Please note: per South Carolina High School League rules, pre-participation physicals are valid from April 1, 2026, through the end of the 2026-2027 school year.

Thinking about playing a sport in 2026-2027?

IMPORTANT INFO BELOW!

In 2017, Horry County Schools implemented a new electronic registration system for athletics. In previous years, Planet HS or Student Central Big Teams were used for this process. This year, we are using a new platform: Arbiter Registration. The online registration must be completed by a parent and approved by school staff before the student is permitted to participate. To complete this process, please follow the instructions outlined below.

Please be sure to follow these steps to complete your registration and ensure that your student is registered for athletic participation:

1. Parents create an Arbiter Registration account by scanning the QR code or clicking the link below to go to our Sports Physical Registration page. *You will only need one account for your whole family.*
2. On the Sports Physical Registration page, select your child's school.

Note:

- **Middle school athletes will have to register for both High School and Middle School.**
- **You will need to have the Medical History, Physical, and Birth Certificate on hand to complete your registration.**

3. After creating your Arbiter Registration account, an activation link will automatically be sent to your e-mail. Use this to finish setting up your account. (Note: this email may go into your junk folder.)
    - If you are having trouble creating your account, receiving the activation email, or logging in, you may contact support at registration@arbitersports.com or call 800-311-4060.
4. Once you have successfully created your account and are logged in, please complete your registration by signing the forms and uploading the physical, medical history, and birth certificate.
5. Once you have completed your registration, you will receive an email notification to let you know we have received your registration.

- **Students MUST be registered and approved to be eligible for participation.**

Middle school athletes will have to register for both High School and Middle School.

If you have any questions, you may contact the Athletic Director or Athletic Trainer for the school at which you will be participating.

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HORRY COUNTY SCHOOLS

PRE-PARTICIPATION HEALTH SCREENING FOR ATHLETICS / EXTRACURRICULAR ACTIVITIES

Name _____ Sex: M F Grade: 7 8 9 10 11 12 Date of Birth ___/___/___
FIRST MIDDLE LAST (2026 - 2027 School Year) Month / Day / Year

Sports you plan to play {Circle all that apply} Football Basketball Baseball Softball Volleyball Wrestling Cross Country Soccer Track Swimming Golf Lacrosse Cheerleading Tennis NJROTC Dance Team

Medical History (Answer ALL questions by checking the YES or NO boxes. Explain ALL "Yes" answers in the space below!)

	GENERAL MEDICAL HISTORY:	YES	NO	Don't Know
1	HAVE YOU HAD ANY MEDICAL PROBLEM OR PHYSICAL INJURY SINCE YOUR LAST PHYSICAL EXAM?	☐	☐	☐
2	DO YOU HAVE ASTHMA?	☐	☐	☐
3	DO YOU HAVE DIABETES?	☐	☐	☐
4	DO YOU HAVE HIGH BLOOD PRESSURE?	☐	☐	☐
5	DO YOU HAVE SEIZURES?	☐	☐	☐
6	DO YOU HAVE SICKLE CELL TRAIT?	☐	☐	☐
7	HAVE YOU HAVE ANY OTHER MAJOR MEDICAL PROBLEM?	☐	☐	☐
8	HAVE YOU EVER BEEN HOSPITALIZED OR HAD SURGERY?	☐	☐	☐
9	DO YOU COUGH, WHEEZE, OR HAVE TROUBLE BREATHING WHEN EXERCISING?	☐	☐	☐
10	DO YOU USE AN INHALER?	☐	☐	☐
11	DO YOU HAVE A SINGLE ORGAN (TESTICLE OR KIDNEY)?	☐	☐	☐
12	ARE YOU CURRENTLY TAKING ANY MEDICINES OR DO YOU TAKE ANY MEDICINES ON A REGULAR BASIS (PRESCRIPTION OR OVER-THE-COUNTER)?	☐	☐	☐
13	HAVE YOU EVER TAKEN ANY SUPPLEMENTS OR VITAMINS TO HELP WITH WEIGHT LOSS, WEIGHT GAIN, OR TO IMPROVE PERFORMANCE?	☐	☐	☐
14	DO YOU HAVE ANY ALLERGIES (SEASONAL, INSECTS, FOOD, OR MEDICINES)?	☐	☐	☐
15	HAVE YOU EVER HAD A RASH OR HIVES DEVELOP DURING OR AFTER EXERCISE?	☐	☐	☐
16	DO YOU HAVE ANY SKIN PROBLEMS OTHER THAN ACNE?	☐	☐	☐
17	HAVE YOU EVER HAD A HEAD INJURY, BEEN KNOCKED OUT, LOST YOUR MEMORY, HAD YOUR "BELL RUNG", OR A CONCUSSION?	☐	☐	☐
18	HAVE YOU EVER HAD NUMBNESS OR TINGLING IN YOUR ARMS, HANDS, LEGS, OR FEET?	☐	☐	☐
19	HAVE YOU EVER HAD A "STINGER", "BURNER", OR PINCHED NERVE?	☐	☐	☐
20	HAVE YOU EVER BECOME ILL FROM EXERCISING IN THE HEAT?	☐	☐	☐
21	HAVE YOU HAD MONONUCLEOSIS OR ANY SIGNIFICANT ILLNESS IN THE LAST 60 DAYS?	☐	☐	☐
22	DO YOU HAVE TROUBLE WITH YOUR EYES/VISION/WEAR GLASSES OR CONTACTS?	☐	☐	☐
23	DO YOU HAVE TROUBLE WITH YOUR HEARING/WEAR HEARING AIDS?	☐	☐	☐
24	DO YOU WANT TO WEIGH MORE OR LESS THAN YOU DO NOW?	☐	☐	☐
25	DO YOU LOSE WEIGHT REGULARLY TO MEET WEIGHT REQUIREMENTS FOR YOUR SPORT OR OTHER REASONS	☐	☐	☐
26	DO YOU FEEL STRESSED OUT, OVERLY TIRED, OR DEPRESSED?	☐	☐	☐
27	ARE THERE ANY OTHER ISSUES YOU WOULD LIKE TO DISCUSS WITH THE DOCTOR?	☐	☐	☐

