

IOWA ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

ARTICLE VII 36.14(1) PHYSICAL EXAMINATION.

Every year each student (grades 7-12) shall present to the student's superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, to the effect that the student has been examined and may safely engage in athletic competition. This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or neatly print this information)

Student's Name _____ Male ___ Female ___ Date of Birth _____ Grade _____

Home Address (Street, City, Zip) _____ School District _____

Parent's/Guardian's Name _____ Date _____ Phone # _____

Family Physician _____ Phone # _____

HEALTH HISTORY (The following questions should be completed by the student-athlete with the assistance of a parent or guardian. A parent or guardian is required to sign on the other side of this form after the examination.)

- | | Yes | No | Does this student have / ever had? | | Yes | No | Does this student have / ever had? |
|-------|------------|-----------|--|-------|------------|-----------|--|
| 1. | _____ | _____ | Allergies to medication, pollen, stinging insects, food, etc.? | 20. | _____ | _____ | Head injury, concussion, unconsciousness? |
| 2. | _____ | _____ | Any illness lasting more than one (1) week? | 21. | _____ | _____ | Headache, memory loss, or confusion with contact? |
| 3. | _____ | _____ | Asthma or difficulty breathing during exercise? | 22. | _____ | _____ | Numbness, tingling or weakness in arms or legs with contact? |
| 4. | _____ | _____ | Chronic or recurrent illness or injury? | ***** | | | |
| 5. | _____ | _____ | Diabetes? | 23. | _____ | _____ | Severe muscle cramps or illness when exercising in the heat? |
| 6. | _____ | _____ | Epilepsy or other seizures? | ***** | | | |
| 7. | _____ | _____ | Eyeglasses or contacts? | 24. | _____ | _____ | Fracture, stress fracture or dislocated joint(s)? |
| 8. | _____ | _____ | Herpes or MRSA? | 25. | _____ | _____ | Injuries requiring medical treatment? |
| 9. | _____ | _____ | Hospitalizations (Overnight or longer)? | 26. | _____ | _____ | Knee injury or surgery? |
| 10. | _____ | _____ | Marfan Syndrome? | 27. | _____ | _____ | Neck injury? |
| 11. | _____ | _____ | Missing organ (eye, kidney, testicle)? | 28. | _____ | _____ | Orthotics, braces, protective equipment? |
| 12. | _____ | _____ | Mononucleosis or Rheumatic fever? | 29. | _____ | _____ | Other serious joint injury? |
| 13. | _____ | _____ | Seizures or frequent headaches? | 30. | _____ | _____ | Painful bulge or hernia in the groin area? |
| 14. | _____ | _____ | Surgery? | 31. | _____ | _____ | X-rays, MRI, CT scan, physical therapy? |
| ***** | | | | | | | |
| 15. | _____ | _____ | Chest pressure, pain, or tightness with exercise? | 32. | _____ | _____ | Has a doctor ever denied or restricted your participation in sports for any reason? |
| 16. | _____ | _____ | Excessive shortness of breath with exercise? | 33. | _____ | _____ | Do you have any concerns you would like to discuss with your health care provider? |
| 17. | _____ | _____ | Headaches, dizziness or fainting during, or after, exercise? | | | | |
| 18. | _____ | _____ | Heart problems (Racing, skipped beats, murmur, infection, etc.?) | | | | |
| 19. | _____ | _____ | High blood pressure or high cholesterol? | | | | |

- Yes No Family History:**
34. _____ Does anyone in your family have Marfan syndrome?
35. _____ Has anyone in your family died of heart problems or any unexpected/unexplained reason before the age of 50?
36. _____ Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?
37. _____ Has anyone in your family had unexplained fainting, seizures, or near drowning?
38. _____ Does anyone in your family have asthma?
39. _____ Do you or someone in your family have sickle cell trait or disease?

Use this space to explain any "YES" answers from above (questions #1-38) or to provide any additional information:

40. Are you allergic to any prescription or over-the-counter medications? *If yes, list:* _____
41. List all medications you are presently taking (including asthma inhalers & EpiPens) and the condition the medication is for:
 A. _____ B. _____ C. _____
42. Year of last known vaccination: Tetanus: _____ Meningitis: _____ Influenza: _____
43. What is the most and least you have weighed in the past year? **Most** _____ **Least** _____
44. Are you happy with your current weight? **Yes** _____ **No** _____ *If no, how many pounds would you like to lose or gain?*
 Lose _____ Gain _____

FOR FEMALES ONLY:

1. How old were you when you had your first menstrual period? _____
2. How many periods have you had in the last 12 months? _____

PHYSICAL EXAMINATION RECORD (To be completed by a licensed medical professional as designated in Article VII 36.14(1). *This evaluation is only to determine readiness for sports participation. It should NOT be used as a substitute for regular health maintenance examinations.*)

Athlete's Name _____ Height _____ Weight _____

Pulse _____ Blood Pressure _____ / _____ (Repeat, if abnormal _____ / _____) Vision R 20/ _____ L 20/ _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
1. Appearance (esp. Marfan's) _____			
2. Eyes/Ears/Nose/Throat _____			
3. Pupil Size (Equal/Unequal) _____			
4. Mouth & Teeth _____			
5. Neck _____			
6. Lymph Nodes _____			
7. Heart (Standing & Lying) _____			
8. Pulses (esp. femoral) _____			
9. Chest & Lungs _____			
10. Abdomen _____			
11. Skin _____			
12. Genitals - Hernia _____			
13. Musculoskeletal - ROM, strength, etc. (See questions 24-31) _____			
14. Neurological _____			

