

LAKE COUNTY SCHOOL DISTRICT



ATHLETICS & ACTIVITIES REQUIRED FORMS

Lake County Emergency Consent Form

Name of Student: _____

Name of Parent(s)/Guardian(s): _____

Home Address: _____

Mailing Address: _____

Home Phone #: _____ Work Phone #: _____

Email: _____

EMERGENCY PHONE # (If not at home or work): _____

Insurance Company: _____

Policy Number: _____

Family Doctor: _____ Phone: _____

Allergies: _____

Medical Complications: _____

I, _____, parent of _____ in consideration of my child's opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of the Lake County School District interscholastic activities program, and hereby waive on behalf of myself and the above named child any liability of the school district, any of its agents or employees, arising out of such medical treatment.

I am aware that my student will be allowed to participate in any extracurricular activity without current insurance on file with the school district.

_____ My student is covered through our current insurance plan.

_____ My student is currently NOT covered by a health insurance plan.

Parent/Guardian Signature: _____

Date: _____

PHYSICIAN EXAMS AND INSURANCE REQUIREMENTS

All student-athletes participating in extracurricular activities must have a current physical examination and insurance on file with the Lake County Athletics/Activities Department. NO STUDENT-ATHLETES WILL BE ALLOWED TO PRACTICE OR PARTICIPATE WITHOUT A CURRENT PHYSICAL EXAMINATION AND INSURANCE ON FILE.

PLEASE USE THE FORM ON THE LAST PAGE TO BRING TO YOUR DOCTOR'S OFFICE OR CLINIC.

CODE OF ETHICS STUDENT PLEDGE

*If I am selected to represent the Lake County Schools Activities/Athletics Program, I will sincerely endeavor to contribute my best to the success of that program. I understand that I represent my family, school, and community. I understand that my participation in the Lake County Activities program is not a right, **but a privilege**. It is important that I present a positive image and serve as role models for others. Therefore, I agree to abide by the provisions of the following "Code of Conduct." I am also aware that if I do not live up to this agreement, I must accept the consequences for my behavior, which may include dismissal from the activities or athletics program(s). I realize that if school policies are violated the procedure and penalties of those policies will be enforced in addition to those described in the following rules of conduct for participants.*

*At any time, from the first day of summer vacation, to the last day of school or a calendar year (grades 6–12), that I am on contract with the school, I shall not possess, use, consume, sell distribute or be under the influence of any beverage containing alcohol, controlled substance, imitation controlled substance, steroids, drug paraphernalia, or any substance defined by law as an illegal drug. **It is not a violation of the policy for a student to be in possession of a legally defined drug specifically prescribed for the student's own use by their doctor.** However, it is a violation to use any drug for a purpose other than its prescribed use. In an effort to develop consistency and uniformity within this program, the following substance abuse policy will be enforced. A student will be in violation of this policy if the violation is substantiated verbally and/or in writing by:*

- 1. A law enforcement official*
- 2. A medical official*
- 3. A faculty member*
- 4. A school administrator*
- 5. The parent of that student/athlete*
- 6. The confession of that student/athlete with parent/guardian present*
- 7. A coach/sponsor*

Note: Hearsay and/or anonymous sources will not be used to substantiate violations of this policy.

Student Name (please print): _____

Student's Signature _____

Date Signed _____ Grade Level _____

CODE OF ETHICS PARENT PLEDGE

By signing this document, I acknowledge that I have read the Lake County Athletics/Activities Handbook, and I understand the possible consequences if my child violates this policy and agree to the following:

- To remain in the spectator area during competitions
- To not advise the coach on how to do the job
- Refrain from coaching any student during the contest
- Refrain from make insulting comments to the players, parents, officials, or coaches of either team
- Refrain from drinking alcohol at a contest or coming to a contest after having been drinking
- Cheer for my team, not against the other team
- Show interest, enthusiasm, and support for my student and other students as well
- Be in control of my emotions
- Help when I am asked by a coach or administrator
- Be a good role model and thank coaches, officials, administrators, and other workers at school events

I understand that I am expected to abide by these guidelines as a parent/guardian of a participating student and acknowledge that failure to follow the activities/athletics handbook, school policies, and game management expectations can result in my removal or banning from school events and can also result in the removal or banning of my student from participation in athletics/activities.

Parent's Name (please print) _____

Parent's Signature _____

Date Signed: _____

WARNING TO STUDENTS AND PARENTS

SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION.

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC and perhaps, FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Athletic participation by students is inherently dangerous. The consideration of parents and students in making this choice to participate cannot be over-stated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists. By choosing to participate, you, the student, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact your school athletic director or principal for further information.

