





SCHOOL \_\_\_\_\_

STUDENT ID # \_\_\_\_\_

**HENRY COUNTY SCHOOL DISTRICT ATHLETIC/EXTRA-CURRICULAR INFORMATION AND CONSENT FORM**

(hereinafter "Form")

(PLEASE PRINT)

Student Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

LAST FIRST MIDDLE

Address \_\_\_\_\_  
Street City State ZIP

Telephone (home) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date entered 9<sup>th</sup> grade \_\_\_\_\_ Student's grade level for the current school year \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Work Number \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Work Number \_\_\_\_\_ Cell \_\_\_\_\_

Student resides with (Names of Parent(s)/Guardian) \_\_\_\_\_

(If Guardian, submit copies of Court Order for Guardianship)

The student is domiciled at the above address located in the \_\_\_\_\_ high school district (school must be notified if student moves from the above address). **Students found illegally enrolled out of their school attendance zone could be ruled ineligible for GHSA competition for one (1) full year.**

Has the above-named student attended this Henry County School for at least one full school year? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

In an event the father or mother cannot be reached, these persons should be contacted regarding any situations which any officer, agent, or employee of the Henry County School District finds to be an emergency situation involving the student.

Name	Relationship	Home Phone	Cell Phone	Work Phone

**WARNING: BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS, INTRA-SCHOLASTIC SPORTS CLUBS, OR OTHER EXTRA-CURRICULAR ACTIVITIES INCLUDE A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.**

Participants can and have the responsibility to help reduce the chance of injury. **PARTICIPANTS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES OR CLUB SUPERVISORS, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.**

Each of the undersigned hereby consents for the above-named student to:

1. Compete in athletics (for \_\_\_\_\_ School of the Henry County School District) in Georgia High School Association approved sports **except** those **CROSSED** out below:  

Baseball	Basketball	Cheerleading	Cross Country	Football	Golf	Soccer	Softball
Track	Wrestling	Volleyball	Rifle	Gymnastics	Swimming	Lacrosse (LAX)	
Bass Fishing	Competitive Dance	Tennis					
2. To accompany any school team or sports club of which the student is a member on any of its local or out of town trips.
3. Each of the undersigned hereby verifies that the information contained within this Form and in any other documentation submitted to the Henry County School District is correct and understands that any false information may result in the above-named student being declared ineligible for participation in sports.

**MEDICAL INFORMATION:** Each of the undersigned certifies that the medical history on the attached form entitled **GHSA's PPE-4** concerning the above-named student is complete and accurate. Each of the undersigned understands that this will serve as the basis for determining whether the above-named student is eligible to compete in middle/high school athletics or other extra-curricular activities within the Henry County Schools. Each of the undersigned also understands any evaluation or review conducted by the Henry County School District concerning any student's medical history is only to determine whether a student meets eligibility requirements concerning participation in athletics or other extra-curricular activities. Any such evaluation or review by the Henry County School District is not a certification or guarantee of any nature concerning the health, well being, medical status, or fitness of any student to participate in any middle/high school athletics or extra-curricular activity and is not to take the place of regular medical examinations. In case of an emergency or accident on school grounds, during or related to any school, athletic, or extra-curricular activity

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involving the above-named student, if in the opinion of any school authorities present immediate medical or surgical attention is advisable, each of the undersigned hereby grants permission to said school authorities to obtain the services of a physician or other medical provider and to transport the above-named student to the hospital or other medical facility if it is deemed advisable by any school authorities. Each of the undersigned hereby grants permission, also, to any physician or other medical provider to treat said condition unless an undersigned parent or guardian of the above-named student is present and requests otherwise or until each of the undersigned request otherwise in writing. Each of the undersigned also hereby grants permission for any personnel of the Henry County School District to render any preventative medical treatment, first aid, emergency medical care, rehabilitative medical treatment or other assistance believed by such personnel to be advisable to protect the health and well-being of the above named student. Each of the undersigned understands and agrees that the terms hereof apply to any injury, accident, illness, or medical problem or emergency that arises as a result of or in connection with any aspect of Henry County School District athletic or extra-curricular participation or any activities in any way related or incidental thereto, including but not limited to tryouts, practice, conditioning, meetings, games, and travel. Each of the undersigned also understands that reasonable efforts will be made to contact a parent (or legal guardian) of the above-named student concerning any serious or involved medical treatment.

**TRANSPORTATION PERMISSION:** The Henry County School District does not provide transportation to students for extra-curricular events unless required by law. As such, it is the responsibility of the parent/guardian to make arrangements for transportation to any extra-curricular events in which the above-named student may wish to participate. The Henry County School District strongly discourages students from riding with other students to and from extra-curricular events. Please be advised that the Henry County School District is not responsible for monitoring or supervising the transportation used or sought by students with respect to any athletic or other extra-curricular activities. Each of the undersigned hereby further consents on behalf of the student named above to participate in school-sponsored trips.