Comments regarding abnormal findings: _____

LICENSED MEDICAL PROFESSIONAL'S ATHLETIC PARTICIPATION RECOMMENDATIONS

_____ **FULL & UNLIMITED PARTICIPATION**

_____ **LIMITED PARTICIPATION** - May **NOT** participate in the following (checked):

_____ Baseball _____ Basketball _____ Bowling _____ Cross Country _____ Football _____ Golf _____ Soccer
 _____ Softball _____ Swimming _____ Tennis _____ Track _____ Volleyball _____ Wrestling

_____ **CLEARANCE PENDING DOCUMENTED FOLLOW UP OF** _____

_____ **NOT CLEARED FOR ATHLETIC PARTICIPATION DUE TO** _____

 Licensed Medical Professional's Name (Printed) _____ Date of PPE _____

 Licensed Medical Professional's Signature _____ Phone _____

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I hereby **verify** the accuracy of the information on the opposite side of this form and **give my consent** for the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated above by the licensed professional. I also **give my permission** for the team's physician, certified athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

 Name of Parent or Guardian (Printed) _____ Signature of Parent of Guardian _____

 Address (Street/PO Box, City, State, Zip) _____ Phone Number _____

RIDGE VIEW SCHOOLS INSURANCE WAIVER FORM

NEED FOR INSURANCE:

I recognize that Ridge View strongly recommends that all students have some type of insurance to adequately cover any possible expense due to injuries. Although injuries cannot be predicted, past experience demonstrates that some youngsters will sustain injuries that demand a doctor's care. I understand that insurance is an option that is left up to the discretion of the parent; I also understand that all claims and expenses on account of injuries sustained while at school or at extra-curricular activities are the responsibility of the parents whether or not insurance is purchased.

EXTRA-CURRICULAR ACTIVITIES:

I understand that a student will not be allowed to participate in any extra-curricular activity until this acknowledgment form and any other required forms have been completed; examples of such forms could include a physical for sports or other administrative forms as required by a coach/director. This means that the student will not participate, practice or compete until all required items have been submitted.

I understand that each participant agrees to assume full responsibility for all uniforms, materials and equipment issued and to confine their use to practice, games, activities or meets. No student will be able to participate in any scheduled practice and/or contest until this acknowledgment has been signed and returned to the building principal.

All rules and regulations set forth in the pages of the Student Handbook including the training rules, penalties for violations, and appeals must be obeyed by participants. I also realize that there is a possibility that any student may suffer severe injury, including permanent paralysis or death, as a result of participating in school activities.

EMERGENCY MEDICAL CARE:

In an emergency when I/we are not readily available and our physician is not readily accessible, I/we hereby grant consent to any and all health care providers designated by representatives of the Ridge View School to provide my child,

_____ any necessary medical care as a result of any illness/injury.
Print Student's Name

I, as a parent/guardian, confirm that I understand the above, have read the policies and rules set forth at Ridge View School and grant consent to medical care as described above.

Parent Signature

Date

I, as a student, understand the above requirements and agree to abide by them.

Student Signature

Date

HEADS UP: Concussion in High School Sports

Please note this important information based on Iowa Code Section 280.13C, Brain Injury Policies:

- (1) A student participating in extracurricular interscholastic activities, in grades seven through twelve, **must be immediately removed from participation** if the coach, contest official, licensed healthcare provider or emergency medical care provide believe the student has a concussion based on observed signs, symptoms, or behaviors.
- (2) Once removed from participation for a suspected concussion, the **student cannot return to participation until written medical clearance has been provided** by a licensed health care provider.
- (3) A student cannot return to participation until s/he is free from concussion symptoms at home and at school.
- (4) Definitions:
 - “**Contest official**” means a referee, umpire, judge, or other official in an athletic contest who is registered with the Iowa high school athletic association or the Iowa girls high school athletic union.
 - “**Licensed health care provider**” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
 - “**Extracurricular interscholastic activity**” means any extracurricular interscholastic activity means any dance or cheerleading activity or extracurricular interscholastic activity, contest, or practice governed by the Iowa high school athletic association or the Iowa girls high school athletic union that is a contact or limited contact activity as identified by the American academy of pediatrics.
 - “**Medical clearance**” means written clearance from a licensed health care provider releasing the student following a concussion or other brain injury to return to or commence participation in any extracurricular interscholastic activity.

What is a concussion?

Concussions are a type of brain injury that disrupt the way the brain normally works. Concussions can occur in any sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or obstacles. Concussions can occur with or without loss of consciousness, but most concussions occur without loss of consciousness.

What parents/guardians should do if they think their child has a concussion?

1. Teach your child that it's not smart to play with a concussion.
2. **OBEY THE LAW.**
 - a. Seek medical attention right away.
 - b. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
3. Tell all of your child's coaches, teachers, and school nurse about ANY concussion.

What are the signs and symptoms of concussion?

Signs and symptoms of concussion can show up right after the injury or may not be noticed until days after the injury. If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be removed from play immediately. The athlete should only return to play with permission from a health care provider and after s/he is symptom free at home and at school.

Signs Observed by Parents or Coaches:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Student-Athlete:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

STUDENTS, If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

PARENTS/GUARDIANS, You can help your child prevent a concussion:

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

For more information visit: www.cdc.gov/Concussion

IMPORTANT: Students (grades 7-12) participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must annually sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

We have received the information provided on the concussion fact sheet titled, “HEADS UP: Concussion in High School Sports.”

Student's Signature

Date

Student's Printed Name

Parent's/Guardian's Signature

Date

Student's Grade

Student's School