By signing this document, I acknowledge that I have read, understand, and agree to the material contained in the Notice to Athletes and Parents/Guardians.

Student's Name _____ Sport/Activity _____

Signed _____
Parent or Guardian

Date _____

Signed _____
Student

Date _____

Public Media and Social Network Policy for Student-Athletes

Public Media: Public media refers to technologies used to communicate messages and whose mission is to serve or engage a public. Public media domains include print outlets, traditional broadcasts, and digital. When utilizing any public media outlets, student-athletes are expected to conduct themselves responsibly as members of their respective team, the Athletics Department, Lake County School District and the community.

Social Networks: Social network sites such as Facebook, Instagram, Twitter, and other digital platforms and distribution mechanisms facilitate student communicating with other students. Participation in such networks has both positive appeal and potentially negative consequences. It is important the Lake County student-athlete be aware of these consequences and exercise appropriate caution if they choose to participate.

Student-athletes are not restricted from using any on-line social network sites and digital platforms. However, users must understand that any content they make public via on-line social networks or digital platforms is expected to follow acceptable social behaviors and also to comply with federal government, state of Colorado, Lake County Schools, Frontier & Western Slope League and Colorado High School Activities Association (CHSAA) rules and regulations.

Facebook and similar directories are hosted outside of the Lake County Schools server. Violations of school policy (e.g. harassing language, university drug or alcohol policy violations, copyright infringement, etc.) or evidence of such violations in the content of on-line social networks or digital platforms are subject to investigation and sanction under the *Student Code of Conduct* and other Lake County School policies. They are also subject to the authority of law enforcement agencies.

It is incumbent upon student-athletes to be aware of all regulations. Ignorance of these regulations does not excuse student-athletes from adhering to them.

Guidelines for Student-Athletes

The school guidelines are intended to provide framework for student-athletes to conduct themselves safely and responsibly in an on-line environment. As a student-athlete at Lake County Schools you should:

1. Be careful with how much and what kind of identifying information you post on social networking sites. Virtually anyone with an email address can access your personal page. It is unwise to make available information such as date of birth, social security number, address, phone number, cell phone numbers, class schedules, bank account information, or details about your daily routine. All of these can facilitate identity theft, stalking, etc. Facebook and other sites provide numerous privacy settings for information contained in its pages; use these settings to protect private information. However, once posted, the information becomes property of the website.
2. Be aware that potential current and future employers often access information you place on on-line social networking sites. You should think about any information you post on Facebook or similar directories potentially providing an image of you to a prospective employer. The information is considered public information. Protect yourself by maintaining an online image that you can be proud of years from now.
3. Be careful in responding to unsolicited e-mails asking for passwords or PIN numbers. Reputable businesses do not ask for this information in e-mails and phishing perpetrators use many unique methods to fool people into clicking on links, providing information, or otherwise granting access that can disrupt the network.
4. While you do have a right to free speech, you should understand the potential implications of the speech you choose to use. Free speech does not necessarily mean complete freedom from the effects of that speech. Be wise with your words.

Prohibited Conduct: Student-athletes are highly visible representatives of the school and are expected to uphold the values and responsibilities of the school while meeting all requirements set forth by our athletics leagues (Frontier/Peaks Leagues), CHSAA, and the Lake County Athletics and Activities program. The Lake County Department of Athletics prohibits malicious and reckless behavior when utilizing public media outlets. It is important that student-athletes recognize the power of public media domains and the potentially negative image that they can portray about student-athletes, coaches, sponsors, the athletics/activities program and institution.

Sanctions: Any inappropriate activity or language in violation of the above prohibitions, including first time offenses, is subject to investigation and possible sanction by Lake County Schools and/or the Athletics Department, as well as civil authorities. Sanctions imposed by the Director of Athletics may include, but are not limited to, the following:

- Written notification from the Director of Athletics/Activities or assignee to the student-athlete outlining the policy and requiring that the unacceptable content be removed or the social network profile deactivated.
- Temporary suspension from the team/program until the prescribed conditions is met.
- Suspension from the team/program for a prescribed period.
- Indefinite suspension from the team/program.
- Dismissal from the team/program.

Agreement

I understand and agree that I am required to know, understand and follow the standards contained in the Lake County School District Athletics Public Media and Social Network Policy for Student-Athletes and Activities Program Participants. In addition, I understand and agree that I am responsible for knowing, understanding, and following the rules, policies, and procedure contained in the complete Lake County Student Handbook.

