

2021-2022

# Rehoboth Christian School

## Athletic Packet (Grades 6 – 12)

Updated 6/8/21

### What is it?

- o This packet contains different forms needed for your son/daughter to participate in athletics at Rehoboth Christian School. One packet must be filled out for each child and covers the whole year.

### When does it need to be completed?

- o Packets must be filled out prior to the first day of practice.
  - If it is not filled out, students will not be allowed to participate:
  - Due Dates for Physicals:
    - Fall Sports – August 9
    - Winter Sports – November 15
    - Spring Sports – Softball, Baseball and Track Feb 14

### Where do I bring it when it is completed?

- o Please return the packet in its entirety (all 10 pages) to the Administration Building. If you bring it in the summer, please bring it to the Administration Building.
- o Incomplete packets will be returned. Please, only submit complete packets!

### What about the physical?

- o Your physical form is contained in this packet. The physical form must be completed after April 1, 2021. Please turn in the physical form with the completed packet (incomplete packets or individual forms will be returned).

\_\_\_\_\_

Student Name

Grade: \_\_\_\_\_



## Rehoboth Christian Athletic Conduct

Please Read through the handbook in its entirety before signing and initialing this form. The Athletic Handbook is located at the following website: <https://www.rcsnm.org/admissions/schools/athletic-website.cfm>

I have read, understand and agree to the guidelines of the Rehoboth Christian Athletic handbook. \_\_\_\_\_  
(initial here).

Rehoboth Christian School students who participate in athletics represent the school in a distinctive way. These students, therefore, take upon themselves the responsibility of defending and promoting the ideals of the school by their actions and words. Athletes are to behave in a manner consistent with that expected of a Christian and to conduct their lives so as to bring honor and respect upon themselves and their school.

### Students are asked to sign the following:

“I realize it is a privilege to represent Rehoboth Christian School in athletic events. I promise not to use tobacco, alcohol beverages, or non prescribed drugs, both during the school year and the summer months.”

“I understand that at Rehoboth Christian School there is a Christian standard of behavior that monitors our words and deeds in the classroom, at athletic activities, and in everyday life. If I seriously violate these standards, I will be subject to discipline.”

“If my actions are such that I am judged to have violated the letter or the intent of the code, I agree to submit to the discipline of the Athletic Discipline Committee.”

“I acknowledge that interscholastic athletics is a privilege and not a right. I am a student before an athlete and if I am not able to uphold academic excellence throughout my seasons of play, I understand my participation in athletics will be negatively impacted.”

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### At least one parent is asked to sign the following:

“As a parent, I will do everything within my power to help my child to live by the code. I also agree to cooperate to the utmost with the coaches and administration of Rehoboth Christian School. Finally, I understand that academics come before athletics.”

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

# 2021-2022 Rehoboth Christian School Athletic Packet Information Sheet

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Cell Phone #(if applicable): \_\_\_\_\_

Sports planning to participate in (please circle):

Volleyball      Boys Soccer      Girls Soccer      Boys Cross Country      Girls Cross Country  
Boys Basketball      Girls Basketball  
Softball      Boys Track and Field      Girls Track and Field      Baseball

Parent Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Siblings attending Rehoboth Christian School:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Are you transferring to Rehoboth Christian School from another school? (circle one)      Yes      No

**If yes, please answer the following questions:**

School transferred from: \_\_\_\_\_

School address: \_\_\_\_\_

School phone number: \_\_\_\_\_ School fax number: \_\_\_\_\_

What sports did you participate in and at what level? (JV or Varsity)

Fall: \_\_\_\_\_

Winter: \_\_\_\_\_

Spring: \_\_\_\_\_

Has the student repeated any grade (8<sup>th</sup>-12<sup>th</sup>)? Yes      No      If so, what grade? \_\_\_\_\_

**All students who transfer from another school within the state of New Mexico after the 9<sup>th</sup> grade (or after varsity participation as an 8<sup>th</sup> grader) must be petitioned through the NMAA by completing NMAA forms A, B, and C.**

## Permission to Participate

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

I hereby give my **consent** for the above-named student to represent his or her school in athletic activities except those indicated on this form by the physician, provided that such athletic activities are approved by the State Association. I also give my permission for the student to accompany the school team on any of its local or out-of-town trips. Rehoboth Christian School will provide basic first aid at games and practices. The parents or guardians understand that the risk of minor injury, significant injury, and even death is assumed by the student and parent when they sign this form. However, in the event physicians, or other persons trained in the rendering of first aid are available as volunteers or otherwise, and they render aid to any student injured during the course of any school activity or travel, the parents do hereby release and forever discharge coaches, and Rehoboth Christian School from any liability arising out of any first aid or immediate treatment of injuries.

