

Redlands Student Connections League (RSCL)



Athletic Clearance Packet

Required Documents to be Completed/Signed:

- Sports Checklist
- Pre-Participation Physical Form (by Physician)
- Athletic Release Form
- Concussion Form
- Sudden Cardiac Arrest Form
- Heat Illness Form
- Student Code of Conduct
- Parent Code of Conduct

Dear Student-Athlete and Parent:

Welcome to the *Redlands Student Connections League (RSCL)*! RSCL includes all four RUSD middle schools: Beattie, Clement, Cope and Moore. At the Redlands Unified School District, student-athletes learn valuable character-building lessons while playing sports: school pride, teamwork, and positive attitude and sportsmanship. The RSCL will strive to provide as many positive school connective experiences for as many students as possible.

Student-athletes will be required to meet academic eligibility standards in order to be part of the team. RUSD Board Policy requires a minimum of a 2.0 GPA. For the fall season, all students may begin participating. Grades will be checked at the end of the first quarter, and students must maintain a minimum 2.0 GPA to remain eligible. For the winter and spring seasons, the previous grade-reporting period will determine eligibility for a given sport. Student-athletes will also be held accountable for their behavior and will be required to have good attendance. All student-athletes must complete a middle school athletic clearance/participation packet before they participate. Please visit your school's website to download that packet, or you can receive a hard copy at the main office.

At the middle school level, we focus on bringing students together by offering an educational-based school connection program. The RSCL is dedicated to helping middle school student-athletes enhance their academic performance level, improve positive character traits, strive for excellence, and increase their overall level of confidence through athletic competition.

We hope that you enjoy your time at Beattie Middle School, Clement Middle School, Cope Middle School and/or Moore Middle School.

Best of luck!

RSCL Sports: Checklist

Please select (mark X) the sport(s) that your student would like to play from the following list:

_____ Flag Football (Fall)

_____ Soccer (Winter)

_____ Basketball (Spring)

Note: Run Club is a school club that requires sports clearance. If your student is interested in participating, then please sign here and complete the remainder of the packet.

_____.

Students may change their sports preference throughout the school year. If this occurs, please inform office staff prior to try-outs for the upcoming sport/season.

If your student is not *cleared* to participate, then he or she will not be able to try-out/participate (no exceptions to due liability). I understand this policy and will follow the school/district's clearance procedures.

Student Name _____

Current Grade Level _____

Parent/Guardian Signature _____

RSCL Student-Athlete Code of Conduct

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to “Pursuing Victory with Honor” according to six core principles of trustworthiness, respect, responsibility, fairness, caring and good citizenship (the “Six Pillars of Character”). This Code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:

Six Pillars of Character

TRUSTWORTHINESS - Be worthy of trust in all I do.

RESPECT – Treat all people with respect all the time and require the same of other student-athletes.

RESPONSIBILITY - Be a student first and commit to getting the best education I can.

FAIRNESS - Live up to high standards of fair play, be open-minded; always be willing to listen and learn.

CARING – Demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to myself or others.

CITIZENSHIP - Play by the rules; maintain a thorough knowledge of and abide by all applicable game and competition rules.

I have read and understand the requirements of this Code of Conduct. I understand that I am expected to perform according to this code and that there may be consequences if I do not. These consequences may include suspension of game(s), removal from the team or other disciplinary actions taken by the school’s administration.

Student Signature _____

Parent/Guardian Signature _____

Parent Code of Conduct

Parental support of our athletic team is vital, and greatly appreciated. In order to provide a positive climate for coaches and players to do their best, eliminate distractions that might negatively impact the program, model good sportsmanship, and comply with our rules, we are asking for your support of the following Parental Code of Conduct.

We strongly encourage your active, positive support of your child, and look forward to your attendance at the games and other sponsored activities. The concept of sportsmanship, however, must be taught, modeled and reinforced by adults. The parents/guardians of athletes must maintain self-control and demonstrate proper perspective as it relates to winning and losing. It is important to remember that an athletic contest is **ONLY A GAME – NOT A MATTER OF LIFE AND DEATH**. Accordingly, we are asking all parents/guardians, and spectators who attend games to abide by the following:

