

**CRAVEN COUNTY SCHOOLS**  
**MIDDLE SCHOOL STUDENT-ATHLETE PARTICIPATION PACKET**

***\*Please print all information clearly and initial/sign each requested line.***

***\*A student-athlete IS NOT eligible for ATHLETIC PARTICIPATION until the ENTIRE PACKET is completed and returned along with a valid NCHSAA PHYSICAL.***

**Forms Needed Signed for Participation:**

- Parent Permission Form
- Parent/Guardian Letter
- CCS Student-Athlete Insurance Form
- CCS Extracurricular Travel Notification
- CCS Code of Conduct (Athlete & Parent Sportsmanship Pledge)
- NCHSAA Gfeller-Waller Student-Athlete, Parent/Legal Custodian Concussion Information Sheet
- NCHSAA Gfeller-Waller Student-Athlete & Parent/Legal Custodian Concussion Statement Form
- NCHSAA Physical Examination Form

**Middle School Eligibility Requirements:**

- Student must be in the sixth (6) through eighth (8) grades (6<sup>th</sup> graders cannot participate in football)
- Students must meet residency requirements set forth by the Craven County Schools.
- Students must live with parent(s)/legal custodian.
- Students must pass at least **(70) percent** of the courses taken in the preceding semester and meet district promotion requirements.
- Students must be in attendance at least **(85) percent** of the previous semester.
- If an athlete is "academically eligible" or "academically ineligible" at the beginning of any semester, that status is retained throughout the full semester. An athlete becomes eligible or ineligible on the first day of the new semester.
- Students cannot turn 15 years of age on or before August 31 of the current academic year.
- Students can only compete in athletics for six (6) semesters after first entry into 6<sup>th</sup> grade.
- Students must have a current physical every 395 days and permission/insurance forms on file with the Athletic Director.
- Must attend the pre-season parent/student athlete meeting.

**CRAVEN COUNTY SCHOOLS ATHLETICS**  
**PARENT PERMISSION FORM**

Student-Athlete's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F First year in 6<sup>th</sup> grade: \_\_\_\_\_

School: \_\_\_\_\_ Circle Grade: 6 7 8

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Student Resides with: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address of Residence: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

*If a student resides with anyone other than parents, legal documentation **MUST** be provided to school administration.*

Emergency Contact Person: \_\_\_\_\_

Day phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Indicate any Medical Alerts and/or allergic reactions: \_\_\_\_\_

Request for Permission to Participate: We, the undersigned student and the student's parent/guardian, apply for permission to participate in interscholastic athletics in the following sports: (Please check all sports that apply)

- |                                       |                                   |                                     |                                    |
|---------------------------------------|-----------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Basketball   | <input type="checkbox"/> Football | <input type="checkbox"/> Softball   | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Baseball     | <input type="checkbox"/> Golf     | <input type="checkbox"/> Track      |                                    |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Soccer   | <input type="checkbox"/> Volleyball |                                    |

I have read the above requirements and I know that athletic participation is a privilege which can be taken away if state, district, school, or team rules are violated. I am aware of the risks involved in athletic participation. I understand that serious injury, paralysis, and even death, is possible as a result of such participation, and chose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with complete understanding of the risks involved.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Parent or Guardian,

The pre-participation examination is a limited medical check-up to screen your child to see if he/she can safely participate in sports. This exam may be performed by a physician's assistant or urgent care facility.

The exam screens for common problems that have been shown to be a danger to athletes. It is not a comprehensive medical exam and does not detect rare medical conditions. If you have concerns about your child having a serious medical illness, please schedule a visit with your medical physician or specialist. Additionally, your child's regular health care, routine physical examinations, and laboratory testing should continue to come from his/her personal physician.

The student and parent/legal custodian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries including, but not limited to, serious neck, head and spinal injuries, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury or impairment to other aspects of the body, or effects to the general health and well-being of the child, and in rare cases death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate all risk. Because of these inherent risks, the student and parent/legal custodian have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

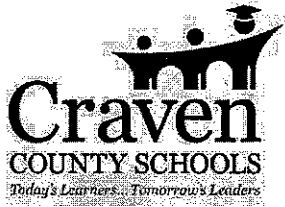
I authorize medical treatment should the need arise for such treatment while my child/ward ("student-athlete") is under the supervision of the member school. I consent to medical treatment for my student-athlete following an injury or illness suffered during practice and/or a contest. I understand that in the case of injury or illness requiring treatment by medical personnel and transportation to a health care facility, a reasonable attempt will be made to contact me (the parent/legal custodian) in the case of my student-athlete being a minor, but that, if necessary, my student-athlete will be treated and transported via ambulance to the nearest hospital. I further authorize the use or disclosure of my student-athlete's personally identifiable health information should treatment for illness or injury become necessary.

