Dutch Fork High School
Athletic Forms/Documents Check List
2015-2016 School Year

Student's Name _____

Grade _____ Date of Birth _____

The following Forms/Documents must be completed, signed and on file in the Athletic Office prior to a student participating in Dutch Fork High School Athletics.

- Physical History and Physical Examination Form
  (Physicals must be completed by a physician and dated after April 1, 2015. We cannot accept Physicals with expiration dates.)
- Birth Certificate (To be submitted only one time)
- Player Consent / Medical and Eligibility Information Sheet
- Parental Consent Signature (Signature space is found on the PC/M&EI Sheet)
- Student Consent Signature (Signature space is found on the PC/M&EI Sheet)
- Concussion Responsibility Sheet (Signed by both Parent and Student)
- $50.00 per season Participation Fee
- Transfer Student / Home School Student / Foreign Exchange Student Documentation
- Athletics Forms/Documents Check List

Please list the sports you plan to participate in during the 2015-2016 school year:

Fall Season	
Winter Season	
Spring Season	

Please direct any questions you may have to Mack C. Harvey at 803-476-3454 or email at mcharvey@lexrich5.org.

PREPARTICIPATION 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 this form in the chart.)

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
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
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 ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
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)?		
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?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	**Yes**	**No**
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
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)		
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?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
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?		

Explain "yes" answers here

_____

_____

_____

_____

_____

_____

_____

_____

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 _____

HE0503 9-2681/0410

PREPARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

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 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?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height Weight ☐ Male ☐ Female		
BP / (/) Pulse Vision R 20/ L 20/ Corrected ☐ Y ☐ 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. If conditions arise after the athlete had been cleared for participation, the physician may rescind the clearance until the problem is resolve 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

Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

Name (please print) _____

As a parent or legal guardian of the above named student-athlete. I give permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Signature of Athlete _____ _____
Date

Signature of Parent/Guardian _____ _____
Date

Dutch Fork High School Department of Sports Medicine
Player Consent / Medical and Eligibility Information Sheet

Emergency Information

Student's Name: _____
(First) (Middle) (Last)

Parent/Guardian's Name: _____

Address: _____

_____

Date Of Birth: _____

Home Telephone Number: _____

Mother's Work Place: _____

Mother's Work Place Telephone Number: _____

Father's Work Place: _____

Father's Work Place Telephone Number: _____

Emergency Telephone Number/Name: _____

The Need For Using Medications or Allergies? Please List: _____

_____

Insurance Information

Insurance Company Name/Is this an HMO: _____

Insurance Policy Number: _____

Policy Holder's Name and Date of Birth: _____

Policy Holder's Relationship to Athlete: _____

Lexington/Richland School District Five carries secondary health insurance on all athletes. In the event of injury, while participating as a part of a SCHSL sanctioned sports team representing Dutch Fork High School, the athlete should seek the attention of the certified athletic trainer as soon as possible so that a claim may be filed promptly. The certified athletic trainer will fill out a portion of the claim form and mail the form to the parent/guardian of the injured athlete. The parent/guardian should complete and mail the claim form to the insurance company. It is understood that Dutch Fork High School **cannot be held responsible** for any medical bills incurred because of illness or injury.

Eligibility Information

What Grade Are You In This Year?

_____

What Grade Were You In Last Year? _____

What Calendar Year Did You Start The Ninth Grade? _____

Have You Ever Transferred Middle Schools or High Schools? _____

If Yes, Where and When Did You Transfer? _____
School's Name **Date**

Are You Repeating Any Courses This Semester? If Yes, Please List: _____

_____

Consent For Medical Treatment / Release of information / Participation in athletics

As the parent or legal guardian of the above named student, I give my consent for his/her practice and play in athletic events. I grant permission to nurses, athletic trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or emergency treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. I certify that the medical history on the preceding pages is accurate to the best of my knowledge. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired may be used for research purposes to improve athletic care. I give the South Carolina High School League permission to examine the school records of the above student in order to verify eligibility.

_____
Athlete's Signature **Date**

_____
Parent's/Guardian's Signature **Date**

Dutch Fork High School Athletic Training
Concussion Responsibility

I understand that it is my responsibility to report all my injuries and symptoms to my parent(s)/guardian(s), athletic trainer, and coach. It is important that I am an active participant in my own health.

I have read and understand the concussion fact sheets that I have been provided.

Athlete and parent, please initial each line below.

_____A concussion is a brain injury, and I am responsible for reporting my symptoms to my parents, athletic trainer, and coach.

_____A concussion can affect my ability to perform everyday activities, alter my emotions, and effect classroom and athletic performance.

_____I may notice one or more symptoms immediately after receiving a blow to the head or body. Other symptoms can show up hours and days after the injury.

_____Following a concussion, the brain needs time to heal. Physical and mental rest is necessary. I am much more likely to have a repeated concussion if I return to play before my symptoms resolve. It can also take more time for symptoms to go away if I return too soon.

_____I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms until I am cleared to return by my athletic trainer.

_____If I suspect a teammate has a concussion, I am responsible for reporting the possible injury to my athletic trainer for the good of my teammate.

_____If I have questions, I will contact my athletic trainer for more information.

By signing below, I acknowledge that I have read and understand the information regarding concussions. I know and understand that I should notify my athletic trainer and parents when I suspect I may have sustained a concussion.

_____ _____

Signature of Student Athlete Date Signature of Parent/Guardian Date