**INSURANCE INFORMATION:** Each of the undersigned hereby authorizes the release of any and all information relating to the extra-curricular or athletic participation of the above named student to the media and to all college recruiters, including any medical information concerning injury or illness, any biographical information, and any other information related to the extra-curricular or athletic participation of such student, including ability, attitude and conduct.

Please have the parent/guardian INITIAL one of the following statements regarding insurance coverage for the above-named student for the 2023-2024 school year:

\_\_\_\_\_ The above-named student is adequately and currently covered by accident insurance that will cover injuries sustained while participating in any school authorized activity (including, but not limited to, Varsity or Junior Varsity Football).

_____	_____	_____
Company Providing Insurance	Name of insured	Policy Number

\_\_\_\_\_ One or more of the undersigned has purchased the Benefit Plan for the above-named student provided by the Henry County School District.

Policy Number \_\_\_\_\_

If any insurance coverage for the above-named student expires, is terminated, cancelled, revoked, or suspended, the undersigned agree to immediately notify the Henry County School District and to immediately obtain replacement accident insurance coverage for the above-named student and provide the Henry County School District with the name of the insurance company, the name of the insured, and the policy number of such replacement insurance coverage, or alternatively, will purchase the Benefit Plan provided by the Henry County School District.

By signing this Form, each of the undersigned acknowledge and agree that each of the undersigned has read and understands this Form and agrees to all the terms set forth in this Form and that all the information contained in this Form or otherwise provided to the Henry County School District is true and correct. Each of the undersigned hereby acknowledge and agree that they have the authority and right to sign this Form on behalf of the above-named student and on behalf of all of said student's parents and guardians, and further hereby release and agree to indemnify and hold the Henry County School District and its employees, members, agents, officers, and directors, and the Henry County Board of Education and its members, and all of the successors and assigns of all of such persons and entities, harmless from any and all claims, damages, liability, and causes of action, whether known or unknown, whether now, previously, or in the future existing or arising, in any way directly or indirectly related to the above-named student's participation in any sport, extra-curricular activity, or any other activity in any way related or incidental thereto, or in any way related to any rendering, attempt to render, or failure to render any medical, health care, or other treatment of any nature to the above-named student.

This Form and all consents, acknowledgments, and agreements contained herein shall remain in effect until the specific portion of this Form that a parent or guardian wishes to revoke is identified in writing and such revocation is delivered to the Henry County School District at least three (3) days prior to the effective date such consent is terminated.

_____	_____
Signature(s) of Parent(s) or Guardian(s)	Date

_____	_____
Signature(s) of Parent(s) or Guardian(s)	Date

_____	_____
Signature of Student	Date

Edited and Updated 4-16-15 (Date Corrected for 23-24, added bass fishing and competitive dance 4-28-21)

GHSA Heat Policy

Athlete Name: \_\_\_\_\_

Sport: \_\_\_\_\_

B-LAW 2:67 – "Practice Policy for Heat and Humidity"

- (a) Schools must follow the statewide policy for conducting practices and voluntary conditioning workouts (including during the summer) in all sports during times of extremely high heat and/or humidity that will be signed by each head coach at the beginning of each season and distributed to all players and their parents or guardians. The policy shall follow modified guidelines of the American College of Sport Medicine in regard to:
  1. The scheduling of practices at various heat/humidity levels
  2. The ratio of workout time to time allotted for rest and hydration at various heat/humidity levels
  3. The heat/humidity level that will result in practice being terminated
- (b) A scientifically approved instrument that measures Wet Bulb Globe Temperature (WBGT) reading must be utilized at each practice to ensure that the written policy is being followed properly. WBGT readings should be taken every hour, beginning 30 minutes before the beginning of practice.

**WBGT      ACTIVITY GUIDELINES AND REST BREAK GUIDELINES**

UNDER 82.0	Normal activities – Provide at least three separate rest breaks each hour of minimum duration of 3 minutes each during workout
82.0 – 86.9	Use discretion for intense or prolonged exercise; watch at-risk players carefully; provide at least three separate rest breaks each hour of a minimum of four minutes duration each.
87.0 – 89.9	Maximum practice time is two hours. For Football: players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. <u>For All Sports:</u> Provide at least four separate rest breaks each hour with a minimum duration of four minutes each.
90.0 – 92.0	Maximum length of practice is one hour. For Football, no protective equipment may be worn during practice and there may be no conditioning activities. <u>For All Sports:</u> There must be 20 minutes of rest breaks distributed during the hour of practice.
OVER 92	No outdoor workouts; Cancel exercise; delay practices until a cooler WBGT level is reached.

