

BLOOMFIELD ATHLETICS

CHECKLIST FOR FORMS:

_____ Insurance OR Insurance Waiver

_____ Sportsmanship Agreement

_____ Drug and Alcohol Testing

_____ Emergency Card

_____ Parental Consent Form

_____ Signature Sheet

_____ Health Questionnaire – History Form

_____ Physical

INSURANCE WAIVER

I _____ (parent/guardian) have insurance provided by
_____ (Insurance Company) which
adequately covers _____'s participation in all NSAA sanctioned
activities for the school year _____.

Parent/Guardian Signature

Student's Signature



SPORTSMANSHIP AGREEMENT



*"Show class, have pride, and display character.
If you do, winning takes care of itself".
-Coach Paul "Bear" Bryant*

I _____ (Athlete) and _____ (Parent/Guardian)
understand that with team participation comes certain responsibility, namely, to represent the
school and community in a manner which reflects class, dignity, and championship behavior.
Championship behavior is defined as, but not limited to the following:

1. Respecting all teammates, coaches, opponents, officials, and spectators.
2. Using language deemed appropriate by mothers, grandparents, pastors/priests.
3. Accepting officials' decisions; in accordance with that is accepting the fact that all
disadvantageous decisions by officials may overcome by my team through
determination and hard work and refusal to give up.
4. Representing the school and community not only on athletic fields, but in the stands at
games, in the classroom and on road trips.
5. Understanding that self-discipline - the decisions made when no one is watching – have
lasting impact on my character and change the mediocre in to the great.
6. Working daily to be a better citizen as well as a better athlete.
7. Having PRIDE in "being a BEE"

I accept the terms and condition of team membership in the Bloomfield athletic program. I also
understand that failure to abide by these conditions may result in suspension from competition
in athletic contests.

Signature of Athlete

Date

Return to Play Progression (print this form)

Return to Play protocol following a concussion should follow a stepwise process. Step 1 represents the timeframe until post-concussion symptoms resolve completely (see Concussion Symptom Inventory Form/Sideline Assessment Tool). This phase will vary considerably among individuals, and may be affected by age, prior history of head injury, injury severity, number of symptoms, and possibly gender among other clinical considerations. Step 1 and the complete resolution of symptoms on average occur within 7-10 days, but may extend longer for others. Progression to Step 2 of the Return to Play Progression can not occur until all post-concussion symptoms have resolved, and the student has returned to the classroom without modifications or accommodations being needed.

Progression to the next step and each step thereafter requires the athlete to remain symptom-free (asymptomatic). Generally, a minimum span of 24-48 hours should transpire between steps (after completing Step 2), with each exercise bout being at least 30 minutes or more in duration unless noted otherwise. The athlete should be continually monitored for the return of any symptoms during exercise and afterwards. If at any time an athlete experiences any post-concussion symptoms, they are to stop and rest until symptom-free once again for 24-48 hours before resuming the progression at the level when symptoms returned.

1. Rest/No Exertional Activities until Symptom-free (asymptomatic)

- Physical & Cognitive (mental) Rest

2. Light, Aerobic Activities

- Walking, Biking; No weight lifting
- Review Post-Concussion Symptom Checklist
 - following 10-20 minutes of *light*, exertional activity

3. Sport/Position/Event Specific Exercises & Drill

- Individualized, light - moderate conditioning/running drill, agility drills, light weight lifting; throwing, catching, kicking, shooting, passing, mat drills, conducted away from formal practices.
- Continue to monitor Post-Concussion Symptoms (checklist)

4. Non-Contact practice

- Continue to monitor Post-Concussion Symptoms (checklist)
- Inspect helmet; assure fit & properly functioning systems

5. Full-Contact practice

- Continue to monitor Post-Concussion Symptoms (checklist)

6. Competition

- Continue to monitor Post-Concussion Symptoms (checklist)

No athlete under the age of 19 should be allowed to return to play while presenting with any SYMPTOMS of a potential head injury (McCrory, 2008).

Everyone involved in playing sports – athletes, parents, and coaches should be relegated to RECOGNIZE signs and symptoms of a concussion head injury, while those responsible for the decision to return to play and managing concussed athletes should be left to appropriate licensed healthcare professionals with formal training and experience in managing sports concussions where doing so falls within their scope of practice and state licensure.

StudentsDrug and Alcohol Testing1. Need for Random Testing

The Board of Education is responsible for maintaining discipline, health and safety. The Board recognizes that student substance abuse presents a continuing challenge and a danger to the student population as a whole. The Board is committed to maintaining competitive extracurricular activity programs in a safe, healthy and secure environment. The Board is further committed to being proactive in ensuring that students who participate in extracurricular activities represent the District in a positive manner.

2. Eligibility for Random Testing

Students who participate in competitive extracurricular activities at the Junior/Senior high school (Grades 7-12) level are eligible for random testing. Competitive extracurricular activities are activities which are sponsored or approved by the Board, but are not offered for credit towards graduation, and which involve competition, comparison, or judging of the individuals or groups with other individuals or groups as part of selection or participation. Competitive extracurricular activities include, but are not limited to, Athletic Programs, Cheerleading, Band, Academic Teams, One-Act, Choir, Quiz Bowl, FFA, FCCLA and Speech Team.

