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.