

ArbiterAthlete™

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Dear Parent/ Guardians,

The Athletic Department at Chapin High School now hosts their Pre-participation Athletic Forms online with ArbiterAthlete, powered by PlanetHS, a software company committed to keeping your student(s) safe. This digital platform will allow you, and your student(s), to complete and access athletic forms via computer, tablet, or mobile phone. It is HIPPA, COPPA and FERPA compliant.

Before forms can be completed by parent and student, please follow these steps:

1. **Both parent and student must create accounts, using different emails and/or phone numbers.** Accounts may be created either via smart phone quick code*, or by clicking "not yet registered" on www.arbiterathlete.com. *Important: Students must be sure to create accounts using accurate information, including their Official Name from school registration, DOB, high school graduation year and school. Note: Some school/ district names may look similar, so please be careful to select the correct one.*
2. **Link Parent and Student accounts** - Once a parent/guardian and student has registered, with separate emails and/ or phone numbers, **the accounts must be linked.** You will be led through this process after creating an account, or login and click the "Link Account" button. Students may create accounts and begin completing digital forms. If a parent is not linked to a student, they will only see PDF versions of the form, not the digital versions. *Note: if students are under 13, and they create an account, they must know their parent/ guardian's email address or mobile phone number.*
3. **Complete Athletic Forms as Advised** - Please refer to the one-page help-guide below for more assistance or use the tips located at the top of the Athletic Forms page in your account.

Athletes cannot participate in sports until digital forms are complete, unless otherwise specified by your school. Forms will be valid for the entire school year for which they are filled out, with the exception of the physical exam provided by your physician which will reflect the policy set in place by your athletic department.

If you need assistance with ArbiterAthlete, or need more information, please email schoolsupport@planeths.com. If you have questions regarding content of form requirements, please contact your school.

Thank you!

Chapin High School Athletic Department

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***Quick Account Instructions for account creation via mobile phone:** If you have not received a request to link accounts with your student; please use the code that corresponds to the school your student attends. If you have multiple students at different campuses, use the code that corresponds to your oldest student. Once you send the code you will immediately receive a text back with a hyperlink to create your account. (*Msg & Data rates may apply.*)

Chapin School: via mobile phone send a text to 69274 containing **S691** in the message. You will instantly receive a text inviting you to create an account.

(Text HELP to 69274 for more information. Text STOP to 69274 to opt out. Msg & Data rates may apply. The wireless carriers are not liable for delayed or undelivered messages. Number of messages vary per user).

Athletic Pre-Participation Forms Getting Started Guide (Parent & Student):

1. Create Accounts	<ul style="list-style-type: none"> Both a parent and student are required to create separate accounts. Go to arbiterathlete.com If your school has provided their <i>Quick Account Code</i> (reference <i>Kick Off Letter</i>), TEXT the code to 69274 to create your parent & student account. <p><i>*Creation of accounts can be done on all devices with internet connection: Computers, Smart Phones, Tablets, iPads, etc.</i></p>
	<ul style="list-style-type: none"> <u>Home School selection</u>- this is the school that you/your student attends/studies. Do NOT select the school district in which your school resides. <u>My student plays for both the Middle School and High School?! If your student plays on both a middle and high school team, upon account creation, select the home school in which your STUDENT STUDIES. You will be able to select the secondary school within the Additional Schools section after creating your account.</u>
2. Link Parent & Student Accounts	<p>Once logged in, you will be prompted to link the parent and student account. Enter the email address to send an invitation to the parent/student. The invited person clicks on the link via email or text message to finish the linking process. The invited person can also login and accept the link request, via the prompt after logging in.</p>
	<p>Why do I have to link accounts? Forms required by your school, often require both a parent and student signature to mark the form as completed. For the PlanetHS system to know what student and parent will be viewing and signing the proper forms, a linked parent/student account is required.</p>
3. Athletic Forms button	<p>Click the Athletic Forms button to move to the Pre-Participation Forms Overview Page and complete the required digital forms.</p>
4. Select the Sports you will participate	<p>In the Sports Interest section, check the sports you will be participating.</p>
5. Additional Schools (If Applicable)	<p>If you/your student participate in sports at multiple schools, add the additional schools here. If you/your student do not play for multiple schools, leave this section blank.</p>
6. Complete & Sign Digital Forms	<p>Click on each form link, complete each form, and click the <i>Sign & Submit</i> button. Both the parent and student must complete this step. Your school/district chooses which forms require the student, parent, or student AND parent signatures.</p>
	<p>Parents will only see example forms until the parent and student accounts are linked. Once the accounts are linked, the parent example forms will convert to web-forms for completion. *The student will always see the webforms to complete and sign, even before the accounts are linked. This gives the ability for students to send a parent linked account request and to upload the physical exam signed by the physician during group physicals.</p>
	<p>Upload Buttons are shown when you are required to upload a document instead of completing the web-form. For example, the physical exam form your physician completes or a birth certificate. These forms can be uploaded by either the parent or student but require the parents signature.</p>
7. Accepted Forms Notification	<p>When your school has accepted all forms, a notification will be sent to you stating all forms have been accepted. You will be notified via email and/or text message (if you have selected the text message option during account creation), if a form has been denied by your school. You will be given the reason for denial and link to review and resubmit your changes back to the school.</p>

■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines

☐ Pollens

☐ Food

☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/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, 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 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 (questions 5–14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
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"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 			
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 			
Lymph nodes			
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 			
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ 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
- ☐ For certain 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. If conditions arise after the athlete had 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 physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO