
Last Name, First Name
Name of Athlete

CARROLL COUNTY



ATHLETICS

CARROLL COUNTY PUBLIC SCHOOLS

PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

(Note: This form is to be filled out by the patient and the parent prior to seeing the physician. The physician may keep this history form, or it may remain attached to provide additional information for the athletic trainer at the school. If you do not wish the school to have access to this information, detach it prior to submission of the physical form.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking _____

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

| GENERAL QUESTIONS | | Yes | No | MEDICAL QUESTIONS | | Yes | No |
|---|--|-----|----|---|--|-----|----|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | | | | 26. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | | |
| 2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____ | | | | 27. Have you ever used an inhaler or taken asthma medicine? | | | |
| 3. Have you ever spent the night in the hospital? | | | | 28. Is there anyone in your family who has asthma? | | | |
| 4. Have you ever had surgery? | | | | 29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | | | |
| HEART HEALTH QUESTIONS ABOUT YOU | | | | HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | | | |
| 5. Have you ever passed out or nearly passed out DURING or AFTER exercise? | | | | 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? | | | |
| 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | | | 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? | | | |
| 7. Does your heart ever race or skip beats (irregular beats) during exercise? | | | | 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? | | | |
| 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____ | | | | 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? | | | |
| 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) | | | | BONE AND JOINT QUESTIONS | | | |
| 10. Do you get lightheaded or feel more short of breath than expected during exercise? | | | | 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? | | | |
| 11. Have you ever had an unexplained seizure? | | | | 18. Have you ever had any broken or fractured bones or dislocated joints? | | | |
| 12. Do you get more tired or short of breath more quickly than your friends during exercise? | | | | 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? | | | |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | | | | 20. Have you ever had a stress fracture? | | | |
| 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? | | | | 21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) | | | |
| 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? | | | | 22. Do you regularly use a brace, orthotics, or other assistive device? | | | |
| 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? | | | | 23. Do you have a bone, muscle, or joint injury that bothers you? | | | |
| 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? | | | | 24. Do any of your joints become painful, swollen, feel warm, or look red? | | | |
| BONE AND JOINT QUESTIONS | | | | 25. Do you have any history of juvenile arthritis or connective tissue disease? | | | |
| 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? | | | | FEMALES ONLY | | | |
| 18. Have you ever had any broken or fractured bones or dislocated joints? | | | | 52. Have you ever had a menstrual period? | | | |
| 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? | | | | 53. How old were you when you had your first menstrual period? | | | |
| 20. Have you ever had a stress fracture? | | | | 54. How many periods have you had in the last 12 months? | | | |
| 21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) | | | | Explain "yes" answers here | | | |
| 22. Do you regularly use a brace, orthotics, or other assistive device? | | | | _____ | | | |
| 23. Do you have a bone, muscle, or joint injury that bothers you? | | | | _____ | | | |
| 24. Do any of your joints become painful, swollen, feel warm, or look red? | | | | _____ | | | |
| 25. Do you have any history of juvenile arthritis or connective tissue disease? | | | | _____ | | | |

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

CARROLL COUNTY PUBLIC SCHOOLS

PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____

SPORT(S):

GRADE:

FIRST NAME:

LAST NAME:

| EXAMINATION | | |
|---|--------------|--|
| Height _____ | Weight _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 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, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) | | |
| Eyes/ears/nose/throat • Pupils equal • Hearing | | |
| Lymph nodes | | |
| Heart a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI) | | |
| Pulses • Simultaneous femoral and radial pulses | | |
| Lungs | | |
| Abdomen | | |
| Genitourinary (males only)b | | |
| Skin • HSV, lesions suggestive of MRSA, tinea corporis | | |
| Neurologic c | | |
| MUSCULOSKELETAL | | |
| Neck | | |
| Back | | |
| Shoulder/arm | | |
| Elbow/forearm | | |
| Wrist/hand/fingers | | |
| Hip/thigh | | |
| Knee | | |
| Leg/ankle | | |
| Foot/toes | | |
| Functional • Duck-walk, single leg hop | | |

