DIOCESE OF ARLINGTON

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

Form is required each school year dated after *May 1* of the current school year and is good through June 30th of the following year.

For school year_____

PART I- ATHLETIC PARTICIPATION
(To be filled in and signed by the student)

Male____
Female____

PRINT CLEARLY

Name _____ Student ID#_____
(Last) (First) (Middle Initial)

Home Address, City, Zip Code _____

Home Address of Parents/Guardians _____

Date of Birth _____ Place of Birth _____

This is my _____semester in _____High School, and my _____semester since first entering the ninth grade.

Last semester I attended _____School and passed _____credit subjects, and I am taking _____credit subjects this semester. I have read the condensed individual eligibility rules that appear below and believe I am eligible to represent my present high school in athletics.

INDIVIDUALIZED ELIGIBILITY RULES

To be eligible to represent your school in any interscholastic athletic contest, you:

- Must be a regular bona fide student in good standing of the school you represent.
- Must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity)
- Must have enrolled not later than the fifteenth day of the current semester.
- For the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements.) **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- For the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- Must sit out all competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- Must not have reached your nineteenth birthday on or before the first day of August or first day of September, depending on the league your school participates in.
- Must not, after entering ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- Must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parent Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for competition and that your parents' consent to your participation.
- Must not be in violation of Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification about cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school athletic program, publication or video.

LOCAL SCHOOL DIVISIONS AND STATE LEAGUES MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

Student Signature:_____ **Date:**_____

PROVIDING FALSE INFORMATION WILL RESULT IN INELIGIBILITY FOR ONE YEAR.

PART II- ACKNOWLEDGEMENTS OF RISK, INSURANCE and RELEASE STATEMENT

(To be completed and signed by parent/guardian)

I give permission for _____ (name of child/ward) to participate in any sports with the exception of (identify sports): _____

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts or some other means.

He/she is insured by our family policy with:
Name of medical insurance company: _____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s), including Athletic Trainer(s), selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

To the extent permitted by law, I will indemnify, defend, and hold harmless Most Reverend Michael F. Burbidge, Bishop of the Catholic Diocese of Arlington, and his Successors in Office, High School, and their respective Directors, Officers, Employees, and Agents harmless from all losses, liabilities, damages, suits, actions, claims, demands, judgments, costs, or expenses (including reasonable attorney's fees) claimed against it by third parties, which arise from an act or omission, negligence, willful misconduct, or breach under this Form by my child/ward or myself, as the case may be, resulting in injury to person or damage to property or both.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

PART III- EMERGENCY PERMISSION FORM*

(To be completed and signed by the parent/guardian)

STUDENT'S NAME: _____ GRADE: _____ AGE: _____ DOB: _____

HIGH SCHOOL: _____ CITY: _____

Please list any significant health problems that might be significant to a physician evaluating your child **in case of an emergency:**

_____

_____

PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC: _____

IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPINEPHRINE? _____

WHAT IS THE EMERGENCY MEDICATION: _____

IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION? _____ IF SO, WHAT? _____
DOES THE STUDENT WEAR CONTACT LENSES? _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _____ High School to hospitalize, secure proper treatment for and to order the injection and/or anesthesia and/or surgery for the person named above.
DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

RELATIONSHIP TO STUDENT: _____

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment in needed.

PART IV- MEDICAL HISTORY (Explain "YES" answers below)

STUDENT NAME: **DATE OF BIRTH:**

This form must be complete and signed, prior to the physical examination, for review by examining practitioner.
Explain "YES" answers below with number of the question. Circle questions you don't know the answers to.

GENERAL MEDICAL HISTORY	YES	NO
1. Do you have any concerns that you would like to discuss with your provider?	☐	☐
2. Do you have a medical diagnosis that requires an action plan at school? If so, what? _____	☐	☐
3. Has a provider ever denied or restricted your participation in sports for any reason?	☐	☐
4. Do you have any ongoing medical conditions? If so, **please identify and provide appropriate action plan**: ☐ Asthma ☐ Allergy (If yes, what kind?) ☐ Diabetes ☐ Infections ☐ Seizure ☐ Anemia ☐ Other: _____	☐	☐
5. Are you currently taking any medications or supplements daily? Please list below if YES.	☐	☐
6. Do you have allergies to any medications?	☐	☐
7. Do you have any recurring skin rashes or rashes that come and go, including herpes (cold sores) or methicillin-resistant Staphylococcus aureus (MRSA)?	☐	☐
8. Have you ever spent the night in the hospital? If yes, why?	☐	☐
9. Have you ever had surgery?	☐	☐
10. Have you ever passed out or nearly passed out DURING or AFTER exercise?	☐	☐
11. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	☐	☐
12. Does your heart race, flutter in your chest or skip beats (irregular beats) during exercise?	☐	☐
13. Has a doctor ever ordered a test for your heart? For example, electrocardiography or echocardiography.	☐	☐
14. Has a doctor ever told you that you have any heart problems, including: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki Disease ☐ Other _____	☐	☐
15. Do you get light-headed or feel shorter of breath than your friends during exercise?	☐	☐
16. Have you ever had a seizure?	☐	☐
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**YES**	**NO**
17. Does anyone in your family have a heart problem?	☐	☐
18. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?	☐	☐
19. 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)?	☐	☐
20. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	☐	☐
BONE AND JOINT QUESTIONS	**YES**	**NO**
21. 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?	☐	☐
22. Do you currently have a bone, muscle or joint injury that bothers you?	☐	☐
23. Do you regularly use a brace or assistive device?	☐	☐
MEDICAL QUESTIONS	**YES**	**NO**
24. Do you cough, wheeze or have difficulty breathing during or after exercise?	☐	☐
25. Do you have asthma or use asthma medicine (inhaler, nebulizer)?	☐	☐

