

# ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

Article VII 36.14(1) Physical Exam. Every year each student shall present to the student's superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon or osteopath, qualified chiropractor, physician's assistant, or advanced registered nurse practitioner to the effect that the student has been examined and may safely engage in athletic competition.

The certificate of physical examination is valid for the purpose of this rule for one calendar year. A grace period not to exceed thirty days is allowed for expired certifications of physical examination.

## QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please Print)

NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ FAMILY PHYSICIAN \_\_\_\_\_

Date \_\_\_\_\_ Signature of Student \_\_\_\_\_

## HEALTH HISTORY (Student Athlete or Parent/Guardian to Fill Out #1 - 31 Before Exam) (Parent/Guardian Is Required to Sign on Back of the Form After Examination.)

Yes	No	Has This Student Had Any?	Yes	No	Has This Student Had Any?
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- |   |   |
|---|---|
| <p>1. _____ Chronic or recurrent illness?</p> <p>2. _____ Hospitalizations?</p> <p>3. _____ Surgery, other than tonsillectomy?</p> <p>4. _____ Missing organs (eye, kidney, testicle)?</p> <p>5. _____ Allergy to medications?</p> <p>6. _____ Problems with heart or blood pressure?</p> <p>7. _____ Chest pain with exercise?</p> <p>8. _____ Dizziness or fainting with exercise?</p> <p>9. _____ Frequent headaches, convulsions, dizziness or fainting?</p> <p>10. _____ Concussion or unconsciousness?</p> <p>11. _____ Heat exhaustion, heat stroke, or other heat problems?</p> <p>12. _____ Any illness lasting over a week?</p> <p>13. _____ Rheumatic fever?</p> | <p>14. _____ Asthma?</p> <p>15. _____ Epilepsy?</p> <p>16. _____ Diabetes?</p> <p>17. _____ Eyeglasses or contact lenses?</p> <p>18. _____ Dental braces, bridges, plates?</p><br><p style="text-align: center;">Yes      No      Is there a history of?</p> <p>19. _____ Injuries requiring medical treatment?</p> <p>20. _____ Neck injury?</p> <p>21. _____ Knee injury?</p> <p>22. _____ Knee surgery?</p> <p>23. _____ Ankle injury?</p> <p>24. _____ Other serious joint injury?</p> <p>25. _____ Broken bones (fractures)?</p> |
|---|---|

Yes      No      Further history:

26. \_\_\_\_\_ Is there any history of family or genetic disease?
27. \_\_\_\_\_ Has any family member died suddenly at less than 40 years of age of causes other than an accident?
28. \_\_\_\_\_ Has any family member had a heart attack at less than 55 years of age?
29. \_\_\_\_\_ Are you uncomfortably short of breath after running 1/2 mile (2 times around the track) without stopping?
30. List all medications you are presently taking and what condition the medication is for.

A.  
B.  
C.

31. What is the most and the least you have weighed in the past year? Most \_\_\_\_\_ / Least \_\_\_\_\_

Date of last known tetanus (lockjaw) shot: \_\_\_\_\_

## FOR WOMEN ONLY:

1. How old were you when you had your first menstrual period? \_\_\_\_\_
2. In the past year, what is the longest time you have gone between menstrual periods? \_\_\_\_\_

Use this space to explain any of the above numbered YES answers or to provide any additional information:

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# PHYSICAL EXAMINATION RECORD (To Be Filled Out by Licensed Professional)

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Hemoglobin (Optional) \_\_\_\_\_ UA (Optional) \_\_\_\_\_

	Normal	Abnormal Findings	Initials
1. Eyes			
2. Ears, Nose and Throat			
3. Mouth and Teeth			
4. Neck			
5. Cardiovascular			
6. Chest and Lungs			
7. Abdomen			
8. Skin			
9. Genitals-Hernia			
10. Musculoskeletal: ROM, strength, etc.			
11. Neurological			

Comments re Abnormal Findings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Participation Recommendations

Full and Unlimited Participation

Limited Participation - May not participate in the following (checked):

\_\_\_\_\_ Baseball \_\_\_\_\_ Basketball \_\_\_\_\_ Cross Country \_\_\_\_\_ Football \_\_\_\_\_ Golf \_\_\_\_\_ Soccer  
 \_\_\_\_\_ Softball \_\_\_\_\_ Swimming \_\_\_\_\_ Tennis \_\_\_\_\_ Track \_\_\_\_\_ Volleyball \_\_\_\_\_ Wrestling

Clearance Pending Documented Follow Up Of \_\_\_\_\_

No Athletic Participation

Licensed Professional's Name (Printed) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Phone \_\_\_\_\_

## Parent's or Guardian's Permission and Release

I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school, except those indicated above by the licensed professional. I also give my permission for the team physician, athletic trainer, or other qualified personnel to give first aid treatment to this student at an athletic event in case of injury.

Typed or Printed Name of Parent or Guardian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

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# Charter Oak-Ute Community School District

## PARENTAL INSURANCE WAIVER

Student(s) Name:

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We, the undersigned, feel we have adequate insurance protection for our child(ren) while practicing or participating in interscholastic sports, or other school sponsored activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## A FACT SHEET FOR PARENTS AND STUDENTS

# HEADS UP: Concussion in High School Sports

**The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:**

- (1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
- (2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
- (3) Key definitions:
  - "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, contest, or practice, including sports, dance, or cheerleading.

### What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

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

#### 1. OBEY THE NEW LAW.

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

### What are the signs and symptoms of a concussion?

You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

### 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.

### IT'S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.

**IMPORTANT:** Students 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."

### Signs Reported by Students:

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

### PARENTS:

#### How can you help your child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries.

- 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.

### Signs Observed by Parents or Guardians:

- 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

Information on concussions provided by the Centers for Disease Control and Prevention.

For more information visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

Student's Signature

Date

Student's Printed Name

Parent's/Guardian's Signature

Date

Student's Grade

Student's School

# **Good Conduct Acknowledge & Acceptance Form**

## **Statement of Acceptance & Knowledge of Good Conduct Policy**

I, \_\_\_\_\_, a student at Charter  
(Name)

Oak-Ute Junior High School, have consented to participate in extra-curricular activities and represent the Charter Oak-Ute Community School District for the 2023-2024 school year.

We have been presented a copy of the Charter Oak-Ute “Good Conduct Policy”, have read the policy in complete detail, and understand the wording, rules, requirements and repercussions involved in the violation or compliance of the “Good Conduct Policy”.

Signature \_\_\_\_\_  
(Student)

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(Parent/Guardian)

Date \_\_\_\_\_