I hereby fully and unconditionally release from all liability the Craven County Board of Education, its agents, and employees from all claims of any nature arising or resulting from the activities connected with the student's participation in interscholastic athletics.

Student-Athlete's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL FORMS MUST BE COMPLETED, SIGNED AND DATED BY PARENTS/GUARDIANS, ATHLETES, AND PHYSICIANS TO BE ELIGIBLE FOR SPORTS.**



## STUDENT-ATHLETE INSURANCE INFORMATION

- Please initial next to the statement that describes your insurance situation.
- Student-Athletes are not eligible to participate in any athletic skill developments, practices or games without insurance information being declared.

Thank you for your recognition and cooperation with this important matter.

\_\_\_\_\_ I have insurance and have provided a photocopy of my insurance card.

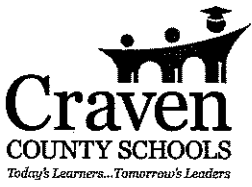
\_\_\_\_\_ I do not have insurance, but I have purchased insurance through the student insurance program, and I will provide a copy of the receipt.

Visit the Craven County Schools website by following the link:  
[https://www.hsri.com/k12\\_enrollment/main/default.asp](https://www.hsri.com/k12_enrollment/main/default.asp)

Student-Athlete's Name: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



**Extracurricular Travel Notification**  
*(This form must be competed for each school year)*

All students who are involved in extracurricular activities (including Band, Chorus and Athletics) shall travel with the team to and from all off campus competitions and practices via Craven County Schools activity buses, school buses or approved charter buses. Practices may be held off site without prior notice when facilities are not available at the student's school. The only exception to the requirement to travel with the team is when both the coach or supervising adult and parent/guardian agree that it is necessary for the student to ride with the parent/guardian to and/or from the event. Students shall not ride with any other person other than their parent/guardian.

I understand that my child, \_\_\_\_\_ will ride a Craven County Schools activity bus, school bus, or approved charter bus to and from all extracurricular events and possibly practices as deemed necessary by the coach or supervising adult.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



## **CRAVEN COUNTY SCHOOLS STUDENT-ATHLETIC CODE OF CONDUCT**

Participation in any extracurricular activity is an important part of the high school or middle school educational experience. Primary goals of these activities are to teach students character and self discipline skills which will enable them to develop to their highest potential academically, as well as athletically. Student athletes, who serve as role models for younger students, are held to a higher standard for their actions. Each student, parent, and coach shall understand the obligations of being part of the athletic program, the established consequences of violating the Code of Conduct, and that participation is a privilege and not a right.

### **Commitment Agreement**

Each student, parent, and coach participating in an extracurricular activity shall sign the Craven County Athletic Code of Conduct. Any student athlete charged with a criminal offense, other than minor traffic violations, must make the coach or athletic director aware of the charge prior to the next practice or contest but no later than 48 hours after the charge. Any criminal offense within the previous twelve (12) months must be reported to the coach prior to the beginning of tryouts for any sport.

### **Consequences for violating the Code of Conduct will be as follows:**

These consequences will be in addition to any consequences imposed by the school. Any student charged with a crime classified as a felony under North Carolina or Federal law shall be suspended from participation until such charges are adjudicated. Once charges are adjudicated, if the student is not convicted of the charges, the principal will review the evidence regarding the incident, the student's discipline record, grades, and conduct to determine if the student will be eligible to participate.

Any student convicted of a crime classified as a felony under North Carolina or Federal law or is an adjudicated delinquent for an offense that would be a felony if committed by an adult is not eligible to participate in the North Carolina High School Athletic Association Sports Program. Such ineligibility shall be immediate and shall prohibit

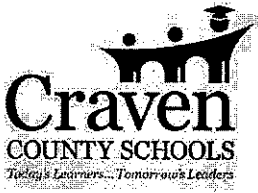


participation in the NCHSAA sports program from the date of conviction or adjudication through the end of the student's high school career. Appellate or other post-conviction review of the conviction or adjudication of delinquency does not affect the student's immediate ineligibility.

If any student is charged or convicted of a lesser crime, the Principal, in consultation with the Athletic Director and Superintendent or designee will review the evidence regarding the incident, the student's discipline record, grades, and conduct to determine if the student will be eligible to participate. Failure to alert the coach or athletic director of the charge shall result in immediate ineligibility for athletic participation for 365 days from the date of the charge.

**IN-SCHOOL AND OUT-OF-SCHOOL SUSPENSION** - Any student who is assigned is not allowed to attend any practices, scrimmages or contests and cannot participate in any fashion during the length of the suspension beginning on the date that the consequence was given. Individual schools may impose stricter penalties, including removal from the team.

