

UPDATED MAY 2021

VIRGINIA BEACH MIDDLE SCHOOL LEAGUE

Athletic Participation/Parental Consent/Physical Examination Form

Separate examination is required for each school year **May 1** of the current year through **June 30** of the succeeding year.

PART I - ATHLETIC PARTICIPATION

(To be filled in and signed by the student)

For School
Year

Male
Female

Name (Last) (First) (Middle Initial) Student I.D. #

Home Address

City/Zip Code

Home Address of Parents

City/Zip Code

Date of Birth Place of Birth

This is my semester in Middle School, and my semester since first entering
the sixth grade. Last semester I attended Middle School and passed subjects, and I am taking

subjects this semester. I have read the condensed individual eligibility rules of the Virginia Beach Middle School League that appear below and believe I am eligible to represent my present middle school in athletics.

INDIVIDUAL ELIGIBILITY RULES

Attention Athletes! To be eligible to represent your school in any interscholastic contest you:

- must be a regular bona fide student in good standing of the school you represent
- must have been promoted to sixth grade or must have passed five subjects in a school year preceding the present one
- must have passed at least five subjects the previous semester and must be currently taking no less than five subjects
- must have achieved a 2.0 grade point average in the semester preceding participation in an activity
- must not have reached your fifteenth birthday on or before the first day of August of the current school year
- must have been in residence at your present middle school during the entire semester immediately preceding the one in which you desire to participate unless your transfer follows the transfer guidelines as established by the Virginia Beach Middle School League
- upon transferring from another middle school, must participate at the attendance zone school in which a parent or guardian has physical custody of you
- must not have been enrolled in middle school for a period of more than six consecutive semesters, beginning with the semester in which he/she was enrolled for the first time in the sixth grade. The six consecutive semesters shall be counted continuously from that point, regardless of whether or not he/she remains continuously enrolled
- must not have participated in more than the allowable number of contests in the sport you wish to play (six regular season middle school contests in football or track, or eight regular season middle school contests in any other sport) during the school year, either inside or outside Virginia Beach
- must be an amateur as defined by the Virginia Beach Middle School League: "An amateur is one who engages in athletics for the educational, physical, mental, and social benefits one derives there from, and to whom athletics are nothing more than an avocation."
- must not have received in recognition of your ability as a middle school athlete any award not presented or approved by your school or the League
- must not have participated in any all-star contest between teams whose players are selected from more than one middle school
- must be in attendance at your school for at least three hours on the day you wish to participate in a practice or contest

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized.

INDIVIDUAL SCHOOLS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

Student Signature: _____

Date: _____

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician
PART II - MEDICAL HISTORY- Answer "Yes" or "No" to the questions below.

This form must be complete and signed, prior to the physical examination, for review by examining practitioner.
 Explain "YES" answers below with number of the question. Circle questions you do not know the answers to.

GENERAL MEDICAL HISTORY		YES	NO	MEDICAL QUESTIONS CONTINUED		YES	NO
1. Do you have any concerns that you would like to discuss with your provider?				24. Have you had mononucleosis (mono) within the last month?			
2. Has a provider ever denied or restricted your participation in sports for any reason?				25. Are you missing a kidney, eye, testicle, spleen or other internal organ?			
3. Do you have any ongoing medical conditions? If so, please identify: Asthma Anemia Diabetes Infections Other				26. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
4. Are you currently taking any medications or supplements on a daily basis?				27. Have you ever become ill while exercising in the heat?			
5. Do you have allergies to any medications?				28. When exercising in the heat, do you have severe muscle cramps?			
6. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?				29. Do you have headaches with exercise?			
7. Have you ever spent the night in the hospital? If yes, why?				30. Have you ever had numbness, tingling or weakness in your arms or legs or been unable to move your arms or legs <u>AFTER</u> being hit or falling?			
8. Have you ever had surgery?				31. Do you or does someone in your family have sickle cell trait or disease?			
HEART HEALTH QUESTIONS ABOUT YOU		YES	NO	32. Have you had any other blood disorders?			
9. Have you ever passed out or nearly passed out DURING or AFTER exercise?				33. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?			
10. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				34. Have you had or do you have any problems with your eyes or vision?			
11. Does your heart race, flutter in your chest or skip beats (irregular beats) during exercise?				35. Do you wear glasses or contacts?			
12. Has a doctor ever ordered a test for your heart? For example, electrocardiography or echocardiography.				36. Do you wear protective eyewear like goggles or a face shield?			
13. Has a doctor ever told you that you have any heart problems, including: High blood pressure A heart murmur High cholesterol A heart infection Kawasaki Disease Other				37. Do you worry about your weight?			
				38. Are you trying to or has anyone recommended that you gain or lose weight?			
				39. Do you limit or carefully control what you eat?			
				40. Have you ever had an eating disorder?			
				41. Are you on a special diet or do you avoid certain types of foods or food groups?			
				42. Allergies to food or stinging insects?			
				43. Have you ever had a COVID-19 diagnosis? Date:			
				44. What is the date of your last Tdap or Td (tetanus) immunization? (circle type) Date:			
14. Do you get light-headed or feel shorter of breath than your friends feel during exercise?				FEMALES ONLY		YES	NO
15. Have you ever had a seizure?				45. Have you ever had a menstrual period?			
HEART HEALTH QUESTIONS ABOUT YOUR		YES	NO	46. Age when you had your first menstrual period:			
16. Does anyone in your family have a heart problem?				47. Number of periods in the last 12 months:			
17. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?				48. When was your most recent menstrual period?			
18. 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)?				EXPLAIN "YES" ANSWERS BELOW			
				# >>			
				# >>			
				# >>			
				# >>			
19. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				# >>			
BONE AND JOINT QUESTIONS		YES	NO	# >>			
20. 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?				# >>			
21. Do you currently have a bone, muscle or joint injury that bothers you?				List medications and nutritional supplements you are currently taking here:			
MEDICAL QUESTIONS		YES	NO				
22. Do you cough, wheeze or have difficulty breathing during or after exercise?							
23. Do you have asthma or use asthma medicine (inhaler, nebulizer)?							

Parent/Guardian Signature: _____ Date: _____ Athlete Signature: _____

PART III – PHYSICAL EXAMINATION

(Physical examination is required each school year after May 1 of the preceding school year and is good through June 30 of the current school year)**

NAME:

Date of Birth

SCHOOL:

EXAMINATION					
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
BP	/	Resting Pulse	Vision R 20/	L 20/	Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS			
Appearance (Marfan stigmata: kyphoscoliosis, high arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)					
Eyes/ears/nose/throat (Pupils equal, hearing)					
Lymph nodes					
Heart (Murmurs: auscultation standing, supine, +/- Valsalva)					
Pulses					
Lungs					
Abdomen					
Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)					
Neurologic					
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS			
Neck					
Back					
Shoulder/arm					
Elbow/forearm					
Wrist/hand/fingers					
Hip/thigh					
Knee					
Leg/ankle					
Foot/toes					
Functional (i.e Double leg squat, single leg squat, box drop or step drop test)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency medications required on-site	Inhaler	Epinephrine	Glucagon	Other	
Comments:					

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

- MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION**
- MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF:** _____
- MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS:**
Reason(s): _____
- NOT MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF:** _____
- NOT MEDICALLY ELIGIBLE FOR ANY SPORTS** _____

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II – Medical History.

Physician Signature: _____ (MD, DO, LNP, PA) Date _____
circle one

Examiner's Name and degree (print): _____ Phone Number _____

Address: _____ City _____ State _____ Zip _____

+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.

