



FHS Athletic Packet

Attention:

ALL ATHLETES MUST COMPLETE THE FOLLOWING PRIOR TO PARTICIPATION
IN ANY TRYOUT OR PRACTICE:

UPDATE YEARLY:

1. Complete Aktivite.com online registration.
 - a. Create your account (same account throughout high school)
 - b. Log-in, create account, select sport(s) for that school year
 - c. Customer Service number 1-435-213-1601, M-F 8:00 am - 3:00 pm
2. Complete the **Lyon County School District Athlete Registration Form** (attached) and return to FHS Athletic Secretary in the main office.

NIAA Pre-participation Physical Evaluation (4 pages)

Important Update as of 2025-2026: NIAA HAS CHANGED THE PHYSICAL AND HISTORY FORMS AND PROCESS. **ATHLETES WILL NOW NEED A NEW PHYSICAL EACH YEAR.**

The following fee must be paid:

\$25 Student Activity Fee

(Please make checks or money orders payable to "FHS Athletics")

THANK YOU

"Home of the Vaqueros"

**Lyon County School District
Student Athlete
Registration Form
2025-2026**

REGISTRATION INFORMATION

NAME: _____ GRADE: _____ AGE: _____ GENDER: M F D.O.B.: _____
RESIDENCE ADDRESS: _____
MAILING ADDRESS: If different: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: (H) _____ (C) _____
MOTHER'S NAME: _____ FATHER'S NAME: _____
LIVES WITH: BOTH PARENTS ☐ MOTHER ONLY ☐ FATHER ONLY ☐ OTHER: Please list: ☐

CIRCLE SPORTS INTERESTED IN PARTICIPATING IN

Baseball	Basketball	Cheer	Cross Country	Dance	Football
Golf	Soccer	Softball	Swimming	Track	Volleyball
Wrestling					

**HEALTH INSURANCE INFORMATION—MANDATORY
ATHLETICS INSURANCE WAIVER - STUDENT**

I certify that the above named student has full health and accident coverage with :

Policy #: _____ Name of Carrier Address: _____
Expiration Date of Policy: _____

This policy covers any and all accidents and injuries that may be sustained while engaging in any extracurricular athletic activity. In the event of cancellation of the above policy or substitution of the policy, I will immediately notify the school principal of such action.

EMERGENCY CONTACT INFORMATION

FATHER: _____ Home Phone _____ Business Phone _____ Cell Phone
MOTHER: _____
EMERGENCY CONTACT PERSON(S): _____

NamePhone

EMERGENCY TRANSPORTATION APPROVAL

This is to certify that (I/we), the parents of the above named student give full permission to Lyon County coaches, trainers, or administrators, at practice or at actual athletic events, in town or out of town, to call an ambulance service or otherwise provide emergency transportation to a hospital for medical treatment.

(I/We) understand that every effort will be made to contact parents immediately, but should there be difficulty, (I/we) will not hold any Lyon County School District representative responsible for any costs or liabilities associated with such actions.

EMERGENCY TRANSPORTATION BY SCHOOL: _____ YES _____ NO
Please indicate in the space below if your child has any allergies or needs special attention,

In the event that the above named student should need emergency medical treatment or attention while under the care of athletic or school personnel, necessary treatment may be secured. I give LCSD permission to treat my child. The school shall not be held responsible for any debts incurred.

PARENT SIGNATURE REQUIRED FOR PERMISSION TO TREAT

Student #:

First Name

Last Name

**LYON COUNTY SCHOOL DISTRICT
BOARD POLICY**

IGDC

EXTRA/CO-CURRICULAR ACTIVITIES EXPECTATIONS

School/District sponsored extra/co-curricular activities and events are learning opportunities for students as an extension of the traditional classroom. These opportunities allow students to experience life lessons in a safe and structured learning environment. Because it is an extension of the classroom, all rules, policies and laws governing the classroom/school are applicable to extra/co-curricular activities. The following shall apply to any student who participates in a school-sponsored organization, athletic team, club, student body office, program or competition beyond requirements of regular courses/classes. This includes all organizations and/or groups as determined by school or District administration.

