

# FALL RIVER JOINT UNIFIED SCHOOL DISTRICT

## Preparticipation Physical Evaluation

**HISTORY**

**DATE OF EXAM:** \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Personal physician \_\_\_\_\_

**In case of emergency, contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

**Explain "Yes" answers below.**  
**Circle questions you don't know the answers to.**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical?<br>Do you have an ongoing or chronic illness?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been hospitalized overnight?<br>Have you ever had surgery?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?<br>Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?<br>Have you ever had a rash or hives develop during or after exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out during or after exercise?<br>Have you ever been dizzy during or after exercise?<br>Have you ever had chest pain during or after exercise?<br>Do you get tired more quickly than your friends do during exercise?<br>Have you ever had racing of your heart or skipped heartbeats?<br>Have you had high blood pressure or high cholesterol?<br>Have you ever been told you have a heart murmur?<br>Has any family member or relative died of heart problems or of sudden death before age 50?<br>Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?<br>Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a head injury or concussion?<br>Have you ever been knocked out, become unconscious, or lost your memory?<br>Have you ever had a seizure?<br>Do you have frequent or severe headaches?<br>Have you ever had numbness or tingling in your arms, hands, legs, or feet?<br>Have you ever had a stinger, burner, or pinched nerve?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever become ill from exercising in the heat?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you cough, wheeze, or have trouble breathing during or after activity?<br>Do you have asthma?<br>Do you have seasonal allergies that require medical treatment?  | <input type="checkbox"/> | <input type="checkbox"/> |

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you had any problems with your eyes or vision?<br>Do you wear glasses, contacts, or protective eyewear?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever had a sprain, strain, or swelling after injury?<br>Have you broken or fractured any bones or dislocated any joints?<br>Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?<br><i>If yes, check appropriate box and explain below.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip<br><input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh<br><input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee<br><input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/calf<br><input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle<br><input type="checkbox"/> Upper arm <input type="checkbox"/> Foot |                          |                          |
| 13. Do you want to weigh more or less than you do now?<br>Do you lose weight regularly to meet weight requirements for your sport?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you feel stressed out?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Record the dates of your most recent immunizations (shots) for:<br>Tetanus _____ Measles _____<br>Hepatitis B _____ Chickenpox _____  |                          |                          |

**FEMALES ONLY**

16. When was your first menstrual period? \_\_\_\_\_  
 When was your most recent menstrual period? \_\_\_\_\_  
 How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
 How many periods have you had in the last year? \_\_\_\_\_  
 What was the longest time between periods in the last year? \_\_\_\_\_

**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 \_\_\_\_\_

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# FALL RIVER JOINT UNIFIED SCHOOL DISTRICT Preparticipation Physical Evaluation

## PHYSICAL EXAMINATION

Name _____	Date of birth _____
Height _____	Weight _____ % Body fat (optional) _____
Pulse _____	BP _____ / _____ ( _____ / _____ , _____ / _____ )
Vision R 20/ _____ L 20/ _____	Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

\* Station-based examination only

## CLEARANCE

- Cleared
- Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

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 \_\_\_\_\_

Athletic Insurance Information

Fall River Joint Unified School District requires every member of any interscholastic athletic team, as well as those associated directly with any interscholastic athletic even, including song and cheerleaders, team mascots, team managers, etc. to possess accidental bodily insurance providing at least \$5,000 of scheduled medical and hospital benefits. Please specify on the form below the required insurance coverage that you have provided for your child.

I have purchased accident insurance through the Myers - Stevens & Toohey & Co., Inc. (available at the school office) as shown below (check appropriate response):

- Tackle football insurance (covers tackle football only)
School time insurance (covers sports other than football)
Full time insurance (covers sports other than football)

OR

I have health or accident insurance for my child that meets the requirements of California law and elect not to purchase student insurance through Myers - Stevens & Toohey & Co., Inc. (list the company name and group or policy number). (Pit River Health is not considered an insurance provider)

Company Name and claim office address

Group or Policy Number

Parent/Guardian Signature

Date

\*\*\*\*\*

EMERGENCY INFORMATION

Student's Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)

Phone: Father \_\_\_\_\_ Mother \_\_\_\_\_
Cell \_\_\_\_\_ Cell \_\_\_\_\_
Work \_\_\_\_\_ Work \_\_\_\_\_

Person to contact if parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does this student have any injury or physical condition that should be watched? Yes No

If Yes, please 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

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**FOOTBALL ONLY – HELMET WARNING ACKNOWLEDGEMENT**

WARNING – Do not strike an opponent with any part of the helmet or facemask. This is a violation of football rules and may cause you to suffer severe brain or neck injury, including paralysis or death. NO HELMET CAN PREVENT ALL SUCH INJURIES. YOU USE THIS HELMET AT YOUR OWN RISK.

**We have read and understand this warning notice.**

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**GENERAL AUTHORIZATION FORM (E5131.61)**

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by the Fall River Joint Unified School District Board of Trustees for the activity in which I participate.

I also authorize the FRJUSD to conduct a test on a specimen that I provide to test for drugs and/or alcohol use. I also authorize the release of information concerning the results of such a test to the Superintendent or designee and to my parents and/or guardians.

**INCLUDING AUTHORIZATION FORM (ED. CODE 49030, E5131.63, AND CIF BYLAW 200.D)**

I understand and acknowledge receipt of the 'Agreement for Student Athlete and Parent/Guardian Regarding Use of Steroids' included in the Student Activities Handbook. I hereby agree to accept and abide by the standards, rules, and regulations set forth in the Fall River Joint Unified School District Board of Trustees policy for the activity in which I participate.

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**STUDENT ACTIVITIES HANDBOOK ACKNOWLEDGEMENT**

I have read and understand the Policy Statement, the Code of Ethics, and the violations, minimum penalties, and Appeal Process of the NSCIF "Ethics in Sports" Policy that are included in the Fall River Joint Unified School District's **Student Activities Handbook**. I agree to abide by these policies while participating in NSCIF athletics regardless of contest site or jurisdiction.

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_