FALL RIVER JOINT UNIFIED SCHOOL DISTRICT Preparticipation Physical Evaluation

Sex Age Date of birth	the term of the same and the sa		-						-
Phone	lame			Sex	Ag	e D	ate of birth		_
Explain "Yes" answers below. Phone (H) W)					*				_
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Do you have an ongoing or chronic illness?	Have you had a medical illness or injury since your last check up or sports physical?			У	our sport or	position (for ex	ample, knee brace,	6	
Have you ever had a surgery?				t	eeth, hearing	aid)?	oo, rottimor on your		
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? Have you ever taken any supplements or vitamins to hely you gain or lose weight or improve your performance? Have you ever had a serian, strain, or swelling after injury? Have you ever taken any supplements or vitamins to hely you gain or lose weight or improve your performance? Lo you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever had a rash or hives develop during or after exercise? Have you ever had a rash or hives develop during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had cheet pain during or after exercise? Have you ever head cheet pain during or after exercise? Have you ever head cheet pain during or after exercise? Have you ever head high blood pressure or high cholesterol? Have you ever hean told you have a heart murmur? Has any family member or relative died of heart problems or of sudden death before age 50? Have you ever been told you have a heart murmur? Has a physician ever denied or restricted your performances or wing in the last month? Has a physician ever denied or restricted your performances or wing in the period? Have you ever had a severe viral infaction (for example, myocarditis or mononucleosis) within the last month? Has a physician ever denied or restricted your performances or wing in the period? Have you ever had a lating problems for example, myocarditis or mononucleosis) within the last month? Have you ever had a selizure? Do you have frequent or severe headaches? Have you ever had a selinger, burner, or pinched nervo? B. Have you ever had a selinger, burner, or pinched nervo? B. Have you ever had a selinger, burner, or pinched nervo? B. Have you ever had a selinger, burner, or pinched nervo? Do you have seasonal allergies that require medical treatment? Do you have seasonal allergies that require medical treatment?									
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FALL RIVER JOINT UNIFIED SCHOOL DISTRICT Preparticipation Physical Evaluation

PHYSICAL EXAMINATIO	N A		i te
Name		Date of birth	S2:
Height Weight	% Body fat (optional)	PulseBP/(,	/)
Vision R 20/ L 20/_		Pupils: Equal Unequal	*:
NO	RMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL	MAL	A DITO KINA PINA PINA PINA PINA PINA PINA PINA P	
Appearance	9	II.	
Eyes/Ears/Nose/Throat		5	- 10
Lymph Nodes			
Heart			
Pulses		77	
Lungs			
Abdomen			
Genitalia (males only)	4		
Skin			
MUSCULOSKELETAL			
Neck	2		
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			2 2
Hip/thigh			
Knee		11 V 14 V 15 V 15 V 15 V 15 V 15 V 15 V	-
Leg/ankle			
Foot			
* Station-based examination only CLEARANCE			
☐ Cleared☐ Cleared after completing even	aluation/rehabilitation for:		
		Reason:	34
		T 18	
17.		Date Phone	

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FALL RIVER JOINT UNIFIED SCHOOL DISTRICT

NOTE: STUDENTS ARE NOT TO ENGAGE IN ANY PRACTICES OR GAMES UNTIL ALL PARTS OF THIS FORM ARE COMPLETED AND TURNED IN THE OFFICE.

Student'	's Name		Today's Date	
associate	ed directly with	any interscholastic athletic even, including	Information any interscholastic athletic team, as well as those g song and cheerleaders, team mascots, team at least \$5,000 of scheduled medical and hospital rance coverage that you have provided for your	
		dent insurance through the Myers – Stor v (check appropriate response):	evens & Toohey & Co., Inc. (available at the school	l
OR -		Tackle football insurance (covers tackle School time insurance (covers sports of Full time insurance (covers sports other	ther than football)	
-		and elect not to purchase student insur-	my child that meets the requirements of California law rance through Myers – Stevens & Toohey & Co., Inc. (r number). (Pit River Health is not considered an	list
	Company N	lame and claim office address	Group or Policy Number	
	Parei	nt/Guardian Signature	Date	
*****	****	******	********	* *
		EMERGENCY INFO	ORMATION	
Student's	s Date of Birth	Home Phone	Emergency Phone	
Parent/G	Guardian	(Father)	(Mother)	
Phone:	Father Cell Work		Mother Cell Work	
Person t	o contact if par	ents cannot be reached:		
Name			Phone	
Student's	s Physician		Phone	
Does thi	s student have	any injury or physical condition that shoul	ld be watched? Yes No	
If Yes , p	lease explain:		**********	* *

INJURY WARNING & PARENTAL PERMISSION TO PARTICIPATE IN ATHLETICS AND TO BE TREATED IN CASE OF INJURY

Participation in competitive athletics may result in severe injury, including and not limited to sprains, strains, fractured bones, unconsciousness, head and/or back injuries, loss of eyesight, communicable diseases, paralysis and death. Changes in rules, improved conditioning programs, better medical coverage, and improvements in equipment have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics. Players can reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems to their coaches, following a proper conditioning program, and inspecting their own equipment daily. *Damaged equipment must be replaced immediately.* Even if all these requirements are met, and even if the athlete is using excellent protective equipment,

serious accidents may still occur. I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in these activities. I understand, acknowledge, and agree that the District, its employees, officers, agents and/or volunteers, shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity. I hereby give my consent for my son/daughter to compete in interscholastic athletics in the FRJUSD and go with a representative of the school on any athletic trips. I understand that the FRJUSD will not provide medical services, hospital services, or accident insurance. If my son/daughter is injured, school district personnel are authorized to have him/her treated. I certify that he/she has insurance coverage, which meets the requirements of the District.

WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND THIS WARNING STATEMENT AND PARTICIPATION AGREEMENT AND AGREE TO ITS TERMS.

Parent/Guardian Signature	Date
Student Athlete Signature	Date
FOOTBALL ONLY HELM	TET WARNING ACKNOWLEDGEMENT
	of the helmet or facemask. This is a violation of football rules and cluding paralysis or death. NO HELMET CAN PREVENT ALL ROWN RISK.
Player Signature	Date
•	
Parent/Guardian Signature	Date
*******	. * * * * * * * * * * * * * * * * * * *
GENERAL AUT	HORIZATION FORM (E5131.61)
	and the reputation of my school are dependent, in part, on my and abide by the standards, rules, and regulations set forth by the istees for the activity in which I participate.
	a specimen that I provide to test for drugs and/or alcohol use. I also e results of such a test to the Superintendent or designee and to my
INCLUDING AUTHORIZATION FORM	(ED. CODE 49030, E5131.63, AND CIF BYLAW 200.D)
Steroids' included in the Student Activities Handboom	ement for Student Athlete and Parent/Guardian Regarding Use of ok. I hereby agree to accept and abide by the standards, rules, fied School District Board of Trustees policy for the activity in which
Player Signature	Date
Parent/Guardian Signature	Date
**********	**********
STUDENT ACTIVITIES	S HANDBOOK ACKNOWLEDGEMENT
Appeal Process of the NSCIF "Ethics in Sports" Po	the Code of Ethics, and the violations, minimum penalties, and licy that are included in the Fall River Joint Unified School District's y these policies while participating in NSCIF athletics regardless of
Player Signature	Date
Parent/Guardian Signature	Date