Signature

Printed Name

Sport/Activity

Date

**ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY
FOR EXTRACURRICULAR ACTIVITIES**

***(BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!)***

Due to the COVID-19 pandemic, Lake County School District R-1 ("District") is offering modified summer activities. Participation in the District's extracurricular activities is entirely voluntary and at participant's sole risk. COVID-19 is extremely contagious and is thought to spread primarily from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and, in some locations, have prohibited large gatherings of people. The District is implementing preventative measures intended to reduce the risk of COVID-19 transmission during its activities. However, the District cannot guarantee that a participant will not become infected with COVID-19. Participating in the District's summer activities could increase a participant's risk of contracting COVID-19. Participants shall comply with District policies, rules, and regulations during summer activities, including those measures implemented by the District to reduce the risk of COVID-19 transmission. Participants who fail to comply with such measures will not be permitted to participate.

ASSUMPTION OF RISK:

As the undersigned parent or legal guardian of the participant identified above ("Child"), I understand and hereby acknowledge that Child's participation in the District's extracurricular activities ("Activities"), involves inherent risks and hazards, including without limitation, dehydration, heat exhaustion, heat stroke, drowning, suffocation, hypothermia, frostbite, sunburn, dehydration, slips, falls, rope burns, pinches, scrapes, twists and jolts that could result in scratches, blisters, burns, muscle soreness, bruises, sprains, dislocations, lacerations, fractures, concussions, paraplegia, quadriplegia, transmission of communicable diseases, including but not limited to COVID-19, or other serious permanent physical impairment and even death, as well as minor or catastrophic property damage and loss. A complete listing of inherent and other risks is not possible. There also are risks that cannot be anticipated.

I hereby give my permission for the Child to participate in the Activities. I freely accept and fully assume all risks, dangers, hazards, and costs of Child's participation in the Activities. I represent that the Child has no medical or physical conditions that could interfere with the Child's safety or the safety of others while engaging in the Activities. I understand and agree that (i) the District does not have any medical/dental/hospitalization insurance covering students for injuries incurred while engaged in the Activities and related activities; (ii) the District and its employees, contractors, agents and volunteers may chaperone and admit the Child to a medical facility or seek emergency medical transportation services for the Child for purposes of receiving emergency medical and surgical treatment in a medical facility by a physician or other licensed health care provider, understanding that reasonable attempts will first be made to contact me at the contact information I supplied to the District, time and conditions permitting, and that I am solely responsible for any costs associated therewith; and (iii) I bear all costs of injury to the Child or damage to the Child's property.

I acknowledge and agree that the Child shall comply with all policies, rules, regulations, and instructions of the District, its employees, contractors, agents and volunteers, including those implemented to reduce the risk of COVID-19 transmission, as related to the Child's participation in the Activities or use of any equipment provided in furtherance thereof, and I acknowledge that the District will suspend or revoke the Child's participation in the Activities if the Child does not comply with said policies, rules, regulations, and instructions.

I understand that the District cannot accept and will not have any responsibility for the Child's or any third party's intentional or negligent acts or omissions, including product liability, occurring during the Child's participation in the Activities.

PERFORMING ARTS INFORMATION:

Participants in the performing arts will follow strict guidelines to ensure everyone's safety. However, it is understood that students in the performing arts need unobstructed access to air for proper rehearsal and performance technique. When not actively rehearsing or performing, students will be asked to wear a mask dependent on school guidelines at the time. It is understood that these are higher risk activities.

RELEASE OF LIABILITY, WAIVER OF CLAIMS:

In consideration of the District allowing the Child to participate in the Activities, on behalf of the Child and myself, I hereby expressly agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS whether known or unknown, now existing or arising at any time in the future that I have myself or on the Child's behalf against the District, its elected officials, directors, officers, employees, contractors, agents and volunteers (collectively hereinafter referred to as the "Released Parties"), arising directly or indirectly from the Child's participation in the Activities.
2. TO RELEASE AND HOLD HARMLESS THE RELEASED PARTIES from any and all liabilities, claims, causes of action, losses, damages, injuries or expenses that the Child may suffer as a result of, but not limited to, the Child's participation in the Activities.
3. TO INDEMNIFY RELEASED PARTIES and each of them for any and all expenses incurred, including without limitation, attorneys' fees and costs, as the result of any claim brought against any of the Released Parties by anyone relating in any way to the Child's acts or omissions or as a result of injury or loss sustained by the Child while participating in the Activities.
4. THAT THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY shall be effective and binding upon my heirs, next of kin, executors, administrators, and assigns, in the event of my death or incapacity.
5. THAT THE TERMS OF THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY shall apply and have priority over any previous agreement or written agreement, representation,

terms or conditions to the contrary, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

6. THAT THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY shall be governed by, interpreted in accordance with the laws of, and enforced in the federal and state courts of the State of Colorado.

