

Sturgis Public Schools

Athletic Physical Exam/Consent Form

Athlete's Name: _____ Date of Birth: _____ Graduation Year: _____

Address: _____ Gender (please circle): M F

City: _____ Zip: _____ Home Phone: _____

Father's Name: _____ Work phone: _____ Cell Phone: _____

Mother's Name: _____ Work phone: _____ Cell Phone: _____

EMERGENCY CONTACT – IF A PARENT/GUARDIAN CANNOT BE REACHED

Name: _____ Relationship: _____ Phone: _____

Athlete's Physician: _____ Phone: _____

Hospital Preference: _____

Family Insurance Co. _____ Contract # _____

CONSENT OF UNDERSTANDING AND ACCEPTANCE

This Statement of Understanding and Acceptance acknowledges that I/we have read, understand, and agree to follow the Sturgis High School Athletic Handbook, the Sturgis High School Student Handbook, as well as guidelines established by the coach throughout the year.

I HEREBY GIVE my consent for the above-named student athlete to participate in interscholastic athletic activities. I realize that there is a risk of being injured that is inherent in all sports. I realize that the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis, or even death.

BE IT KNOWN that I also give my consent for the above-named student to accompany the team as a member on its out-of-town trips. I understand that, on some occasions, coaches will allow athletes to ride with the parent/guardian of other team members to and/or from athletic events in privately-owned cars.

IT IS FURTHER understood that I agree to pay a per season fee that will help defray the cost of an athletic trainer, medical supplies, and student insurance, with the understanding and acceptance that the insurance is a secondary policy.

CONSENT FOR MEDICAL TREATMENT

I recognize that medical treatment on an emergency basis may be necessary as a result of athletic participation, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. My signature below attests that I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care, and allow all medical information to be released and/or reviewed by Sturgis Public Schools, and for consent to disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics.

I HEREBY acknowledge that the answers to all questions on this form are complete and correct. I accept and agree to abide by the procedures and rules of Sturgis Public Schools.

Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Athletic Participation Fee (\$ _____): _____ Date: _____ Check #: _____

Athlete's Name _____

MEDICAL HISTORY Instructions: Circle the number next to any questions that are yes. Explain your "yes" answers in space provided at the bottom.

Past Medical History

1. Have you had a medical illness (other than cold or flu) since your last sports physical?
2. Have you had a serious injury (sports related or not) since your last sports physical?
3. Do you have any ongoing or chronic illnesses?
4. Have ever had any major surgery (other than tonsillectomy, adenoidectomy, or tooth extraction)?
5. Are you aware of any missing paired organs (i.e. Eye, kidney, lung, or male/female genitalia)?

Medications, Supplements, and Allergies

6. Are you currently taking any prescription medications?
7. Has a doctor ever prescribed a mouth or nose inhaler?
8. Are you currently taking any non-prescription or "over-the-counter" medications?
9. Have you ever taken (or are you currently taking) any supplements to improve your performance?
10. Have you ever taken (or are you currently taking) supplements to lose or gain weight?
11. Do you have any allergies to medication?
12. Do you have environmental allergies (i.e. Molds, pollens, grass, or insects etc.)?
13. Have you every developed hives or skin rash during or after exercise?

Cardiovascular

14. Have you ever passed out during or after exercise?
15. Have you ever been "dizzy" during or after exercise?
16. Have you ever had chest pain during or after exercise?
17. Do you get tired more quickly than your friends do during exercise?
18. Have you ever had racing of your heart?
19. Have you ever had your heart skip a beat during or after exercise?
20. Has anyone ever told you that you have high blood pressure?
21. Have you ever been told you have a heart murmur?
22. Has anyone in your family died suddenly before the age of 50?
23. Have you recently had an infection with a fever?
24. Has a doctor ever denied or restricted your participation in sports for any heart problems?

Skin Problems

25. Do you currently have any open, bleeding, oozing skin lesions or sores?
26. Are you currently being treated for any skin disorders [acne, warts, infection, itching, rash, skin color change, or blisters]?

Neurological

27. Have you ever had a concussion or head injury?
28. Have you ever been "knocked-out", been unconscious, or lost your memory?
29. Have you ever had a seizure?
30. Do you have frequent or severe headaches made worse by exercise?
31. Have you ever had numbness or tingling in your arms, hands, legs or feet?
32. Have you ever experienced a "stinger", "burner", or pinched nerve?

Heat Exposure

33. Have you ever become ill during or after exercising in the heat?
34. Have you had recurrent heat related cramps?
35. Have you ever passed out in the heat?

Pulmonary

36. Do you cough, wheeze, or have trouble breathing during or after activity?
37. Do you have asthma?

Musculoskeletal

38. Do you use any protective or corrective braces (i.e. knee brace, ankle brace, back brace, or neck roll) for sports?
39. Have you had any sprains, strains or swelling after an injury?
40. Have you had any fractured or broken bones?
41. Have you had any dislocated joints?

Eyes and Vision

42. Have you had any problems with your eyes or vision?
43. Do you wear glasses, contacts, or protective eyewear?

Weight

44. Are you trying to lose weight?

Immunizations

45. Are your immunizations current?
46. Have you had a tetanus shot in the last 5 to 10 years?
47. Have you had chicken pox?

Females

48. Did your menstrual periods begin more than 3 years ago?
49. Do you have more, or less, than 10 menstrual periods in a year?
50. Do your menstrual periods ever go away or stop when you exercise?

PHYSICAL EXAMINATION (Completion of a pre-participation physical examination is not intended to be a substitute for a full physical evaluation by your physician.)

Pulse: _____ Blood Pressure: _____

| | Normal | Abnormal |
|--------------------|--------|----------|
| Appearance | | |
| Eyes | | |
| Ears, Nose, Throat | | |
| Lymph Nodes | | |
| Heart | | |
| Pulse | | |

| | Normal | Abnormal |
|-----------------------|--------|----------|
| Lungs | | |
| Abdomen | | |
| Genitalia | | |
| Skin | | |
| Orthopedic Evaluation | | |

CLEARANCE

- Cleared for all sports without restriction.
- Cleared after completing evaluation or rehabilitation for: _____
- Not Cleared for: Contact sports _____ Non-contact sports _____ Dynamic exercise _____ Static exercise _____
- Specific sports: _____
- Reason: _____
- Recommendations: _____

| | |
|--------------------------|--------------|
| Physician (Print): _____ | Date: _____ |
| Signature: _____ | Phone: _____ |