As a parent, I also will make sure my son/daughter will notify coaches of any injury sustained either at practice or games or in other events outside of their athletic participation at Rehoboth Christian School.

I hereby state that I agree with the above statements and have provided accurate information on the medical history of this student.

I also give my permission for my son/daughter to be photographed/videotaped for use in promoting RCS athletics.

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

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### Assumption of Risk

By allowing your son/daughter to participate in athletics at Rehoboth Christian School, know there are a certain amount of risks associated with this participation. Each sport has inherent risks associated with participation in it

- Least Severe - twisted ankles, bruise, charlie horse, pulled muscle
- Severe - broken bones, concussion, torn ligaments
- Very Severe - death, paralyzed, etc.

Coaches will make all efforts to minimize the risks associated with participation in each sport, but know that coaches can't eliminate all risk. You/the athletes are assuming a certain amount of risk by participating. Sign below to recognize that you are aware of this risk and still want your student competing in athletics at Rehoboth Christian School.

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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

## Emergency Release & Contact Information

In the event that I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_, with a birth date of \_\_\_\_\_, cannot be reached, I hereby give my consent to the attending physician, athletic trainer, and/or coaches to secure and administer medical aid and ambulance service for my child. This authorization does not cover major surgery unless the medical options of two (2) licensed physicians/dentists concur for the necessity of such surgery.

Please print any allergies (food, medication, other) illnesses and medications currently being taken:

Check Here if None

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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

**Home#:** \_\_\_\_\_ **Work#:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Doctor's Phone#:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_

**Name of Insurance Carrier:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Policy number(s):** \_\_\_\_\_

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

## Local Events Transportation Form

I, \_\_\_\_\_, as parent/guardian of my child listed below, hereby take responsibility for transporting my child/children to athletic competitions held in the greater Gallup area when no school bus is provided.

I understand that I must take responsibility and be held liable for the safety of my child as he/she travels to these school activities. I will only grant permission for my child to ride with a licensed, responsible driver in a vehicle that has current insurance.

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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

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## Student Transportation Consent Form (For Students with a Driver's License)

Situations may arise when it is prudent or even necessary for a student to transport himself in a personally owned vehicle to a local destination. In situations where the student's activities are being supervised by Rehoboth staff or another adult, students may transport themselves provided:

The student has a valid driver's license.

The vehicle being used has adequate insurance coverage.

The supervisor has given permission for the student to drive.

The parent or guardian has previously given permission for the student to drive by completing a Student Transportation Consent Form.

The supervisor shall have the responsibility to verify the first, second, and fourth items listed above. If any one of these requirements cannot be verified, the supervisor shall not permit the student to transport himself.

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_, hereby allow my child to transport him/herself in a personally owned vehicle to a local destination. I am also aware that my child is not allowed to transport others in their vehicle.

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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



## CONCUSSION IN SPORTS

# A Fact Sheet for Athletes and Parents

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### WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

#### Observed by the Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"
- 

#### Observed by the Parent / Guardian

- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events after hit or fall
- Appears dazed or stunned

### WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE

#### Athlete

- TELL YOUR COACH IMMEDIATELY!
- Inform Parents
- Seek Medical Attention
- Give Yourself Time to Recover

#### Parent / Guardian

- Seek Medical Attention
- Keep Your Child Out of Play
- Discuss Plan to Return with the Coach

***It's better to miss one game than the whole season.***

***Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.***

## **RETURN TO PLAY GUIDELINES UNDER SB38**

1. Remove immediately from activity when signs/symptoms are present.
2. Must not return to full activity prior to a minimum of 240 hours (10 days).
3. Release from medical professional required for return.
4. Follow school district's return to play guidelines.
5. Coaches continue to monitor for signs/symptoms once athletes return to activity.

Students need cognitive rest from the classroom, texting, cell phones, etc.