To participate in a competitive extracurricular activity, students must submit a completed Consent to Test Form on or before the first practice or on or before the first event or meeting, whichever is applicable. The form must be signed by the student and the student's parent or guardian.

Failure to submit a completed Consent to Test Form will result in ineligibility for participation in competitive extracurricular activities until the form is submitted.

Students remain eligible for testing from the date the Consent to Test Form is turned in until a Drop Form is completed, or until the student graduates or is otherwise no longer enrolled in the District. A student for whom a Drop Form has been submitted shall be ineligible for participation in competitive extracurricular activities for twelve months from the date the Drop Form is submitted. Students have a fifteen (15) day grace period for reconsideration of a Drop Form.

Students who are not participants in a competitive extracurricular activity may volunteer for participation in the testing program by submitting a completed Consent to Test Form.

3.

Testing Procedure.

a. Random Testing.

A confidential testing schedule will be created by the Superintendent or designee to ensure that the testing of eligible students is conducted in a manner that is random. To maintain confidentiality and to maintain the integrity of the randomness of this program, the students eligible for testing will be identified by a unique personal identifier that does not make the student known to persons other than the school officials who are directly involved in the testing program.

No less than twenty percent (20%) of the pool of eligible students will be tested each school year. The Superintendent shall have the authority to determine the percentage to test, subject to the minimum 20% level, dependent on the nature and extent of the prevailing problem with drug usage in the school community from time to time. Testing will take place throughout the school year.

b. Collection.

The testing collection process will be conducted in a manner that protects student privacy, will also guard against tampered specimens and ensuring an accurate chain of custody of the specimen. To the extent the testing involves the collection of urine, an adult monitor is to wait outside a closed restroom stall and listen for the normal sounds of urination.

The specific testing procedures and mechanism are to be created by the Superintendent or designee. It is intended that the procedures be modeled on those applicable to the testing of CDL employees, which include the testing of specimens for alcohol and unlawful substances. The tests are to be designed to detect only the use of illegal drugs, including but not limited to amphetamines, marijuana, cocaine, steroids, opiates, and barbituates, not medical conditions or the presence of authorized prescription medications.

4. Confidentiality.

All activities related to the testing policy will be carried out in accordance with the requirements of the Family Educational Rights and Privacy Act (FERPA), the Protection of Pupil Rights Amendment (PPRA), and any other applicable confidentiality laws.

Test results will be shared only with staff who have a legitimate educational interest in having access to the information, on a "need to know" basis. Test results will not be turned over to any law enforcement authority in the absence of a court order, subpoena, or other legal process requiring such.

Test results will be kept in confidential files separate from the students' other records. The test results will be destroyed when no longer needed for individual student situations or for the overall testing program.

5. Consequences for Positive Tests.

Any of the following shall be considered to be a positive test result:

- A confirmed positive alcohol or drug test;
- Refusal to participate in testing when selected, including the submission of a Drop Form upon being requested to be tested; and/or
- Tampering with the specimen collection process.

The following shall result from a positive test result:

- The student's parents or guardians will be contacted and a meeting will be held to discuss the positive test result, with the object of collaborating on a plan to assist the student in avoiding future substance abuse.
- The student's privilege of participating in extracurricular activities will be restricted as follows:
 - For a first positive test, the student is ineligible to participate in any extracurricular activities for twenty (20) school days. The student may continue to participate in extracurricular activities if within ten (10) school days of the meeting with the parents or guardians the student shows proof that the student is receiving substance abuse counseling with a qualified professional and submits to a second drug test within two (2) weeks.
 - For a second and subsequent positive test, the student is ineligible to participate in any extracurricular activity for 1 calendar year. To return to participation, the student must complete substance abuse counseling as and to the extent determined appropriate by a qualified professional, and in any event for no less than four (4) hours, and must submit to five (5) follow up drug tests during the next twelve month period.

The parents or guardians are responsible for the costs of the rehabilitation program, which includes the substance abuse counseling and follow-up testing described above.

Positive results will not lead to the imposition of any academic consequence or disciplinary action, other than the above-described limitations on the privilege to participate in extracurricular activities.

6. Appeal Procedures.

A student or the student's parents or guardians may request a retest of his/her specimen at their own expense at a laboratory approved by the Superintendent or designee and which follows federal Substance Abuse and Mental Health Services Administration (SAMHSA) standards concerning drug testing protocols and procedures. Requests must be made within twenty-four (24) hours of receiving the results of their drug test. The specimen previously submitted will be forwarded to the approved lab in cooperation with the District approved outside agency responsible for confirmatory testing.

Results of the re-test will be provided to the Superintendent or designee by the approved laboratory. During the appeal period the student may not participate in competitive extracurricular activities.