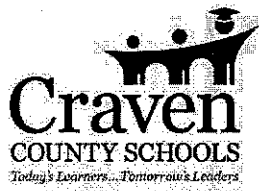
1. If a participating student is assigned to In-School or Out of School Suspension, he/she will not be allowed to practice or participate in a game/ team activity on the day suspension is assigned. Suspension will be carried out regardless of the game/activity days or events.
2. If a student is given Out-of-School Suspension for any reason, he/she will be subject to the following additional consequences:
  - **FIRST OFFENSE:** A student athlete will not be allowed to practice or play during the suspension/assigned time and may regain eligibility the next calendar day following completion of ISS and OSS.
  - **SECOND OFFENSE:** The student will be removed from athletics for the remainder of that season.
  - **REPEATED OFFENSES:** If a student continues to be suspended from school for consistent disciplinary infractions, the principal may remove that student from athletics for the remainder of that student's school career.



## **Craven County Schools ATHLETIC CODE OF CONDUCT**

Interscholastic athletic competition should demonstrate a high standard of ethics and sportsmanship and promote the development of good character. Excellent sportsmanship is achieved when participants are committed to pursuing victory according to the following traits: Academic Excellence, Trustworthiness, Respect, Responsibility, Caring, Fairness, Citizenship, Perseverance, Courage, and Self Discipline.

1. Academic Excellence – achieving academic success in all classes
2. Trustworthiness – having the inner strength to be fair and courteous during athletic events.
3. Respect – showing high regard for coaches, officials, opponents, fans, administrators, self, team, and the school you are representing.
4. Responsibility – showing reliability and consistency in words and conduct, and being accountable for your actions.
5. Caring – being considerate, courteous, generous in spirit to the opposing team.
6. Fairness – treating others as you like to be treated. Recognizing the uniqueness and value of each individual.
7. Citizenship – setting priorities in accordance with team, county, state and national rules and demonstrating law-abiding behavior and volunteerism.
8. Perseverance – being persistent in pursuit of worthy objectives in spite of opposition.
9. Courage – having the determination to do the right thing even when others don't.
10. Self-discipline – refraining from inappropriate behaviors and maintaining self control at all times.



## **Craven County Schools Parent-Coach Communication**

### **Parent-Coach Relationship**

Parenting and coaching are both extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide a greater benefit to children. As parents, when your child is involved in our program, you have the right to understand what expectations are placed on him/her. This begins with clear communication from the coach of the sports.

### **Communication Parents Should Expect From Coaches**

1. Expectations the coach has for your child and other players on the team.
2. Locations and times of all practices and games/contests.
3. Any additional team requirements - fees, special equipment, overnight trips, off-season strength and conditioning programs.
4. Procedure for dealing with injuries should they occur during practice or away contests.
5. List of team rules and consequences including discipline that results in denial of a student's participation.
6. Changes in practice or game schedule due to weather.

### **Appropriate Communication Between Parents and Coaches**

1. Concerns expressed directly to the coach.
2. Notification of any schedule conflicts in advance.
3. Notification of illness or injury as soon as possible.

As your child becomes involved in athletic programs at middle and/or high school, he/she will experience some of the most rewarding moments of his/her life. It is important to understand that there also may be times when things do not go the way you and your child wish. At these times, discussion with the coach is encouraged. It is the first and most integral step to understanding and resolution.

### **Appropriate Concerns to Discuss With Coaches**

1. The treatment of your child.
2. Ways to help your child improve.
3. Concerns about your child's behavior.

It is very difficult to accept your child not playing as much as you had hoped. Coaches are professionals. They make decisions based on what they believe to be best for all student-athletes involved. As you have seen from the list above, certain things can be and should be discussed with your child's coach. The three items listed below should be



left to the discretion of the coach.

1. Playing time, positioning, and event entry.
2. Team strategies, game tactics, play calling.
3. Any discussion about other student-athletes.

## Conferences

There are situations that may require a conference between the coach and player or coach and parent. These conferences are encouraged. It is important that all parties involved have a clear understanding of the other person's position. When a conference is necessary, the following procedures should be used to help resolve any concerns.

1. Student-Coach – open-door policy for all coaches
2. Parent-Coach – done by appointment

If you have a concern to discuss with a coach, the procedure you should follow is:

1. Call the coach to schedule an appointment.
2. If the coach cannot be reached, call the school athletic director; he/she will set a meeting time for you.
3. Please do not attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and the coach. Meetings of this nature usually do not promote positive resolutions.

## The Next Step

What can a parent do if the meeting with the coach did not provide a satisfactory resolution?

1. Call and schedule an appointment with the school athletic director to discuss the situation.
2. At this meeting the appropriate next step can be determined, if necessary.