I HAVE FULLY READ AND UNDERSTAND THIS ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY FOR THE ACTIVITIES AND AGREE TO BE BOUND BY IT. I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THE ABOVE, TO CONSULT WITH AN ATTORNEY TO THE EXTENT I HAVE DEEMED IT NECESSARY, BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS, UNDERSTAND THIS ENTIRE DOCUMENT, CONSIDER ITS EFFECTS, AND AGREE TO BE BOUND BY ITS TERMS. I ACKNOWLEDGE THAT PARTICIPATION BY THE CHILD IN THE ACTIVITY IS VOLUNTARY. I AM AWARE THAT BY SIGNING THIS RELEASE I AM WAIVING CERTAIN LEGAL RIGHTS THAT I MAY HAVE ON BEHALF OF THE CHILD AND/OR MYSELF TO BRING LEGAL ACTION AGAINST THE DISTRICT. I SIGN THIS ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY KNOWINGLY, VOLUNTARILY AND OF MY OWN FREE WILL.

Parent(s)/Guardian(s)/Legal Custodian(s)

Signature: _____

Date: _____

PARTICIPANT ACKNOWLEDGMENT

I acknowledge and agree that I will comply with all policies, rules, regulations, and instructions of the District, its employees, contractors, agents and volunteers, as related to my participation in the Activities or use of any equipment provided in furtherance thereof.

Student Signature

Date: _____



PARENT OR GUARDIAN PERMIT FOR ATHLETIC PARTICIPATION

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC INJURY.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.

By signing this Permission Form, we acknowledge that we have read and understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.** By signing this form it allows my student's medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.

I hereby give my consent for _____ to compete in athletics for _____ High School in Colorado High School Activities Association approved sports, except as listed on back, and I have read and understand the general guidelines for eligibility as outlined in the CHSAA *Competitor's Brochure*.

Parent or Guardian Signature _____ Date _____

I have read, understand and agree to the General Eligibility Guidelines as outlined in the CHSAA *Competitor's Brochure*.

Student Signature _____ Date _____

NO STUDENT SHALL REPRESENT THEIR SCHOOL IN INTERSCHOOL ATHLETICS UNTIL THERE IS A STATEMENT ON FILE WITH THE SUPERINTENDENT OR PRINCIPAL SIGNED BY HIS/HER PARENT OR LEGAL GUARDIAN AND A SIGNED PHYSICAL FORM CERTIFYING THAT HE/SHE HAS PASSED AN ADEQUATE PHYSICAL EXAMINATION WITHIN THE PAST YEAR, NOTING THAT IN THE OPINION OF THE EXAMINING PHYSICIAN, PHYSICIAN'S ASSISTANT, NURSE PRACTITIONER OR A CERTIFIED/REGISTERED DOCTORS OF CHIROPRACTIC THAT ARE SCHOOL PHYSICAL CERTIFIED, IS PHYSICALLY FIT TO PARTICIPATE IN HIGH SCHOOL ATHLETICS; THAT STUDENT HAS THE CONSENT OF HIS/HER PARENTS OR LEGAL GUARDIAN TO PARTICIPATE; AND, THE PARENT AND PARTICIPANT HAVE READ, UNDERSTAND AND AGREE TO THE CHSAA GUIDELINES FOR ELIGIBILITY.

NOTE: It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician, physician assistant, or nurse practitioner.

If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

NOTE: The CHSAA urges an adequate physical examination be given when a student athlete changes levels of competition, i.e. Little League to Middle School, Middle School to High School.

CHSAA RECOMMENDS the American Academy of Pediatrics preparticipation physical evaluation forms for a more comprehensive preparticipation evaluation. Follow the links provided for access to the AAP's forms.

History Form The Athlete with Special Needs Supplemental History Form Physical Examination Form Clearance Form

■ 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: _____

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

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

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

Have you had COVID-19? (check one): ☐ Y ☐ N

Have you been immunized for COVID-19? (check one): ☐ Y ☐ N If yes, have you had: ☐ One shot ☐ Two shots

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? (Circle response.)

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

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

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?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)

	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
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)?		
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)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

This form should be placed into the athlete's medical file and should not be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

PHYSICAL EXAMINATION FORM

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
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

* 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

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

	Yes	No
Atlantoaxial instability		
Radiographic (x-ray) evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "Yes" answers here.

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: _____