- Please show respect for others by refraining from booing or shouting/yelling derogatory comments or remarks from the stands towards our opponents, coaches or officials. Personal insults or abusive, foul language will not be tolerated. Violations may result in penalties against the team and ejection of the offender.
- Parents shall not confront or seek to conference with coaches or officials during or immediately after games, except in cases of injuries or emergency medical treatment for their child.
- Conferences with the Coach to discuss or critique their game preparation, coaching strategy, or the status of other players will not be held. Any conference to discuss your child's status must be scheduled with the Coach in advance.
- Other forms of behavior that are disruptive to the game or others' enjoyment of the game will not be allowed. This includes, but is not limited to, approaching the bench area while the game is in progress, or attempting to coach your child or direct other players during games or practice.
- Be supportive of your child's efforts and the efforts of his/her teammates – be encouraging rather than negative regardless of the outcome of a game.
- If there is a change of address for the student, the parent/guardian shall inform the counseling/athletic office immediately.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

REDLANDS UNIFIED SCHOOL DISTRICT
CONSENT TO PARTICIPATE AND AGREEMENT TO WAIVE LIABILITY, RELEASE,
ASSUME RISK, HOLD HARMLESS AND OBEY RULES AND INSTRUCTIONS

Name of School: _____

Date: _____

Athletic/Sport Activity: _____

Participation in the above athletic/sport activity **IS VOLUNTARY** and **IS NOT REQUIRED** as a part of the regular school program. Consent is hereby given for student _____ to participate in the above athletic/sport activity.

I am aware that participating, playing, practicing to play or preparing to practice/play in any athletic/sport activity can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of participating, playing, practicing to play or preparing to practice/play in the above athletic/sport activity include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my (or my student's) body, general health and well-being. I understand that the dangers and risks of participating, playing, practicing to play or preparing to practice/play in the above athletic/sport activity may result not only in serious injury, but in a serious impairment of my (or my student's) future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. I especially acknowledge that baseball, softball, football, and wrestling are more dangerous sports involving even greater risk of injury than other sports.

In the event of an accident or sudden illness, Redlands Unified School District has permission to render whatever emergency medical treatment may be deemed necessary for the above named student. I will assume the cost of ambulance service in the case of an emergency and understand that the district does not pay for ambulance service. I further understand and accept the responsibility for obtaining a written confirmation from the physician indicating that the student may return to practice and competition with his/her team anytime a student is seen by such personnel.

Because of the dangers of participating, playing, practicing to play or preparing to practice/play in the above athletic/sport activity, I (or on behalf of my student) recognize the importance of following coaches' instructions regarding playing techniques, training and game and other team rules and agree to obey such instructions/rules. It is also recognized that attendance and academic performance are essential for student success. This success provides the eligibility for participation in the above athletic/sport activity. **TO ENSURE THIS, STUDENTS MUST ATTEND ALL CLASSES ON THE DAY OF THE CONTEST OR THE DAY PRIOR TO A SATURDAY EVENT.** Appointments on game days must follow the attendance policy as stated in the student handbook.

Transportation to and from most athletic contests will be provided by Redlands Unified School District. It is never permissible for students to transport other students to athletic contests. Students are expected to use this transportation as a representative of their school. Any other arrangements due to emergency or family circumstances must be requested in writing by the parent/guardian (who has signed this form) the day before the trip and cleared through the school office.

In consideration of the Redlands Unified School District permitting me (or my student) to try out for the above athletic/sport activity at the above school and to **ENGAGE IN ALL ACTIVITIES RELATED TO THE TEAM**, including, but not limited to, trying out, preparing for, transporting to or from, practicing for, playing or otherwise participating in the above athletic/sport activity, **I (OR ON BEHALF OF MY STUDENT) HEREBY ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATION AND AGREE TO WAIVE LIABILITY AND HOLD THE REDLANDS UNIFIED SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, COACHES, AND ALL VOLUNTEERS HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTIONS, DEBTS, CLAIMS, OR DEMANDS OF ANY KIND AND NATURE WHATSOEVER WHICH MAY ARISE BY OR IN CONNECTION WITH MY (OR MY STUDENT'S) PARTICIPATION IN ANY ACTIVITIES RELATED TO THE TEAM.** 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.

THE UNDERSIGNED HAS CAREFULLY READ THE FOREGOING RELEASE AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTANDS IT.

 Parent/Guardian Signature

 Parent/Guardian Signature

 Student Signature

 Health Insurance/Student Accident Insurance Carrier*

 Policy Number

*If you do not have accident insurance, the district provides forms for you to obtain insurance as required by law. The forms are available at the school office. Insurance must be maintained at all times. Notify the athletic director of cancellation/change in policy.

CIF CONCUSSION INFORMATION SHEET

Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB25 (effective January 1, 2012) now Education Code § 49475:

- 1. The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.**
- 2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.**
- 3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.**

Every 2 years all coaches are required to receive training about concussions (AB 1451). As well as certification in First Aid training, CPR and AEDs (life-saving electrical devices that can be used during CPR).