- (c) Practices are defined as: the period of time that a participant engages in a coach-supervised, school-approved sport or conditioning-related activity. Practices are timed from the time the players report to the field until they leave. If a practice is interrupted for a weather-related reason, the "clock" on that practice will stop and will begin again when the practice resumes.
- (d) Conditioning activities include such things as weight training, wind sprints, timed runs for distance, etc., and may be a part of the practice time or included in "voluntary workouts."
- (e) A WALK THROUGH is not a part of the practice time regulation, and may last no longer than one hour. This activity may not involve conditioning activities or contact drills. No protective equipment may be worn during a walk-through, and no full-speed drills may be held.
- (f) Rest breaks may not be combines with any other type of activity and players must be given unlimited access to hydration. These breaks must be held in a "cool zone" where players are out of direct sunlight.

**PENALTIES:** Schools violating the heat policy shall be fined a minimum of \$500.00 and a maximum of \$1,000.00.

Head coach's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## Georgia High School Association Student/Parent Concussion Awareness Form

SCHOOL:

### DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor "ding" to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term).

A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death. Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly.

This form must be signed by a parent or guardian of each student who wishes to participate in GHSA or HCMSAL athletics. One copy needs to be returned to the school, and one retained at home.

**COMMON SIGNS AND SYMPTOMS OF CONCUSSION** • Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness • Nausea or vomiting • Blurred vision, sensitivity to light and sounds • Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments • Unexplained changes in behavior and personality • Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

**BY-LAW 2.68: GHSA CONCUSSION POLICY:** In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.

b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance. By signing this concussion form, I give High School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2023-2024 school year. This form will be stored with the athletic physical form and other accompanying forms required by the School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Name (Signed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (Printed)

\_\_\_\_\_  
Parent Name (Signed)

\_\_\_\_\_  
Date

(Revised: 3/23)

**NCAA Initial Eligibility Core Course Requirements**  
**Student-Athlete/Parent/Guardian Acknowledgment Form**

Date: \_\_\_\_\_

I \_\_\_\_\_ Student/Athlete have received and am aware of the documents (*NCAA Initial-Eligibility Core-Course Requirements General Guidelines and Important New Changes for Division 1 & 2*) defining the Guidelines for the NCAA Initial Eligibility Core Course Requirements effective August 1, 2010.

I further attest that I have been provided the guidelines for the NCAA Core Course Requirements specifically discussing what the NCAA considers non-traditional courses and how I can find an appropriate program if my high school or school district does not provide one. Furthermore, I have been provided the appropriate contact information for the NCAA Eligibility Center (1-800-262-1492) if I have questions or seek further information.

Finally, I understand that non-traditional educational opportunities are available to me for Credit Recovery, Acceleration, etc. However, I have received and had explained the guidelines from the NCAA so that I am knowledgeable about this information as well. I have received a copy of this document for my records and one will be placed in my cumulative folder.

\_\_\_\_\_  
Student-Athlete Name (Print)

\_\_\_\_\_  
Student-Athlete Name (Signature)

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Name (Signature)

\_\_\_\_\_  
School Rep./Official/Admin. (Print)

\_\_\_\_\_  
School Rep./Official/Admin (Signature)

\*\*\*Please see reverse side for a chart of NCAA-approved Non-Traditional courses available in Henry County\*\*\*

**Chart of Sample Non-Traditional Educational Opportunities**

<b>NCAA approves these:</b>	<b>NCAA does NOT approve these</b>
<b>HCOA Virtual Courses</b>	<b>Intersession classes</b>
<b>HC Summer School</b>	<b>3-week unit classes</b>
<b>GAVS Courses</b>	<b>GAVS Credit Recovery</b>
<b>HC Impact Academy Courses</b>	
<b>HC HERO Program</b>	

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





Woodland High School Athletics Department  
800 N Moseley Drive, Stockbridge, GA 30281  
(770) 389-2784 – Phone  
(770) 389-2790 – Fax

## Athletic Participation Fee

We are pleased to welcome you to the Woodland High School Athletics family. Running a successful athletic program requires dedication and attention to detail, as well as covering expenses that are standard for each school such as transportation, scoreboard maintenance, security, awards, officials, and trainers, as well as miscellaneous other expenses. Each of those items is paid out of the general athletic account to ensure all programs are equally supported by our budget. We cannot use tax dollars to pay for these items, as extra-curricular activities are not funded in this way.

