To be completed for students participating in any

|--|

NSAA ac	tivities.	Student and I aren	it Consent For	1111		
School Year: 20	20		_			JA/A
Date of Birth:	Pla	ace of Birth:				
The undersigned(s) referred to as "Pare		ne parent(s), guardian(s), or p	erson(s) in charge	of the above-nar	med Student and	are collectively
The Parent and Stu (1) Understand and		in NSAA sponsored activities	s is voluntary on th	ne part of the Stude	ent and is a privi	lege;
dangers associated such injury can rai tendons, or muscle	with athletic participatinge from minor cuts, but, to catastrophic injuries and death; and, (d) eve	Consent Form the NSAA had ion; (b) participation in any arruises, sprains, and muscle stress to the head, neck and spins in the best coaching, the use of	athletic activity materials to more serioral cord, and on rar	by involve injury ous injuries to the e occasions, injuries	of some type; (c body's bones, j ries so severe as	e) the severity of oints, ligaments, to result in total
		of the Student in NSAA act, and the activities rules of the				
by the NSAA, of photograph, date o participation in off received, statistics and any other infor recorded, audio taprights with regard	information regarding f and place of birth, ma icially recognized active regarding performance, mation related to the Streed, or recorded by any of to the display of such respectively.	the by the Member School at whether Student, including the storm fields of study, dates of at ities and sports, weight and he records or documentation records a participation in NSAA other means while participating ecordings, and waive any claracy of such photographs or records.	tudent's name, ad tendance, grade le- leight of as a mem elated to eligibility a sponsored activiting in NSAA activitims of ownership	Idress, telephone wel, enrollment state ber of athletic tea for NSAA spons ies; and, (b) the State ies and contests, of	listing, electron atus (e.g., full-tin ams, degrees, ho cored activities, audent being pho consent to and w	ic mail address, me or part-time), mors and awards medical records, tographed, video aive any privacy
participation in NS This would also inc	AA activities. This incl	I sports injury personnel to eva udes all reasonable and necess the student to a medical facility AA.	sary preventive car	e, treatment and r	ehabilitation for	these injuries.
of such services. Vand consultants to records. We under	Ve give permission to ar release and discuss all re	d to pay for professional meding and all of the Student's heat ecords and information about the been requested and may be or emergency.	lth care providers a the Student includi	and the NSAA and ng otherwise conf	l its employees, s idential medical	staff, agents, information and
		hs (1) through (6) above, un ation in athletic activities.	derstand and agre	ee to the terms th	ereof, including	the warning of
Name of Student [I	Print Name]	Studer	nt Signature		Da	ate
through (6) above, athletic activities. hereby give (my)(6)	understand and agree that Having read the warn pur) permission for	opriate choice] (Parent) (Guar to the terms thereof, includin ing in paragraph (2) above a SAA, except those crossed o	g the warning of p nd understanding [insert student nat	potential risk of in the potential risk	njury inherent in of injury to my	participation in Student, (I)(we)
Baseball	Basketball	Cross Country	Debate	Football	Golf	Journalism
Music	Play Production	Soccer	Softball	Speech	Swim/Dive	Tennis
Track & Field	Unified Bowling	Unified Track & Field	Volleyball	Wrestling		

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

lame:				
ate of examination:	Sport(s):			
ex 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 surg	gical procedures.			
Medicines and supplements: List all current prescr	riptions, over-the-counter medicines, and supplements (herbal and nutritional).			

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 [question	ns 1 and 2, or que	stions 3 and 4] for scre	ening purposes.)			

(Ехр	ERAL QUESTIONS lain "Yes" answers at the end of this form. e 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?		
HEA	RT 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.		

	RT HEALTH QUESTIONS ABOUT YOU NTINUED)	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?		
HEA	RT 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?		

14.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that			25. Do you worry about your weight?	ļ	
	caused you to miss a practice or game?			26. Are you trying to or has anyone recommended that you gain or lose weight?		
15.	Do you have a bone, muscle, ligament, or joint injury that bothers you?			27. Are you on a special diet or do you avoid certain types of foods or food groups?		
MEI	DICAL QUESTIONS	Yes	No	28. Have you ever had an eating disorder?		
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?			FEMALES ONLY	Yes	No
17.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			29. Have you ever had a menstrual period? 30. How old were you when you had your first menstrual period?		<u> </u>
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			31. When was your most recent menstrual period?		
19.	Do you have any recurring skin rashes or			32. How many periods have you had in the past 12 months?		
	rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?			Explain "Yes" answers here.		
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 prob- lems with your eyes or vision?					