- A. A student suspended or expelled from school is automatically ineligible to participate in extra-curricular activities for the duration of the suspension or expulsion.
- B. Students participating in Nevada Interscholastic Activities Association (NIAA) sanctioned activities are subject to the applicable Nevada Administrative Code (NAC) as well as LCSD policy, including policy JFCJ: Random Drug Testing of Student Athletes. Any elected student government officer who violates a major rule/regulation shall be removed from office. Middle/Intermediate school student athletes are subject to the same drug, alcohol and tobacco regulations, but are not subject to random drug testing as outlined in policy JFCJ. School administration, coaches and advisors may create rules/regulations for their organization/team which are more stringent than District policy so far as they are outlined in writing, applied consistently without discrimination, and approved by school administration. A student who violates the following major rules/regulations may be declared ineligible (this is not a comprehensive list of major rules/regulations):
 - 1. Use or possession of a drug and/or other controlled substance.
 - 2. Use or possession of any alcoholic substance.
 - 3. Use or possession of tobacco and/or like products of any kind.
 - 4. Arrest/conviction of a felony, misdemeanor or gross misdemeanor as provided by the laws of the State of Nevada and United States of America.
 - 5. Required to wear an "ankle bracelet" or similar device used by Juvenile Probation and/or law enforcement.
 - 6. Any other act or behavior that school administration deems is not in accordance with the vision, mission and/or values of the school/District.
- C. Violation of school/District rules or policies for students participating in school-sponsored extra-curricular activities shall result in disciplinary action and/or restorative practices by the advisor and/or school administrator. Students representing the school in any capacity are subject to school consequences according to the District's progressive discipline and restorative practices plan for violations of school/District rules or policies.
 - 1. Students shall abide by the specific rules set forth by the sport, activity, and/or coach/advisor. Student athletes receiving fouls, penalties, ejections, removals, or anything similar in a sport for unsportsmanlike behavior are subject to school discipline at the discretion of school administration. The superintendent or designee will ensure that site administrators are consistently applying consequences per the District's progressive discipline and restorative practices plan, and policy JG.
 - 2. Students shall not use race-based or discriminatory language, profanity, obscene,

**LYON COUNTY SCHOOL DISTRICT
BOARD POLICY**

IGDC

threatening, aggressive, or degrading language and/or gestures.

3. Students shall not engage in behaviors, grooming or dress which implies gang affiliation and is in violation of Board Policy JFC.
4. When traveling as part of an organized school group, the student shall be required to go to the activity and return in an assigned school vehicle. Only the parent/guardian, after personally giving a signed note to the advisor, may take a student off the District Transportation vehicle. Any exceptions to this must be arranged in advance and approved by the school administrator.
5. When traveling, students shall stay together as directed by the coach/advisor.
6. Students shall conduct themselves in a manner that upholds the values, vision, and mission of the school and District.
7. A student shall be financially responsible for all school property checked out to him/her. The student shall care for the property as directed by the coach/advisor.
8. Students will abide by all school/District rules, policies (particularly LCSD policy JG) and state/federal laws.
9. Students will model sportsmanlike behavior during all practices and competitions, especially towards officials, coaches, advisors, opposing teams, spectators, etc.
10. Students will ensure that the bench area, locker room, bus, or any other part of the facility used for practice, competition, or travel is clean and orderly before departing from the event/activity.
11. Students will always strive for the goal of earning the highest sportsmanship recognition award provided by the NIAA, division, league, activity, club, etc.

D. Academic Eligibility

1. Students involved in extra/co-curricular activities must maintain passing grades in both academics and citizenship. Student athletes are subject to applicable NIAA rules and regulations. Any exceptions must be approved by the site principal.
2. A three-week check will be maintained by each school to reflect the student's academic status from the beginning of that semester to the date of the grade check.

Reference: NAC 386.802, 386.803, 386.804, 386.805, 387.806.

I have read and agree to abide by the rules and regulations in order to participate in the designated student extra/co-curricular activity.

Activity: _____ School Year: _____

Student Signature

Parent/Guardian Signature

Date

Policy # IGDC
Revised 4/26/22

DO NOT SHARE this form with schools or sports organizations. It should be placed into the athlete's medical file.

The Medical Eligibility Form (PAGE 7) is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another history form.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

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): _____

Birth Sex (M/F): _____ Differences of Sex Development (DSD) Y/N: _____ Comment: _____

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 >3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS		Yes	No
(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			
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?			

DO NOT SHARE this form with schools or sports organizations. It should be placed into the athlete's medical file.

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.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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: _____

Este formulario debe colocarse en el expediente médico del atleta y no debe compartirse con escuelas u organizaciones deportivas. El formulario de elegibilidad médica es el único formulario que debe enviarse a una escuela u organización deportiva.

Aviso legal: Los atletas que tengan una evaluación física de preparticipación vigente en el archivo (según los lineamientos generales estatales y locales) no necesitan completar otro formulario de antecedentes.

