



# PRE-PARTICIPATION PHYSICAL EVALUATION



## HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart for their records).

Date of Exam:			
Name:			Date of Birth:
Sex:	Age:	Grade:	School:
Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking:			Sport(s):
Do you have any allergies: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please identify specific allergy below: D Medicines: _____ D Pollens: _____ D Food: _____ D Stinging Insects: _____			

Explain "Yes" answers below. Circle questions you do not know the answer 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: Asthma Anemia Diabetes 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) or spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: High blood pressure A heart murmur A heart infection High cholesterol Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headaches, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
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)?			40. Have you ever become ill while exercising in the heat?		
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?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
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)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with the doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY	Yes	No
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		
<p>Explain "Yes" answers here:</p>					

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(s) or Guardian:	Date:



## PRE-PARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



Name:	Date of Birth:
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**Physician Reminders:**

1. 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, 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 supplements?
  - 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?
2. Consider reviewing questions on cardiovascular symptoms (Questions 5-14).

**EXAMINATION**

Height:	Weight:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP: / ( / )	Pulse:	Corrected: <input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>MEDICAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
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Appearance <ul style="list-style-type: none"> <li>• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span&gt;height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul>		
Eyes/Ears/Nose/Throat <ul style="list-style-type: none"> <li>• Pupils equal</li> <li>• Hearing</li> </ul>		
Lymph Nodes		
Heart* <ul style="list-style-type: none"> <li>• Murmurs (auscultation standing, supine, +/- Valsalva)</li> <li>• Location of point of maximal pulse (PMI)</li> </ul>		
Pulses <ul style="list-style-type: none"> <li>• Simultaneous femoral and radial pulses</li> </ul>		
Lungs		
Abdomen		
Genitourinary (males only)**		
Skin <ul style="list-style-type: none"> <li>• HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>		
Neurologic***		

<b>MUSCULOSKELETAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
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Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> <li>• Duck-walk, single leg hop</li> </ul>		

\* Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam; \*\*Consider GU exam if in private setting. Having third party present is recommended. \*\*\*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 (please list):  
 Reason:

Recommendations:

**I have examined the above-named student and completed the pre-participation 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 (type/print):	Date:
Address:	Phone:
Signature of Physician (MD/DO/ARNP/PA/Chiropractor*):	

\*NOTE: Please refer to the MSHSAA Sports Medicine Manual, Page 2.



PRE-PARTICIPATION PHYSICAL EVALUATION



Missouri State High School Activity Association (MSHSAA) Eligibility and Authorization Statement

STUDENT AGREEMENT (Regarding Conditions for Participation)

This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them.

I have read, understand, and acknowledge receipt of the MSHSAA brochure entitled "How to Maintain and Protect Your High School Eligibility," which contains a summary of the eligibility rules of the MSHSAA. (I understand that a copy of the MSHSAA Handbook is on file with the principal and athletic administrator and that I may review it in its entirety, if I so choose. All MSHSAA by-laws and regulations from the Handbook are also posted on the MSHSAA website at www.mshsaa.org).

I understand that a MSHSAA member school must adhere to all rules and regulations that pertain to school-sponsored, interscholastic athletics programs, and I acknowledge that local rules may be more stringent than MSHSAA rules.

I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I understand that if I drop a class, take course work through Post -Secondary Enrollment Option, Credit Flexibility, or other educational options, this action could affect compliance with MSHSAA economic standards and my eligibility.

I understand that participation in interscholastic athletics is a privilege and not a right. As a student athlete, I understand and accept the following responsibilities:

- I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
I will be fully responsible for my own actions and the consequences of my actions.
I will respect the property of others.
I will respect and obey the rules of my school and laws of my community, state, and country.
I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state, and country.

I have completed and/or verified that part of this certificate which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance in so representing my school, and I verify that it is correct and complete.

Signature of Athlete:

Date:

PARENT PERMISSION (Authorization for Treatment, Release of Medical Information, and Insurance Information)

Informed Consent: By its nature, participation in interscholastic athletics includes risk of serious bodily injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. PARENTS, GUARDIANS, OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN MSHSAA- SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN/S SIGNATURE.

I understand that in the case of injury or illness requiring transportation to a health care facility, a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be en route to or from another school or during practice or an interscholastic contest; and we hereby agree to hold the school district of which this school is a part and the MSHSAA, their employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.



**PRE-PARTICIPATION PHYSICAL EVALUATION**



If we cannot be reached and in the event of an emergency, we also give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities. We authorize the release of necessary medical information to the physician, athletic trainer, and/or school personnel related to such treatment/care. We understand that the school may not provide transportation to all events, and permit / do not permit (CIRCLE ONE) my child to drive his/her vehicle in such a case.

To enable the MSHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in the MSHSAA member school, I consent to the release of the MSHSAA any and all portions of school record files, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received, and attendance data.