## **REFERENCES ON SENATE BILL 38 AND BRAIN INJURIES**

### **Senate Bill 38:**

<https://www.nmlegis.gov/Sessions/17%20Regular/final/SB0038.pdf>

### **For more information on brain injuries check the following websites:**

<https://nfhslearn.com/courses/61059/concussion-for-students>

<http://www.nfhs.org/resources/sports-medicine>

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

<http://www.stopsportsinjuries.org/concussion.aspx>

<http://www.ncaa.org/health-and-safety/medical-conditions/concussions>



## **SIGNATURES**

By signing below, parent/guardian and athlete acknowledge the following:

- ◆ Both have received and reviewed the attached NMAA's *Concussion in Sports Fact Sheet for Athletes and Parents*.
- ◆ Both understand the risks of brain injuries associated with participation in school athletic activity, and are aware of the State of the New Mexico's Senate Bill 38; Concussion Law.
- ◆ Athlete has received brain injury training pursuant to Senate Bill 38.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



## CONSENT TO TREAT FORM

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances, it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the New Mexico Activities Association (NMAA), \_\_\_\_\_ (name of school or district) requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district/NMAA, to the extent the QMP deems necessary to prevent harm to the student/athlete. It is understood that a QMP may be an athletic trainer, medical/osteopathic physician, physician assistant or nurse practitioner licensed by the state of New Mexico (or the state in which the student/athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by New Mexico law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

### PLEASE PRINT LEGIBLY OR TYPE

"I, \_\_\_\_\_ the undersigned, am the parent/legal guardian of, \_\_\_\_\_, a minor and student-athlete at \_\_\_\_\_ (name of school or district) who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/NMAA may employ or designate QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by New Mexico law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete's recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/NMAA."

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



# MEDICAL EXAMINATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

New Mexico Activities Association  
6600 Palomas NE  
Albuquerque, NM 87109  
[www.nmact.org](http://www.nmact.org)

**NOTE:** The NMAA does not need a copy of this form. Please return to your school's athletic department.

## Emergency Information – Parent/Guardian please fill out prior to examination.

<b>Student Athlete Name</b> (Last, First, M.I.):					
Home Address:				Grade:	
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>		
DOB:		AGE:			
<b>Name of Parent/Guardian</b>					
Home Address:				Phone:	Work:
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>	Cell:	
<b>Emergency Contact</b>				Phone:	Work:
<small>Name</small>	<small>Relationship</small>			Cell:	
Address:					
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>		
<b>Participant Insurance: Participants must be covered by accident/injury insurance prior to participation.</b>					
_____		_____		_____	
<small>Insurance Carrier</small>		<small>Policy Number</small>		<small>Group ID</small>	
<b>SPORT/ACTIVITY STUDENT WILL PARTICIPATE IN (CHECK ALL THAT APPLY)</b>					
<b>Sports/Activities</b>					
<input type="checkbox"/> Baseball	<input type="checkbox"/> Cheer	<input type="checkbox"/> Football	<input type="checkbox"/> Softball	<input type="checkbox"/> Volleyball	
<input type="checkbox"/> Basketball	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Wrestling	
<input type="checkbox"/> Bowling	<input type="checkbox"/> Dance	<input type="checkbox"/> Soccer	<input type="checkbox"/> Track/Field	<input type="checkbox"/> Other _____	
Please answer all health history questions on the following page PRIOR to your visit to the doctor. Please fill in the student athlete's personal information (name, gender and birth date) on each page of the form and return the entire packet to the school's athletic department.					

**COVID-19 ACKNOWLEDGEMENT**

I am aware that there is an inherent risk of injury and/or illness associated with participation in athletic activity and grant permission for my child to participate in NMAA activities during the current COVID-19 pandemic.

Student-Athlete Signature	Date
Parent or Court Appointed Legal Guardian Signature	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: \_\_\_\_\_

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

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

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  $\geq 3$  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?		

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

MEDICAL QUESTIONS (CONTINUED)		Yes	No
25.	Do you worry about your weight?		
26.	Are you trying to or has anyone recommended that you gain or lose weight?		
27.	Are you on a special diet or do you avoid certain types of foods or food groups?		
28.	Have you ever had an eating disorder?		
FEMALES ONLY		Yes	No
29.	Have you ever had a menstrual period?		
30.	How old were you when you had your first menstrual period?		
31.	When was your most recent menstrual period?		
32.	How many periods have you had in the past 12 months?		

**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: \_\_\_\_\_

# ■ PREPARTICIPATION PHYSICAL EVALUATION

## 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
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • 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 • Double-leg squat test, single-leg squat test, and box drop or step drop test		

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

- Medically eligible for all sports without restriction
- Medically eligible for all sports 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