

**IHSAA PRE-PARTICIPATION PHYSICAL EVALUATION
SCHOOL _____**

HISTORY
Name: _____ Date: _____
Phone: _____

Address: _____ Zip: _____

Sex: _____ Age: _____ Date of Birth: _____ Grade: _____ I.D. _____

Personal Physician: _____ Phone: () _____
Previous school attended and dates: _____

Explain "Yes" answers below: Yes No

1. Have you ever been hospitalized? Yes No
Have you ever had surgery? Yes No
Are you presently under a doctors care? Yes No
2. Are you presently taking any medications or pills? Yes No
3. Do you have any allergies (medicine, bees or other stinging insects)? Yes No
4. Have you ever passed out during or after exercise? Yes No
Have you ever been dizzy during or after exercise? Yes No
Have you ever had chest pains during or after exercise? Yes No
Have you ever had high blood pressure? Yes No
Have you ever been told that you have a heart murmur? Yes No
Have you ever had racing of your heart or skipped heart beats? Yes No
Has anyone in your family died of heart problems or a sudden death before age 50? Yes No
Has anyone in your family had Marfans's syndrome? Yes No
5. Do you have any skin problems(itching, rashes, acne)? Yes No
6. Have you ever had a head injury? Yes No
Have you ever been knocked out or unconscious? Yes No
Have you ever had a seizure or epilepsy? Yes No
Have you ever had a stinger, burner or pinched nerve? Yes No
7. Have you ever had heat cramps, heat illness or muscle cramps? Yes No
8. Do you have trouble breathing or do you cough during or after activity? Yes No
9. Do you use any special equipment(pads, braces, neck rolls, eye guards, etc.)? Yes No
10. Have you had any problems with your eyes or vision? Yes No
Do you wear glasses or contacts or protective eye wear? Yes No
- *11. Are you missing an eye, kidney, or testicle? Yes No
12. Have you ever sprained/strained, dislocated, fractured,broken or had repeated swelling or other injuries of any bones or joints? Yes No

 Head Shoulder Thigh Neck Elbow Knee Foot
 Forearm Shin/calf Back Wrist Ankle Hip Hand
13. Have you had any other medical problems (infectious mononucleosis, diabetes, anemia, etc.)? Yes No
14. Have you had a medical problem or injury since your last evaluation? Yes No
15. When was your last tetanus shot? _____
16. When was your first menstrual period? _____
When was your last menstrual period? _____
What was the longest time between your periods last year? _____

Explain "Yes" answers _____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct

Date _____

* Signature of athlete _____

*Signature of parent/ guardian _____

Need for environmental adjustment or activities to be limited _____

Is he/she under the supervision of any specialist for any reason? _____

PRE-PARTICIPATION PHYSICAL EVALUATION continued...

PHYSICAL EXAMINATION Date: _____
Name: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ BP: _____ / _____ Pulse: _____		
Vision: R 20/ _____ L 20/ _____ Corrected: Y N	Pupils (Circle)	Equal/Unequal R>L L>R
	Circle (if option given)	Specific Findings
Marfan's syndrome stigmata	No Yes	
Heart:		
Rhythm	Regular Irregular	
Murmur (supine)	No Yes	
Murmur (standing)	No Yes	
	Normal (✓)	Specific Findings
Lungs		
Skin		
Abdominal		
Femoral Pulses		
Genitalia/Hernia		
Musculoskeletal:		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back		
Knees		
Ankles		
Feet		
Other		

- Clearance:
- A. Cleared
 - B. Cleared after completing evaluation/rehabilitation for: _____
 - C. Not cleared

Due to: _____

Recommendation: _____

I hereby certify that this athlete was examined by me. At that time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, **except those marked out below:**

Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling*
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball

Name of Physician: _____ Date: _____

Address: _____ Phone: _____

*Signature of Physician: _____

IMMUNIZATIONS [PLEASE PROVIDE DATES - MONTH AND YEAR]

			1	2	3	4	5
HbV							
MMR							
Measles							
Rubella							
Mumps							
Hib							

Tuberculin Type

Results

Date

LAKE CENTRAL FILE HEALTH SERVICE

Student _____ Last Name _____ First Name _____ Middle Name _____ Class of _____
 Address: _____

Post Office: _____ Home Phone: _____
 Religion (optional): _____ Parent Email: _____

Father's Full Name _____ Place of Employment _____ Business Phone _____

Mother's Full Name _____ Place of Employment _____ Business Phone _____

If we cannot be contacted at the above locations at the time of a serious injury or illness, school authorities have permission to call either of the following who will assume responsibility until we can be located.

Full Name _____ Please State Relationship (Relative, friend, parent) _____ Phone _____

Full Name _____ Please State Relationship _____ Phone _____

Family Physician _____ Address _____ Phone _____

I: STUDENT ACKNOWLEDGMENT AND RELEASE (to be signed by student)

I have read the attached (condensed) IHSAA Eligibility Rules and know of no reason why I am not eligible to represent my school in athletic competition. If accepted as a representative, I agree to follow the rules of my school and the IHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know the risks involved in athletic participation, understand the serious injury, and even death, is possible in such a participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved.

I HAVE READ THIS CAREFULLY
 * Date: _____ Student Signature: _____

Printed: _____

II: PARENT CONSENT, ACKNOWLEDGEMENT AND RELEASE FORM

(to be completed by all parents/guardians where divorce separation, parent with legal custody must sign)

A. I/we hereby give consent for my son/daughter to participate in the following interschool sports *not marked out*:
Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball

B. I/we understand that participating may necessitate an early dismissal from classes.

C. I/we consent to the disclosure, by my son's/daughter's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning my son/daughter.

D. I/we know of and acknowledge that my son/daughter knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation, and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless my school, the schools involved, and the IHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation, and agree to take no legal action against the IHSAA because of any accident or mishap involving the athletic participation of my son/daughter.

E. Please check the appropriate space

- He/she has school student accident insurance Has football insurance through school
- Has adequate family insurance coverage Has no insurance and needs a waiver

I HAVE READ THIS AND KNOW IT CONTAINS A RELEASE

*Insurance Company _____ Policy Number _____

*Date _____ Parent/Guardian Signature: _____

Printed: _____