In the event a student or the student's parents or guardians wish to challenge a positive test result on a basis other than the veracity of the test result, an appeal may be made in accordance with the policy on extracurricular activity discipline.

Date of Adoption:

DRUG AND ALCOHOL TESTING

I understand fully that my performance as a student and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by the Board of Education of Bloomfield Community Schools, the administration, and the coaches and sponsors for the activities which I participate.

I consent to and authorize Bloomfield Community Schools to conduct a drug and alcohol test if my number is drawn from the random pool. I also authorize the release of information concerning the results of such tests to designated District personnel.

I understand that this form remains in effect until the submission of an Activity Drop Form or graduation and/or withdrawal from the District.

Student Name (print) Student Signature Date

Parent/Guardian Name (print) Parent/Guardian Signature Date

I plan to participate in one of more of the following competitive extracurricular activity(ies): Football, Volleyball, Cross Country, Basketball, Wrestling, Speech, One Act, FCCLA, FFA, Music, Band, Track, Golf, Cheer.

ACTIVITY DROP FORM

I _____ wish to withdraw from _____

I will submit this form to the Athletic Director. My name will be withdrawn from the testing pool on the date this is received by the Athletic Director.

Completing this form will pertain to all competitive extracurricular activities. I understand, by withdrawing, I can no longer participate in any competitive extracurricular activities, and I may not receive recognition as a member of these activities or athletic programs. I may re-enter the testing pool after a period of one (1) calendar year by filling out a new Consent to Test Form.

I UNDERSTAND THAT I HAVE 15 DAYS TO RECONSIDER THE DECISION AND RE-ENTER THE POOL.

Student Name (print) Student Signature Date

Parent/Guardian Name (print) Parent/Guardian Signature Date

Athletic Director Signature Date

EMERGENCY IDENTIFICATION CARD

To be filled out by the athlete and his/her parent/guardian

Athlete Name: _____ Grade: _____

DOB: _____ Age: _____ Sport(s): _____

Parent/Guardian Name(s): _____

Address: _____

Emergency Contact(s): _____

Phone Number: _____

Chronic Ailments/Notes: _____

I _____ parent or guardian of _____

in consideration of my child's opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment as may be necessary for the above-named child, and hereby waive any liability of the school district or its employees arising out of such medical treatment.

Date

To be completed for
Students participating in any
NSAA activities.

Student and Parent Consent Form



School Year: 20____-20____
Member School: _____
Name of Student: _____
Date of Birth: _____ Place of Birth: _____

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above-named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

(1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;

(2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic and activity participation; (b) participation in any activity may involve injury or illness of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; (d) the severity of an illness, including contagious diseases such as the COVID-19 virus, and bacterial infections may be so severe as to result in disability and death; and, (e) even with the best supervision, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;

(3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA Bylaws and rules interpretations for participation in NSAA sponsored athletic and/or activities, and the athletic and activities rules of the NSAA member school for which the Student is participating; and,

(4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the Student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and athletics, weight and height as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

(5) Consent and agree to authorize licensed sports injury personnel to evaluate and treat any injury or illness that occurs during the Student's participation in NSAA activities. This includes all reasonable and necessary preventive care, treatment and rehabilitation for these injuries. This would also include transportation of the Student to a medical facility if necessary. Such licensed sports injury personnel are independent providers and are not employed by the NSAA.

(6) Acknowledge that Parents are obligated to pay for professional medical and/or related services; the NSAA shall not be liable for payment of such services. We give permission to any and all of the Student's health care providers and the NSAA and its employees, staff, agents, and consultants to release and discuss all records and information about the Student including otherwise confidential medical information and records. We understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, or emergency.

I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics and activities.

Name of Student [Print Name] _____ Student Signature _____ Date _____

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics and activities. Having read the warning in paragraph (2) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for _____ [insert Student name] to practice and compete for the above named high school in activities approved by the NSAA, except those crossed out below:

Baseball	Basketball	Bowling	Cross Country	Debate	Football	Golf
Journalism	Music	Play Production	Soccer	Softball	Speech	Swim/Dive
Tennis	Track & Field	Unified Bowling	Unified Track & Field	Volleyball	Wrestling	

Parent(s)/Guardian Printed Name(s)*	Parent/Guardian Signature	Date of Signature

*Both Mother and Father must sign, unless parents are divorced, the custodial parent must sign, or if the Student is not living with parents, the Student's legal guardian.

BLOOMFIELD ATHLETICS

Checklist For Signatures:

Both student and Parent/Guardian must sign below confirming that they have read/agreed and signed these forms in this packet.

***NSAA Consent Form:**

Student

Parent/Guardian

***Sportsmanship Agreement:**

Student

Parent/Guardian

***Drug & Alcohol Policy:**

Student

Parent/Guardian

Date _____, 20____

■ 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?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

	Yes	No
Atlantoaxial instability		
Radiographic (x-ray) evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

* 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

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I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for the purposes of participation in athletics and activities.

Parent or Legal Guardian Signature _____ Date _____

■ 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: _____

