



■ PREPARTICIPATION PHYSICAL EVALUATION

- To be completed prior to your physical examination and provided to your doctor

MEDICAL HISTORY FORM

Name: _____ Date of birth: _____

Sports: _____ Gender: _____

Physician: _____ Date of Examination: _____

LIST PAST AND CURRENT MEDICAL CONDITIONS:

LIST ALL PAST SURGICAL PROCEDURES:

LIST ALL CURRENT PRESCRIPTIONS AND OVER-THE-COUNTER MEDICINES:

LIST ANY ALLERGIES (I.E. MEDICINES, POLLENS, FOOD, STINGING INSECTS, ETC.):

MEDICAL QUESTIONS	Yes	No
1. Have you ever passed out or nearly passed out during or after exercise?		
2. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
3. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
4. Has a doctor ever told you that you have any heart problems?		
5. Has a doctor ever requested a test for your heart?		
6. Do you get light-headed or feel shorter of breath than your friends during exercise?		
7. Have you ever had a seizure?		
8. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35?		
9. Have you ever had an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
10. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
11. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
12. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		

MEDICAL QUESTIONS	Yes	No
13. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
14. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
15. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
16. 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?		
17. Have you ever become ill while exercising in the heat?		
18. Do you or does someone in your family have sickle cell trait or disease?		
19. Have you ever had or do you have any problems with your eyes or vision?		
FEMALES ONLY	Yes	No
20. Have you ever had a menstrual period?		
21. How old were you when you had your first menstrual period?		
22. When was your most recent menstrual period?		
23. How many periods have you had in the past 12 months?		

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

Signature of Student Athlete: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

- To be filled out by the physician

PHYSICAL EXAMINATION FORM

Patient Name: _____ Date of birth: _____

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: Does patient require corrective lenses or contacts? ☐ Y ☐ N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph Nodes		
Heart* • Murmurs (auscultation standing, auscultation supine, and $\pm$ Valsalva maneuver)		
Lungs		
Abdomen		
Skin • HSV, lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination.

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).

- ☐ 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 the following sports: _____
- ☐ Not medically eligible
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For the following sports: _____
- ☐ Reason and Recommendations: _____

Name of Physician: _____ MD, DO, NP, or PA Phone: _____

Address: _____

Physician Signature: _____ Date: _____

Physician's Stamp Required

**CONSENT TO PARTICIPATE AND AGREEMENT TO WAIVE LIABILITY, ASSUME
RISK, AND HOLD HARMLESS**

STUDENT: _____ PARENT/GUARDIAN: _____

SCHOOL SITE: _____ SPORT(S): _____

I, the above-named parent/guardian, understand that participation in the above-listed sport/activity (the "**Sport**") is voluntary and is not required as a part of the regular school program. Consent is hereby given for the above-named student (the "**Student**") to participate in the Sport.

I am aware that participating, playing, practicing, or preparing to practice or play in the Sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of participating, playing, or practicing the Sport include, but are not limited to, death, serious neck and spinal injuries, paralysis, brain damage, serious injury to internal organs, serious injury to bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal

system, and serious injury or impairment general health and well-being. I understand that the risks described can result in serious impairment of the Student's future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

In the event of an accident or sudden illness, Perris Union High School District has permission to render whatever emergency medical treatment may be deemed necessary for the Student. In the event that emergency services must be rendered, I understand that I will be responsible for the costs thereof. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital it is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the school representative to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

In consideration of the Perris Union High School District permitting participation of the Student in the Sport, I, FOR MYSELF AND ON BEHALF OF THE STUDENT, HEREBY ASSUME ALL RISKS DESCRIBED HEREIN AND AGREE TO WAIVE LIABILITY AND HOLD THE PERRIS UNION HIGH SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, COACHES, AND VOLUNTEERS HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTIONS, DEBTS, CLAIMS, OR DEMANDS OF ANY KIND AND NATURE WHATSOEVER THAT MAY ARISE OUT OF OR IN CONNECTION WITH THE STUDENT'S PARTICIPATION IN THE SPORT. THE TERMS HEREOF SHALL SERVE AS A RELEASE AND ASSUMPTION OF RISK FOR ME, MY HEIRS, ESTATE, EXECUTOR, ADMINISTRATOR, ASSIGNEES, AND FOR ALL MEMBERS OF MY FAMILY.

I, the undersigned, having carefully read the foregoing, do hereby hold harmless and release the District as described herein.

Parent/Guardian [printed]

Parent/Guardian [signed]

Date



RESPECTFUL. **O**PTIMISTIC. **A**MBITIOUS. **R**ESPONSIBLE.

Paloma Valley High School Athletic Leadership

Code of Conduct Agreement and Contract

I _____ understand that I have been given a leadership position at Paloma Valley High School. Participation in Athletics is a privilege and I realize that as a leader, I have a responsibility to be a role model on campus. My actions, both good and bad, will be watched carefully by the students and staff. Breaking rules reflects poorly on the entire program and I will represent PVHS Athletics and my team in a positive way at all times. I understand that if I do not follow the PVHS leadership code of conduct, I may have to have a parent meeting with the Athletic Director, suspended from practice and/or games, and could be removed from the program.

Leader Expectations: (Initial to agree to each statement)

_____ I will follow all of the rules and expectations laid out in the student handbook and the CIF Code of Conduct.

_____ I will maintain at least a 2.0 GPA and pass all of my classes.

_____ I will maintain good attendance by arriving to class on time and clearing my absences with attendance.

_____ I will be respectful to all students and staff; always be a leader and positive influence both on/off campus; my language and actions will be appropriate.

_____ I will use social media appropriately by making sure my posts, pictures, and comments are appropriate and respectful. I will treat others with respect. I will be an advocate for anyone being bullied.

_____ I will uphold the principles of ROAR by being respectful, optimistic, ambitious, and responsible both on and off campus.

I understand that I may be removed from the athletic program if I fail to uphold any of the behaviors mentioned above. I have read, understand, and agree with the expectations outlined above. I commit to being a positive role model for my peers at PVHS.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____