In order to maintain a minimum level of support for each of our programs, student athletes must pay a one-time fee of \$40 each year, which goes toward supporting the costs of running athletics. This dollar amount is a standard fee across all Henry County Schools, and must only be paid once per year, regardless of the number of teams a student joins. If the participation fee represents a hardship, please speak with the head coach of your sport and we will determine the best way to move forward whether arranging a payment plan or fundraising to cover the cost of the participation fee.

Please bring your participation fee to your head coach or to the main office with this form. We ask that you check the appropriate blank and print the student's name below so that we may accurately document receipt of the participation fee. Thank you for your continued support of Woodland High School and the Woodland Athletic program.

Sincerely,

WHS Athletic Director  
WHS Administration

Student name: \_\_\_\_\_

Current sport: \_\_\_\_\_

I understand that the fees paid to the sport I am participating in include the \$40 participation fee. I also understand that if I have participated in a sport and have already paid the fee, I should contact the coach for a reduction of fees by \$40.

Parent Signature: \_\_\_\_\_

Date \_\_\_\_\_

(Revised 5/2017)

# Georgia High School Association

## Student/Parent Sudden Cardiac Arrest Awareness Form

SCHOOL: \_\_\_\_\_

### 1: Learn the Early Warning Signs

If you or your child has had one or more of these signs, see your primary care physician:

- Fainting suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones
- Unusual chest pain or shortness of breath during exercise
- Family members who had sudden, unexplained and unexpected death before age 50
- Family members who have been diagnosed with a condition that can cause sudden cardiac death, such as hypertrophic cardiomyopathy (HCM) or Long QT syndrome
- A seizure suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones

### 2: Learn to Recognize Sudden Cardiac Arrest

If you see someone collapse, assume he has experienced sudden cardiac arrest and respond quickly. This victim will be unresponsive, gasping or not breathing normally, and may have some jerking (Seizure like activity). Send for help and start CPR. You cannot hurt him.

### 3: Learn Hands-Only CPR

Effective CPR saves lives by circulating blood to the brain and other vital organs until rescue teams arrive. It is one of the most important life skills you can learn – and it's easier than ever.

- Call 911 (or ask bystanders to call 911 and get an AED)
- Push hard and fast in the center of the chest. Kneel at the victim's side, place your hands on the lower half of the breastbone, one on top of the other, elbows straight and locked. Push down 2 inches, then up 2 inches, at a rate of 100 times/minute, to the beat of the song "Stayin' Alive."
- If an Automated External Defibrillator (AED) is available, open it and follow the voice prompts. It will lead you step-by-step through the process, and will never shock a victim that does not need a shock.

By signing this sudden cardiac arrest form, I give \_\_\_\_\_ **High School permission to transfer this sudden cardiac arrest form to the other sports that my child may play. I am aware of the dangers of sudden cardiac arrest and this signed sudden cardiac arrest form will represent myself and my child during the 2023-2024 school year. This form will be stored with the athletic physical form and other accompanying forms required by the School System.** (Revised: 3/21)

**I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.**

_____ Student Name Printed	_____ Student Name Signed	_____ Date
_____ Parent Name Printed	_____ Student Name Signed	_____ Date

# ■ PREPARTICIPATION PHYSICAL EVALUATION

## HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(First Name) (Last Name)

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth: \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

### Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

(First Name)	GENERAL QUESTIONS			
	(Explain "Yes" answers at the end of this form. Circle 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?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>		
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>		

HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
(CONTINUED)			
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	
HEART 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)?	<input type="checkbox"/>	<input type="checkbox"/>	
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)?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>	

(Last Name)

BONE AND JOINT QUESTIONS		
	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL QUESTIONS		
	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you ever had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL QUESTIONS (CONTINUED)		
	Yes	No
25. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
26. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
27. Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" answers here.

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**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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2023 This form has been modified for use by the GHSA

# PREPARTICIPATION PHYSICAL EVALUATION

## PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ (First Name) \_\_\_\_\_ (Last Name) Date of birth: \_\_\_\_\_

### PHYSICIAN REMINDERS

- 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?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / ( / )	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>	<input type="checkbox"/>	
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>	<input type="checkbox"/>	
Lymph nodes	<input type="checkbox"/>	
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck	<input type="checkbox"/>	
Back	<input type="checkbox"/>	
Shoulder and arm	<input type="checkbox"/>	
Elbow and forearm	<input type="checkbox"/>	
Wrist, hand, and fingers	<input type="checkbox"/>	
Hip and thigh	<input type="checkbox"/>	
Knee	<input type="checkbox"/>	
Leg and ankle	<input type="checkbox"/>	
Foot and toes	<input type="checkbox"/>	
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>	<input type="checkbox"/>	

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_