- a Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
- b Consider GU exam if in private setting. Having third party present is recommended.
- c Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Cleared for all sports without restriction
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared
 Pending further evaluation
 For any sports
 For certain sports _____
 Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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AUTHORIZATION FOR PARTICIPATION IN INTERSCHOLASTIC/COROLLARY ATHLETICS

As parents or legal guardians of _____
 _____ (Name of Student)

We hereby authorize and consent to our child's participation in interscholastic/corollary athletics and sports. We understand the sport in which our child will be participating is potentially dangerous, and that physical injuries may occur to our child requiring emergency medical care and treatment. We recognize that, even with proper training and equipment, there is always a risk of serious accidental injury or death inherent in interscholastic/corollary athletics and sports.

In consideration of the acceptance of our child by the Carroll County Public Schools in its athletic program, we agree to release and hold harmless the Board of Education of Carroll County, its members, the Superintendent of Schools, the Principal, all coaches, and assistant coaches, and any and all other agents, servants, and/or employees and agree to indemnify each of them, from any and all claims, costs, suits, actions, judgment, and expenses, arising from our child's participation in interscholastic/corollary athletics and sports.

We hereby give our consent and authorize the Board of Education of Carroll County and its agents, servants, and/or employees to consent on our behalf and on the behalf of our child, to emergency medical care and treatment in the event we are unable to be notified by reasonable attempt of the need for such emergency medical care and treatment.

We understand and agree that we will be responsible for all medical bills and costs that may be incurred as a result of medical and treatment of our child, and agree to provide proof of insurance coverage of our child against accidents and injuries in school sponsored games, and practice sessions, and during travel to and from athletic contests.

Students who have made a decision to take part in the athletic program will be required to practice and participate in scheduled contests after school and possibly on non-school days. Supervision at practice, games, and travel will be provided by the school.

In addition, it is recognized that all students must comply with eligibility regulations that govern athletics in Carroll County Public Schools as approved by the County Board of Education and the State Department of Education.

It is the responsibility of the parent or guardian, and not that of school officials, to determine the amount of insurance protection necessary to adequately insure against serious accidental injury. It is also the responsibility of the parent or guardian to make sure that all insurance premiums are timely paid, that there is no lapse of insurance coverage, and that their child is insured from the first day of practice to the last day of post-season competition. The Board of Education of Carroll County is not an insurer, and, under no circumstances, will the Board of Education of Carroll County, its members, agents, employees, or insurers be held liable for any injury or death arising out of a child's participation in interscholastic/corollary athletics or sports, or as a result of inadequate insurance coverage.

I also declare and affirm that my child resides within the attendance area of _____ High School, or is attending _____ with special permission of the office of Student Services of Carroll County Public Schools. If a student is attending a high school without the benefit of residing within the school's attendance area and/or without special permission of the Office of Pupil Services the student in question is subject to disciplinary action which could result in loss of athletic eligibility for a period of time, ineligibility in a specified sport for the forthcoming year or penalties as may seem justified in the particular case. It is also possible for the athlete's team and school to be penalized.

By evidence of the signatures below, you are testifying that you:

- Have read the Guide for Student Athletes and Parents.
- Have read the provisions of the Authorization for Participation Interscholastic Athletics Form.
- Understand the eligibility standards.

Failure to complete, sign and return to your child's coach will result in his/her exclusion from participation in the interscholastic/corollary athletic program of Carroll County Public Schools. Please check appropriate space:

I have: School Insurance _____ No Insurance _____
 _____ School Time Student Accident _____ Other Insurance-Family _____
 _____ 24 Hour Student Accident _____ sponsored _____
 _____ Voluntary Interscholastic Football* _____
 _____ Name of company & Policy number _____
 _____ (Student's Signature) _____ (Date) _____
 _____ (Parent/Legal Guardian's Signature) _____ (Date) _____

* Varsity Football coverage required if parents **DO NOT** maintain other health/accident insurance.
 Note: JV football players who become varsity football players **MUST** have Voluntary Interscholastic Football insurance or family sponsored Health Care insurance.