



Information for Incoming Athletes 2014-15

ATHLETIC CLEARANCE

Every student wishing to try-out for a sport must complete an Athletic Packet and have a current athletic physical on file. Also, prior to try-outs, all school fines incurred by the student must be paid. The student and the student's parent or guardian must complete all of the forms in the Athletic Clearance packet and have a physical each year. Packets are available in the office, and contain the following sections to be completed:

1. Medical History
2. Physical Examination
3. Agreement for Team Participation
4. Concussion and Head Injury Information Sheet

COMPLETED PAPERWORK

Completed paperwork must be turned in to the main office, Care of Steve Hanson, Athletic Director. Paperwork generally takes one full day to process. Don't wait until the first day of tryouts or you may not have your Clearance Card in time to participate!

PREPARTICIPATION PHYSICAL SCREENING - MEDICAL HISTORY

This medical history and exam is only intended to determine ability to participate in sports and is not a substitute for regular exams by your physician.

Last Name _____ First Name _____ Sex: F M DOB _____ Age _____ Grade _____

Address _____ Phone _____

Personal Physician _____ Phone _____

Insurance Carrier _____ Policy Number _____

Parent/Guardian _____ Phone (H) _____ Phone (W) _____

Emergency Contact _____ Phone (H) _____ Phone (W) _____

Name the Sports You Intend to Play: Fall _____ Winter _____ Spring _____

Schools Attended (other than Futures) in last 12 months _____

- | | | | |
|-----|----|-----|--|
| Yes | No | 1. | Have you had a medical illness or injury since your last check up or sports physical? Do you have an ongoing or chronic illness? |
| Yes | No | 2. | Have you ever been hospitalized overnight? Have you ever had surgery? |
| Yes | No | 3. | Are you currently taking any prescription or non-prescription medication or pills, or do you use an inhaler? |
| Yes | No | 4. | Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? |
| Yes | No | 5. | Do you have any drug addiction, mental illness, or nervous disorder? |
| Yes | No | 6. | Do you have any allergies (medication, food, insect bites or stings, etc)? Have you ever had a rash or hives develop during or after exercise? |
| Yes | No | 7. | Do you have diabetes, hypoglycemia, or excessive thirst? |
| Yes | No | 8. | Do you have anemia, leukemia, or any blood disorder? |
| Yes | No | 9. | Have you ever passed out, been dizzy, or had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise? |
| Yes | No | 10. | Have you ever had racing of your heart or skipped heartbeats? Have you ever been told you have a heart murmur? Has a physician ever denied or restricted your participation in sports for any heart problems? |
| Yes | No | 11. | Have you had high blood pressure or high cholesterol? |
| Yes | No | 12. | Has a family member or relative died of heart problems or of sudden death before age 50? |
| Yes | No | 13. | Have you had a severe viral infection (myocarditis or mononucleosis) within the last month? |
| Yes | No | 14. | Do you have any current skin problems? |
| Yes | No | 15. | Have you ever had a head or neck injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? Have you ever had a seizure? Do you have frequent or severe headaches? Do you have curvature of the spine? |
| Yes | No | 16. | Have you ever had numbness or tingling in your arms, hands, legs or feet? Have you ever had a stinger, burner, or pinched nerve? |
| Yes | No | 17. | Have you ever become ill from exercising in the heat? |
| Yes | No | 18. | Do you cough wheeze, or have trouble breathing during or after exercise? Do you have asthma? Do you have seasonal allergies that require medication? |
| Yes | No | 19. | Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (knee brace, retainer, hearing aid)? |
| Yes | No | 20. | Have you had any problems with your eyes or vision? Do you wear glasses, contacts, or protective eyewear? |
| Yes | No | 21. | Have you ever had a sprain, strain, or swelling after injury? Have you broken or fractured any bones or dislocated any joints? |
| Yes | No | 22. | Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? |
| Yes | No | 23. | Have you ever had a hernia, kidney problem, or testicle problem? |
| Yes | No | 24. | Do you lose weight regularly to meet weight requirements for your sport? |
| Yes | No | 25. | Do you know of any reason why you should not participate in sports? |

Explain "Yes" answers here (use additional sheet if necessary):

CONSENT TO TREAT: In case of medical emergency, illness or injury, I/We hereby give permission to school district personnel to transport my son/daughter to a medical facility to receive emergency treatment.

Mother/Father/Guardian's Name (Please Print)

Mother/Father/Guardian Signature

Date

PREPARTICIPATION PHYSICAL SCREENING- PHYSICAL EXAMINATION

Name _____ Height _____ Weight _____

Pulse _____ Blood Pressure _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
General Appearance			
Eyes/Ears/Nose/Throat			
Teeth			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Hernia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back/Spine			
Shoulder/Arm			
Elbow/forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

PHYSICIAN'S CLEARANCE

Cleared for Full Participation

No Participation: _____

Reason: _____

Able to participate with the following limitations: _____

Signature of Physician: _____

Date: _____