	CARDIAC HISTORY:	YES	NO	Don't Know
1.	HAS A PHYSICIAN EVER DENIED OR RESTRICTED YOUR PARTICIPATION IN SPORTS?	☐	☐	☐
2.	HAS A PHYSICIAN EVER ORDER A TEST FOR YOUR HEART? FOR EXAMPLE: ECG/EKG, ECHOCARDIOGRAM	☐	☐	☐
3.	HAVE YOU EVER PASSED OUT DURING OR AFTER EXERCISE	☐	☐	☐
4.	HAVE YOU EVER BEEN DIZZY DURING OR AFTER EXERCISE?	☐	☐	☐
5.	HAVE YOU EVER HAD CHEST PAIN OR CHEST PRESSURE DURING OR AFTER EXERCISE?	☐	☐	☐
6.	DO YOU TIRE EASILY OR MORE QUICKLY THAN YOUR FRIENDS DURING EXERCISE?	☐	☐	☐
7.	HAVE YOU EVER HAD RACING OF YOUR HEART OR SKIPPED HEARTBEATS?	☐	☐	☐
8.	HAVE YOU EVER BEEN TOLD YOU HAD A HEART MURMUR?	☐	☐	☐
9.	HAVE YOU EVER BEEN TOLD YOU HAD AN ENLARGED HEART?	☐	☐	☐
10.	HAS ANY MEMBER OF YOUR FAMILY: ☐ – DIED OF HEART PROBLEMS OR SUDDEN DEATH BEFORE AGE 50? ☐ – BEEN TOLD THEY HAD A SERIOUS HEART PROBLEM BEFORE AGE 50 ☐ – BEEN TOLD THEY HAD MARFAN'S SYNDROME ☐ – BEEN TOLD THEY HAD HYPERTROPHIC CARDIOMYOPATHY, LONG-QT SYNDROME, OR ANY OTHER HEART ARRHYTHMIA OR CONDITION	☐	☐	☐

	ORTHOPAEDIC HISTORY:	YES	NO	Don't Know
1.	HAVE YOU EVER BROKEN OR FRACTURED ANY BONES?	☐	☐	☐
2.	HAVE YOU EVER DISLOCATED OR PARTIALLY DISLOCATED ANY JOINT?	☐	☐	☐
3.	HAVE YOU HAD ANY PROBLEMS RELATED TO YOUR: ☐ – NECK, SPINE, OR BACK ☐ – SHOULDERS ☐ – ELBOWS ☐ – WRISTS, HANDS, OR FINGERS ☐ – HIPS ☐ – KNEES ☐ – ANKLES, FEET, OR TOES ☐ – OTHER	☐	☐	☐

	FEMALES ONLY:	YES	NO	Don't Know
1.	ARE YOUR PERIODS REGULAR (EVERY MONTH)?	☐	☐	☐
2.	ARE YOUR PERIODS HEAVY?	☐	☐	☐
3.	WHEN WAS YOUR FIRST PERIOD? MONTH _____ YEAR _____			
4.	WHEN WAS YOUR LAST PERIOD? MONTH _____ YEAR _____			

Please explain YES answers from above in this space: _____

_____

_____

Signature of student-athlete: _____ **Date signed:** _____

Signature of parent/guardian: _____ **Date signed:** _____

***A photocopy or facsimile of this document shall be considered the same as the original document.*

HORRY COUNTY SCHOOLS

PRE-PARTICIPATION HEALTH SCREENING EXAMINATION

Name: _____ **Date of Exam:** _____

Date of Birth: ____/____/____ **Age:** _____ **Sex:** M F

Grade: 7 8 9 10 11 12 (2026-2027 School Year)

Height _____ Weight _____ Pulse _____ Respiration _____

BP L BRACHIAL _____/_____ BP R BRACHIAL _____/_____

Vision L 20/_____ R 20/_____ Corrected (CIRCLE): Yes No If yes, with? (CIRCLE) Glasses Contacts

GENERAL MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
CARDIOPULMONARY			
PULSES (INCLUDING FEMORAL)			
HEART (SUPINE, SITTING, STANDING and VALSALVA)			
PHYSICAL STIGMATA OF MARFAN SYNDROME			
LUNGS			
SKIN			
ABDOMINAL			

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS
NECK			
SHOULDER			
ELBOWS			
WRISTS			
HANDS			
BACK/SPINE			
HIP/PELVIS			
KNEES			
ANKLES			
FEET			

DENTAL	NORMAL	ABNORMAL FINDINGS	INITIALS
GUMS AND TONGUE			
TEETH			
TMJ JOINT			

Clearance (check one):

☐ CLEARED

☐ CLEARED AFTER completing evaluation/treatment for:
_____

☐ NOT CLEARED for sport/activity (list)
_____

☐ NOT CLEARED FOR ANY SPORTS PARTICIPATION due to:
_____

Other recommendations:
_____
_

Physician Office Name: _____ Phone Number: _____

Name of Examining Clinician:
_____

Signature of Examining Clinician: _____
MD.DO,PAC,NP Date: _____

Physical forms MUST be signed by a Licensed Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) or a Certified Physician's Assistant (PAC) or Nurse Practitioner (NP) practicing under the supervision of a licensed MD or DO.

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