■ EVALUACIÓN FÍSICA PREVIA A LA PARTICIPACIÓN (orientación provisional)

FORMULARIO DE HISTORIAL CLÍNICO

Nota: Complete y firme este formulario (con la supervisión de sus padres si es menor de 18 años) antes de acudir a su cita.

Nombre: _____ Fecha de nacimiento: _____

Fecha del examen médico: _____ Deporte(s): _____

Sexo de nacimiento (M/F): _____ Diferencias en el Desarrollo Sexual (DSD) Sí/No _____ Comentarios: _____

Mencione los padecimientos médicos pasados y actuales que haya tenido. _____

¿Alguna vez se le practicó una cirugía? Si la respuesta es afirmativa, haga una lista de todas sus cirugías previas. _____

Medicamentos y suplementos: Enumere todos los medicamentos recetados, medicamentos de venta libre y suplementos (herbolarios y nutricionales) que consume. _____

¿Sufre de algún tipo de alergia? Si la respuesta es afirmativa, haga una lista de todas sus alergias (por ejemplo, a algún medicamento, al polen, a los alimentos, a las picaduras de insectos). _____

Cuestionario sobre la salud del paciente versión 4 (PHQ-4)

Durante las últimas dos semanas, ¿con qué frecuencia experimentó alguno de los siguientes problemas de salud? (Encierre en un círculo la respuesta)

	Ningún día	Varios días	Más de la mitad de los días	Casi todos los días
Se siente nervioso, ansioso o inquieto	0	1	2	3
No es capaz de detener o controlar la preocupación	0	1	2	3
Siente poco interés o satisfacción por hacer cosas	0	1	2	3
Se siente triste, deprimido o desesperado	0	1	2	3

(Una suma >3 se considera positiva en cualquiera de las subescalas, [preguntas 1 y 2 o preguntas 3 y 4] a fin de obtener un diagnóstico).

PREGUNTAS GENERALES

(Dé una explicación para las preguntas en las que contestó "Sí", en la parte final de este formulario. Encierre en un círculo las preguntas si no sabe la respuesta).

	Sí	No
1. ¿Tiene alguna preocupación que le gustaría discutir con su proveedor de servicios médicos?		
2. ¿Alguna vez un proveedor de servicios médicos le prohibió o restringió practicar deportes por algún motivo?		
3. ¿Padece algún problema médico o enfermedad reciente?		

PREGUNTAS SOBRE SU SALUD CARDIOVASCULAR

	Sí	No
4. ¿Alguna vez se desmayó o estuvo a punto de desmayarse mientras hacía, o después de hacer, ejercicio?		

PREGUNTAS SOBRE SU SALUD

CARDIOVASCULAR (CONTINUACIÓN)

	Sí	No
5. ¿Alguna vez sintió molestias, dolor, compresión o presión en el pecho mientras hacía ejercicio?		
6. ¿Alguna vez sintió que su corazón se aceleraba, palpitaba en su pecho o latía intermitentemente (con latidos irregulares) mientras hacía ejercicio?		
7. ¿Alguna vez un médico le dijo que tiene problemas cardíacos?		
8. ¿Alguna vez un médico le pidió que se hiciera un examen del corazón? Por ejemplo, electrocardiografía (ECG) o ecocardiografía.		
9. Cuando hace ejercicio, ¿se siente mareado o siente que le falta el aire más que a sus amigos?		
10. ¿Alguna vez tuvo convulsiones?		

Este formulario debe colocarse en el expediente médico del atleta y no debe compartirse con escuelas u organizaciones deportivas.