We confirm that this application for the above student to represent his/her school in interscholastic athletics is made with the understanding that we have studied and understand the eligibility standards that our son/daughter must meet to represent his/her school and that he/she has not violated any of them. We also understand that if our son/daughter does not meet the citizenship standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in him/her not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I consent to the MSHSAA's use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment and we certify that it is correct and complete.

The MSHSAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic health/accident insurance coverage, which includes athletics. Our son/daughter is covered by basic health/accident insurance for the current school year as indicated below:

<b>Name of Insurance Company:</b>	<b>Policy Number:</b>
<b>Signature of Parent(s) or Guardian:</b>	<b>Date:</b>

**PARENT AND STUDENT SIGNATURE (Concussion Materials - [http://www.mshsaa.org/resources/pdf/ConcussionPacketHB300\\_Final.pdf](http://www.mshsaa.org/resources/pdf/ConcussionPacketHB300_Final.pdf))**

We have received and read the MSHSAA materials on Concussion, which includes information on the definition of a concussion, symptoms of a concussion, what to do if you have a concussion, and how to prevent a concussion.

<b>Signature of Athlete:</b>	<b>Date:</b>
<b>Signature of Parent(s) or Guardian:</b>	<b>Date:</b>

**EMERGENCY CONTACT INFORMATION**

<b>Parent(s) or Guardian</b>	<b>Address</b>	<b>Phone Number</b>
<b>Name of Contact</b>	<b>Relationship to Athlete</b>	<b>Phone Number</b>
<b>Name of Contact</b>	<b>Relationship to Athlete</b>	<b>Phone Number</b>

# Hazelwood School District

## Concussion Information Sheet for the Athlete, and Parent or Legal Guardian

Athlete Name: \_\_\_\_\_

Parent or Legal Guardian Name(s) (*Print*):

\_\_\_\_\_

After reading the information sheet, I am aware of the following information:

Athlete Initial		Parent or Legal
	A concussion is a brain injury, which should be reported to my parents, my coach, or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think,	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, or a medical professional about my injuries and illnesses.	Not applicable
	If I think a teammate has a concussion, I should tell my coaches, parents, or a medical professional.	Not applicable
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	Not applicable
	I will / my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	According to the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation	
	I realize that emergency department or urgent care physicians will not provide clearance if the patient is seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand I am/my child is much more likely to have another concussion or more serious brain injury if returns to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems, even death	
	I have read and understand the concussion symptoms on the Concussion Information Sheet.	

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Concussion Information Sheet

### What is a concussion?

A concussion is an injury to the brain caused by a direct or indirect blow to the head. Concussions are a type of Traumatic Brain Injury (TBI). It results in your brain not working as it should. The concussion may or may not cause you to black out or pass out. In fact, most concussions do not involve loss of consciousness. It can happen from a fall, a hit in the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

### How do I know if I have a concussion?

There are many signs and symptoms that you may have a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is a list of symptoms to look for:

Think.in	Physical	Emotional/Mood	Sleep
<ul style="list-style-type: none"><li>• Difficulty thinking early</li><li>• Taking longer to figure things out</li><li>• Difficulty concentrating</li><li>• Difficulty remembering new information</li></ul>	<ul style="list-style-type: none"><li>• Headache</li><li>• Fuzzy or blurry vision</li><li>• Feeling sick to your stomach /queasy</li><li>• Vomiting/throwing up</li><li>• Dizziness</li><li>• Balance problems</li><li>• Sensitivity to noise light</li></ul>	<ul style="list-style-type: none"><li>• Irritability – things bother you more easily</li><li>• Sadness</li><li>• Being more moody</li><li>• Feeling nervous or worried</li><li>• Crying more</li></ul>	<ul style="list-style-type: none"><li>• Sleeping more than usual</li><li>• Sleeping less than usual</li><li>• Trouble falling asleep</li><li>• feeling tired</li></ul>

If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer, or school nurse, so you can get the help you need. If a parent notices these symptoms, he or she should inform the school nurse or athletic trainer.

### When should I be particularly concerned?

If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny or slurred, let an adult such as your parents, coach, or teacher know right away, so you can get the help that you need before things get any worse.

### What are some of the problems that may affect me after a concussion?

You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early after a concussion, you may have long-term trouble remembering things or paying attention headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

### Should there be any temporary academic accommodations made for Student-Athletes who have suffered a concussion?

To recover, cognitive rest is just as important as physical rest. Reading, texting, testing, watching TV or listening to music can all slow down recovery. You may need to stay home from school with minimal mental and social stimulation until symptoms have resolved. Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

### How do I know when it's OK to return to physical activity and my sport after a concussion?

After telling your coach, your parents, and an available medical personnel that you have a concussion, you will probably be seen by a doctor trained to help people with concussions. Your school and your parents can help you decide who is best to treat you and help you to make the decision on when you should return to activity, play, and practice. Your school has a policy in place on how to treat concussions. You should not return to play or practice on the same day as your suspected concussion occurred.

You should not begin the return-to-play progression until all symptoms are gone, both at rest and during and after activities. Symptoms indicate that your brain has not yet recovered from the concussion and needs more rest. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.