Yes No

BONE AND JOINT QUESTIONS

Date: _

MEDICAL QUESTIONS (CONTINUED)

Yes No

© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

■ PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name:	Date of birth:		
1. Type of disability:			
Type of disability: Date of disability:			
Classification (if avo	silable):		
	(birth, disease, injury, or other):		
	. ,		
5. List the sports you o	re playing.	Voc	Ma
4 Da vou rogularheus	e a brace, an assistive device, or a prosthetic device for daily activities?	Yes	No
	e a brace, an assistive device, or a prostnetic device for adily activities?	+	
	ishes, pressure sores, or other skin problems?	+	
	ring loss? Do you use a hearing aid?	+-	
10. Do you have a visu		+-	<u> </u>
	cial devices for bowel or bladder function?	+-	
		+	
	ng or discomfort when urinating?	+	
13. Have you had auto	·	+	
	diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?	+	
15. Do you have muscle		+-	
· · · · · ·	ent seizures that cannot be controlled by medication?		
Explain "Yes" answe	s here.		
Plages indicate wheth	ner you have ever had any of the following conditions:		
riedse ilidicale when	er you have ever had any or me following contamons.	l v	N
Atlantoaxial instability		Yes	No
	evaluation for atlantoaxial instability	+	
Dislocated joints (more th		+-	
Easy bleeding	an one)	+	
Enlarged spleen		+	
Hepatitis		+-	
		+	
Osteopenia or osteoporo		+	<u> </u>
Difficulty controlling bow		+	<u> </u>
Difficulty controlling blac		+	<u> </u>
Numbness or tingling in		+	
Numbness or tingling in		+	<u> </u>
Weakness in arms or ha	ids	+	<u> </u>
		+	<u> </u>
Recent change in coordin		+	<u> </u>
Recent change in ability	o waik	+	<u> </u>
Spina bifida		+-	
Latex allergy			<u> </u>
Explain "Yes" answe	s here.		
I houghy state that to	the best of my knowledge my merusys to the american on this form and according		4
Signature of athlete:	the best of my knowledge, my answers to the questions on this form are complete an	a corre	CT.
	1:		
Date:	*		

^{© 2019} American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

■ 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, 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?

2. Co				s on cardiovascul	ar symptoms (Q4–Q13 of	History Form).			
EXAM	INATION								
Height	:			Weight:					
BP:	/	(/)	Pulse:	Vision: R 20/	L 20	/ Cori	rected: \square Y	□N
MEDIC	CAL	•	·					NORMA	ABNORMAL FINDINGS
	rfan stigm			osis, high-arched e [MVP], and aor	palate, pectus excavatum, tic insufficiency)	, arachnodactyly,	hyperlaxity,		
,	ils equal	and throc	at						
Lymph	nodes								
Hearta									
• Mu	rmurs (au	scultation :	standir	ng, auscultation s	supine, and ± Valsalva ma	neuver)			
Lungs									
Abdon	nen								
	pes simple a corpori		ISV), le	esions suggestive	of methicillin-resistant <i>Sta</i>	phylococcus aure	us (MRSA), oi	r	
Neurol	ogical								
MUSC	ULOSKELI	TAL						NORMA	ABNORMAL FINDINGS
Neck									
Back									
Should	er and arı	n							
Elbow	and forea	rm							
Wrist,	hand, and	l fingers							
Hip an	d thigh								
Knee									
Leg an	d ankle								
Foot ar	nd toes								
Functio									
					d box drop or step drop te				
				echocardiography, re rint or type):	ferral to a cardiologist for abno			-	
Address:							Phone:		
© 2019 A American	American A	lic Society l	Family	Physicians, America				American Med	D, DO, NP, or PA lical Society for Sports Medicine, rint for noncommercial, educa-
	•			Car on the term	t medical history and the results	(4 , 11 ; 1		4 1 10 1	

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 Date of birth: _____ Name: ☐ 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 \square 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). Address: Phone: Signature of health care professional: _____, MD, DO, NP, or PA SHARED EMERGENCY INFORMATION Allergies: Medications: Other information: _____ Emergency contacts: ____

© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.