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has severe headache, or is having difficulty staying awake or answering simple questions, call 911 to take him or her immediately to the emergency department of your local hospital.

On the CIF website is a Graded Concussion Symptom Checklist. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows improvement. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be part of his or her everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

Signs observed by teammates, parents and coaches include:

• Looks dizzy • Looks spaced out • Confused about plays • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or awkwardly • Answers questions slowly	• Slurred speech • Shows a change in personality or way of acting • Can't recall events before or after the injury • Seizures or has a fit • Any change in typical behavior or personality • Passes out
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Symptoms may include one or more of the following:

• Headaches • "Pressure in head" • Nausea or throws up • Neck pain • Has trouble standing or walking • Blurred, double, or fuzzy vision • Bothered by light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns	• Loss of memory • "Don't feel right" • Tired or low energy • Sadness • Nervousness or feeling on edge • Irritability • More emotional • Confused • Concentration or memory problems • Repeating the same questions/comment
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What is Return to Learn?

Following a concussion, student athletes may have difficulties with short-and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities, unless your doctor makes other recommendations. Go to the CIF website for more information on Return to Learn.

How is Return to Play (RTP) determined?

Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. (AB 2127, a California state law effective 1/15/15, states that return to play (i.e., full competition) must be no sooner than 7 days after the concussion diagnosis has been made by a physician.)

Final Thoughts for Parents and Guardians:

It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

References

- American Medical Society for Sports Medicine position statement; concussion in sport (2013)
- Consensus statement on concussion in sport; the 4th International Conference on Concussion in Sport held in Zurich, November 2012
- <http://www.cdc.gov/concussion/HeadsUp/youth.html>

School: _____

CIF Concussion Information Sheet

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.
3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

For current and up-to date information on concussions you can visit:

<http://www.cdc.gov/concussion/HeadUp/youth.html>

I acknowledge that I have received and read the CIF Concussion Information Sheet.

Student-Athlete Name
Printed

Student-Athlete
Signature

Date

Parent or Legal Guardian
Printed

Parent or Legal Guardian
Signature

Date

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- ☐ Fainting or seizure, especially during or right after exercise
- ☐ Fainting repeatedly or with excitement or startle
- ☐ Excessive shortness of breath during exercise
- ☐ Racing or fluttering heart palpitations or irregular heartbeat
- ☐ Repeated dizziness or lightheadedness
- ☐ Chest pain or discomfort with exercise
- ☐ Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA

- ☐ Family history of known heart abnormalities or sudden death before age 50
- ☐ Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- ☐ Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- ☐ Known structural heart abnormality, repaired or unrepaired
- ☐ Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation
<http://www.epsavealife.org>

National Federation of High Schools
(20-minute training video)
<https://nfhslearn.com/courses/61032>





Parent/Student CIF Heat Illness Information Sheet



WHY AM I GETTING THIS INFORMATION SHEET?

You are receiving this information sheet about Heat Illness because of California state law AB 2800 (effective January 1, 2019), now Education Code § 35179 and CIF Bylaws 22.B.(9) and 503.K (Approved Federated Council January 31, 2019):

1. *CIF rules require a student athlete, who has been removed from practice or play after displaying signs and symptoms associated with heat illness, must receive a written note from a licensed health care provider before returning to practice.*
2. *Before an athlete can start the season and begin practice in a sport, a Heat Illness information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

Every 2 years all coaches are required to receive separate trainings about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2800), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

WHAT IS HEAT ILLNESS AND HOW WOULD I RECOGNIZE IT?

Intense and prolonged exercise, hot and humid weather and dehydration can seriously compromise athlete performance and increase the risk of exertional heat injury. Exercise produces heat within the body and when performed on a hot or humid day with additional barriers to heat loss, such as padding and equipment, the athlete's core body temperature can become dangerously high. If left untreated, this elevation of core body temperature can cause organ systems to shut down in the body.

Young athletes should be pre-screened at their pre-participation physical evaluation for heat illness risk factors including medication/supplement use, cardiac disease, history of sickle cell trait, febrile or gastrointestinal illness, obesity, and previous heat injury. Athletes with non-modifiable risk factors should be closely supervised during strenuous activities in a hot or humid climate.