MEDICAL QUESTIONS CONTINUED	YES	NO
26. Have you ever been knocked unconscious?	☐	☐
27. Have you had mononucleosis (mono) within the last month?	☐	☐
28. Are you missing a kidney, eye, testicle, spleen or other internal organ?	☐	☐
29. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	☐	☐
30. Have you ever become ill while exercising in the heat?	☐	☐
31. When exercising in the heat, do you have severe muscle cramps?	☐	☐
32. Do you have headaches with exercise?	☐	☐
33. Have you ever had numbness, tingling or weakness in your arms or legs or been unable to move your arms or legs AFTER being hit or falling?	☐	☐
34. Do you or does someone in your family have sickle cell trait or disease?	☐	☐
35. Have you had any other blood disorders?	☐	☐
36. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?	☐	☐
37. Have you had or do you have any problems with your eyes or vision?	☐	☐
38. Do you wear glasses or contacts?	☐	☐
39. Do you wear protective eyewear like goggles or a face shield?	☐	☐
40. Do you worry about your weight?	☐	☐
41. Are you trying to or has anyone recommended that you gain or lose weight?	☐	☐
42. Do you limit or carefully control what you eat?	☐	☐
43. Have you ever had an eating disorder?	☐	☐
44. Are you on a special diet or do you avoid certain types of foods or food groups?	☐	☐
45. Allergies to food or stinging insects? If yes, how severe?	☐	☐
46. Have you ever had a COVID-19 diagnosis? Date:	☐	☐
47. What is the date of your last Tdap or Td (tetanus) immunization? (circle type) Date: _____		
FEMALES ONLY	**YES**	**NO**
48. Have you ever had a menstrual period?	☐	☐
49. Age when you had your first menstrual period: _____		
50. Number of periods in the last 12 months: _____		
51. When was your most recent menstrual period? _____		

EXPLAIN "YES" ANSWERS BELOW

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List medications and nutritional supplements you are currently taking here:

Parent/Guardian Signature: _____

Date: _____

Athlete's Signature: _____

PART V- PHYSICAL EXAMINATION

(Physical examination form is required each school year dated after *May 1* of the current school year and is good through June 30th the following year)

NAME_____ **DATE OF BIRTH**_____**SCHOOL**_____

Height Weight [BMI	☐ Male	☐ Female
BP / Resting Pulse	Vision R 20/ L 20/	Corrected ☐ Yes ☐ No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata: kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)		
Eyes/ears/nose/throat (Pupils equal, hearing)		
Lymph nodes		
Heart (Murmurs: auscultation standing, supine, +/- Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)		
Neurological		
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional (i.e. Double leg squat, single leg squat, box drop or step drop test)		

Emergency medications required on-site: ☐ Inhaler ☐ Epinephrine ☐ Glucagon ☐ Other:

COMMENTS:

TB Screening: □ No risk for TB infection identified □ No symptoms compatible with active TB disease □ Risk for TB infection or symptoms identified	Test for TB Infection: TST IGRA Date:_____ TST Reading _____mm TST/IGRA Result: □ Positive □ Negative CXR required if positive test for TB infection or TB symptoms. CXR Date: _____ □ Normal □ Abnormal

When Medically Indicated: (HCP judgement based on history, exam, and knowledge of other physical and laboratory evaluations)

Tanner (male only):	Audiogram: □ Pass □ Fail	Body Fat %:	Hemoglobin/HCT/Iron Stores:
Urine:	Neuropsych Testing Diagnosis:	Pelvic Exam:	Echocardiogram:

Respiratory Assessment (when medically indicated cont.):

Pulse (rest):	Pulse (exercise):	Pulse (recovery):	FEV (rest):	FEV (exercise):	FEV (recovery):

NAME_____ DATE OF BIRTH_____SCHOOL_____

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

☐ **MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION**

☐ **MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS:**_____
Reason:_____

☐ **MEDICALLY ELIGIBLE ONLY AFTER FURTHER EVALUATION OR TREATMENT OF:**
_____

☐ **NOT MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF:** _____

☐ **NOT MEDICALLY ELIGIBLE FOR ANY SPORTS**

Other Recommendations: _____
☐ Recommend close monitoring during early conditioning because of weight/fitness/other
☐ Recommend restrictions or monitoring of weight loss or weight gain; Reason: _____

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part IV- Medical History.

PRACTITIONER SIGNATURE: _____**(MD, DO, NP or PA) DATE of Exam:** _____

EXAMINER'S NAME AND DEGREE (PRINT): _____ PHONE NUMBER: _____

ADDRESS: _____CITY: _____STATE: _____ZIP: _____

Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.