PREGUNTAS SOBRE LA SALUD CARDIOVASCULAR DE SU FAMILIA		
	Sí	No
11. ¿Alguno de los miembros de su familia o pariente murió debido a problemas cardíacos o tuvo una muerte súbita e inesperada o inexplicable antes de los 35 años de edad (incluyendo muerte por ahogamiento o un accidente automovilístico inexplicable)?		
12. ¿Alguno de los miembros de su familia padece un problema cardíaco genético como la miocardiopatía hipertrófica (HCM), el síndrome de Marfan, la miocardiopatía arritmogénica del ventrículo derecho (ARVC), el síndrome del QT largo (LQTS), el síndrome del QT corto (SQTS), el síndrome de Brugada o la taquicardia ventricular polimórfica catecolaminérgica (CPVT)?		
13. ¿Alguno de los miembros de su familia utilizó un marcapasos o se le implantó un desfibrilador antes de los 35 años?		
PREGUNTAS SOBRE LOS HUESOS Y LAS ARTICULACIONES		
	Sí	No
14. ¿Alguna vez sufrió una fractura por estrés o una lesión en un hueso, músculo, ligamento, articulación o tendón que le hizo faltar a una práctica o juego?		
15. ¿Sufre alguna lesión ósea, muscular, de los ligamentos o de las articulaciones que le causa molestia?		
PREGUNTAS SOBRE CONDICIONES MÉDICAS		
	Sí	No
16. ¿Tose, sibila o experimenta alguna dificultad para respirar durante o después de hacer ejercicio?		
17. ¿Le falta un riñón, un ojo, un testículo (en el caso de los hombres), el bazo o cualquier otro órgano?		
18. ¿Sufre dolor en la ingle o en los testículos, o tiene alguna protuberancia o hernia dolorosa en la zona inguinal?		
19. ¿Padece erupciones cutáneas recurrentes o que aparecen y desaparecen, incluyendo el herpes o Staphylococcus aureus resistente a la meticilina (MRSA)?		

PREGUNTAS SOBRE CONDICIONES MÉDICAS (CONTINUACIÓN)		
	Sí	No
20. ¿Alguna vez sufrió un traumatismo craneoencefálico o una lesión en la cabeza que le causó confusión, un dolor de cabeza prolongado o problemas de memoria?		
21. ¿Alguna vez sintió adormecimiento, hormigueo, debilidad en los brazos o piernas, o fue incapaz de mover los brazos o las piernas después de sufrir un golpe o una caída?		
22. ¿Alguna vez se enfermó al realizar ejercicio cuando hacía calor?		
23. ¿Usted o algún miembro de su familia tiene el rasgo drepanocítico o padece una enfermedad drepanocítica?		
24. ¿Alguna vez tuvo o tiene algún problema con sus ojos o su visión?		
25. ¿Le preocupa su peso?		
26. ¿Está tratando de bajar o subir de peso, o alguien le recomendó que baje o suba de peso?		
27. ¿Sigue alguna dieta especial o evita ciertos tipos o grupos de alimentos?		
28. ¿Alguna vez sufrió un desorden alimenticio?		
ÚNICAMENTE MUJERES		
	Sí	No
29. ¿Ha tenido al menos un periodo menstrual?		
30. ¿A los cuántos años tuvo su primer periodo menstrual?		
31. ¿Cuándo fue su periodo menstrual más reciente?		
32. ¿Cuántos periodos menstruales ha tenido en los últimos 12 meses?		

Proporcione una explicación aquí para las preguntas en las que contestó "Sí".

Por la presente declaro que, según mis conocimientos, mis respuestas a las preguntas de este formulario están completas y son correctas.

Firma del atleta: _____

Firma del padre o tutor: _____

Fecha: _____

DO NOT SHARE this form with schools or sports organizations. It should be placed into the athlete's medical file.

■ 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:	Birth Sex (M/F):
SRY Screen Result* (optional) <input type="checkbox"/> SRY+ <input type="checkbox"/> SRY-		
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL		
Appearance	NORMAL	ABNORMAL FINDINGS
<ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat		
<ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart		
<ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin		
<ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL		
Neck	NORMAL	ABNORMAL FINDINGS
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"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

* A positive SRY result will only be eligible for boy's sports on the Medical Eligibility Form unless cleared to have no male androgenization (e.g. CAIS).

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, PA or DC

DO NOT SHARE this form with schools or sports organizations. It should be placed into the athlete's medical file.

■ PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?	Yes	No
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

Atlantoaxial instability	Yes	No
Radiographic (x-ray) evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

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: _____

Submit this form ONLY (page 7) to the school or sports organization.

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____ Date of exam: _____

Birth Sex (M/F): _____ ☐ Medically eligible for girls sports ☐ Medically eligible for boys sports

"Male" means a person belonging to the sex intended to produce the small reproductive cell. "Female" means a person intended to produce the large reproductive cell.

I have reviewed the History Form for the student named on this form and will provide all relevant information below. The information provided below will be used to assist athletic personnel, which may include but is not limited to an athletic administrator, athletic director, and/or athletic trainer, in the supervision and treatment of the student named on this form.

INITIALS of Health Care Professional: _____

Allergies: _____

Medications: _____

Medical Conditions and/or Surgeries: _____

Any relevant YES answers on History Form: _____

MARK ONE:

☐ 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, PA or DC

Health Care Professional License Number: _____