Sweating is one way the body tries to reduce an elevated core temperature. Once sweat (salt and water) leaves the body, it must be replaced. Water is the best hydration replacement, but for those athletes exercising for long periods of time where electrolytes may be lost, commercial sports drinks with electrolytes are available. Energy drinks that contain caffeine or other "natural" stimulants are not adequate or appropriate hydration for athletes and can even be dangerous by causing abnormal heart rhythms.

PREVENTION There are several ways to try to prevent heat illness:

ADEQUATE HYDRATION

Arrive well-hydrated at practices, games and in between exercise sessions. Urine appears clear or light yellow (like lemonade) in well-hydrated individuals and dark (like apple juice) in dehydrated individuals. Water/sports drinks should be readily available and served chilled in containers that allow adequate volumes of fluid to be ingested. Water breaks should occur at least every 15-20 minutes and should be long enough to allow athletes to ingest adequate fluid volumes (4-8 ounces).

GRADUAL ACCLIMATIZATION

Intensity and duration of exercise should be gradually increased over a period of 7-14 days to give athletes time to build fitness levels and become accustomed to practicing in the heat. Protective equipment should be introduced in phases (start with helmet, progress to helmet and shoulder pads, and finally fully equipped).

ADDITIONAL PREVENTION MEASURES

Wear light-colored, light-weight synthetic clothing, when possible, to aid heat loss. Allow for adequate rest breaks in the shade if available. Avoid drinks containing stimulants such as ephedrine or high doses of caffeine. Be ready to alter practice or game plans in extreme environmental conditions. Eat a well-balanced diet which aids in replacing lost electrolytes.

A **FREE** online course "Heat Illness Prevention" is available through the CIF and NFHS at <https://nfhslearn.com/courses/61140/heat-illness-prevention>.



Parent/Student CIF Heat Illness Information Sheet



HEAT EXHAUSTION

Inability to continue exercise due to heat-induced symptoms. Occurs with an elevated core body temperature between 97 and 104 degrees Fahrenheit.

- Dizziness, lightheadedness, weakness
- Headache
- Nausea
- Diarrhea, urge to defecate
- Pallor, chills
- Profuse sweating
- Cool, clammy skin
- Hyperventilation
- Decreased urine output

TREATMENT OF HEAT EXHAUSTION

Stop exercise, move player to a cool place, remove excess clothing, give fluids if conscious, COOL BODY: fans, cold water, ice towels, ice bath or ice packs. Fluid replacement should occur as soon as possible. The Emergency Medical System (EMS) should be activated if recovery is not rapid. When in doubt, CALL 911. Athletes with heat exhaustion should be assessed by a physician as soon as possible in all cases.

HEAT STROKE

Dysfunction or shutdown of body systems due to elevated body temperature which cannot be controlled. This occurs with a core body temperature greater than 107 degrees Fahrenheit. ***Signs observed by teammates, parents, and coaches include:***

- Dizziness
- Drowsiness, loss of consciousness
- Seizures
- Staggering, disorientation
- Behavioral/cognitive changes (confusion, irritability, aggressiveness, hysteria, emotional instability)
- Weakness
- Hot and wet or dry skin
- Rapid heartbeat, low blood pressure
- Hyperventilation
- Vomiting, diarrhea

TREATMENT OF HEAT STROKE

This is a MEDICAL EMERGENCY. Death may result if not treated properly and rapidly.

Stop exercise, Call 911, remove from heat, remove clothing, immerse athlete in cold water for aggressive, rapid cooling (if immersion is not possible, cool the athlete as described for heat exhaustion), monitor vital signs until paramedics arrive.

FINAL THOUGHTS FOR PARENTS AND GUARDIANS

Heat stress should be considered when planning and preparing for any sports activity. Summer and fall sports are conducted in very hot and humid weather across regions of California. While exertional heat illness can affect any athlete, the incidence is consistently highest among football athletes due to additional protective equipment which hinders heat dissipation. Several heatstroke deaths continue to occur in high school sports each season in the United States. Heatstroke deaths are preventable, if the proper precautions are taken.

You should also feel comfortable talking to the coaches or athletic trainer about preventative measures and potential signs and symptoms of heat illness that you may be seeing in your child.

I acknowledge that I have received and read the CIF Heat Illness Information Sheet.

Student-Athlete Name
Printed

Student-Athlete
Signature

Date

Parent or Legal Guardian Name
Printed

Parent or Legal Guardian
Signature

Date

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations.

■ PREPARTICIPATION PHYSICAL EVALUATION

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): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

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

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations.

■ 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: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: ☐ 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 ^a 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		

^a 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, 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: _____

Address: _____ Phone: _____

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

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

Physician's Office
(MD or DO)
Stamp Required Here