## Transportation

All student athletes who travel with a team to an away athletic event must return to the school with the team. The only exception to this policy is when both the coach and parent/guardian agree that it is beneficial for the student athlete to ride home with the parent/guardian. Student athletes are not to ride home from athletic events with any other person.

**Student-Athlete Pledge**

As a student-athlete, I know I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the behavior expectations of my school and school system. I hereby accept the responsibility and privilege of representing this school and community as a student-athlete which includes being academically successful in all areas.

I have read and understand Craven County School's policy and regulation for the Athletic Code of Conduct including the requirement that I make appropriate school personnel aware of any previous criminal charges within the last twelve (12) months and any new criminal charges prior to the next practice or contest but no later than 48 hours after the charge. I have been provided with and read a fact sheet regarding concussion according to the Gfeller-Waller Concussion Awareness Act G.S. 115C-12 (23).

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Student-Athlete Signature

Date

**Parent's Pledge**

As a parent, I acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom requiring that student achieve both academic and athletic success. I must show respect for all players, coaches, spectators, and support groups. I will only participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and the good sportsmanship expected by our school and school system. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student-athlete. I have read, understand, and agree to abide by the guidelines entitled **Parent-Coach Communication**.

I have read and understand Craven County School's policy and regulation for the Athletic Code of Conduct including the requirements that I make appropriate school personnel aware of any previous criminal charges within the last twelve (12) months and any new criminal charges prior to the next practice or contest but no later than 48 hours after the change. I have been provided with and read a fact sheet regarding concussion according to the Gfeller-Waller Concussion Awareness Act G.S. 115C-12 (23).

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Parent(s) Signature

Date

## Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Information Sheet

**What is a concussion?** A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

**How do I know if I have a concussion?** There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

*Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)*

**What should I do if I think I have a concussion?** If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

**When should I be particularly concerned?** If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

**What are some of the problems that may affect me after a concussion?** You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

**How do I know when it's ok to return to physical activity and my sport after a concussion?** After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

**You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.**

*This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.*

## Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the right column. Some statements are applicable only to the student-athlete and should only be initialed by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-Athlete Name: (please print) \_\_\_\_\_

Parent/Legal Custodian Name(s): (please print) \_\_\_\_\_

Student-Athlete Initials		Parent/Legal Custodian(s) Initials
	A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	Not Applicable
	If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion.	Not Applicable
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or my child, will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away, right away. I realize that resolution from a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	

**By signing below, we agree that we have read and understand the information contained in the Student-Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.**

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Custodian

\_\_\_\_\_  
Date

Instructions for completing the NCHSAA Student-Athlete  
Pre-Participation Physical Evaluation (PPE)

In order to be medically eligible for participation in practice or in interscholastic athletic contests, a student must complete a pre-participation physical evaluation (PPE) and provide medical eligibility documentation to the school.

There are three sections that need to be completed:

1. History Form (Pages 1-2)
  - a. This form is completed by the student-athlete and his / her parent or guardian.
  - b. Both the athlete and a parent or guardian shall sign this form.
2. Physical Examination Form (Page 3)
  - a. This section is completed by and signed by a licensed medical professional (MD, DO, NP, or PA-C).
  - b. The physical exam should include a thorough review of the history form. The licensed medical professional should ask any clarifying questions or discuss any areas left blank on the medical history during the physical exam.
  - c. This form should be signed on the date that the physical examination was completed.
3. Medical Eligibility (Page 4)
  - a. This section is completed by and signed by the licensed medical professional who reviewed the history form and completed the physical exam.
  - b. The licensed medical provider should complete the Shared Emergency Information based on findings from the history form and the physical examination.
  - c. This form should also be signed on the date that the physical examination was completed.

# ■ 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 form completed: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_

How do you identify your gender (optional)? (F, M, non-binary, or another gender):

Have you had COVID-19? (optional; check one):  Y  N

Have you been immunized for COVID-19? (optional; check one):  Y  N If yes, have you had:  One shot  Two shots  
 Three shots  Booster date(s)

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	<input checked="" type="radio"/> 0	1	2	3
Not being able to stop or control worrying 0	<input checked="" type="radio"/> 0	1	2	3
Little interest or pleasure in doing things 0	<input checked="" type="radio"/> 0	1	2	3
Feeling down, depressed, or hopeless 0	<input checked="" type="radio"/> 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT YOU			
(CONTINUED)			
	Yes	No	
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			
	Unsure	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)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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, 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?	Unsure		
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?					
MENSTRUAL QUESTIONS (optional)			N/A	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.

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**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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**■ PREPARTICIPATION PHYSICAL EVALUATION  
PHYSICAL EXAMINATION FORM**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**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, 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?
2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / ( / )	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> 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 <sup>a</sup> • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (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		

<sup>a</sup> 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 of exam: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA



■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

- 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 of exam: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_