Welcome to Wright State University Sport Clubs

In effort to provide the best and most appropriate medical care to the student-athletes, the Department of Athletics and Campus Recreation requires all club athletes to have all forms completed prior to participation. Our high risk clubs* require a yearly pre-participation physical exam. With the information included in this packet, the Athletic Trainers and Team Physicians will be able to provide better care for each athlete.

All of the following items must be completed and turned in prior to participating in the sport club of your choice. Failure to do so will result in an incomplete sports medicine packet and the student-athlete will NOT be permitted to participate in his or her sport.

Each athlete should sign and complete each of the following:

- Form A, B, C, D, E*
  Form E may be replaced by a club specific pre-approved code of conduct

If you have any questions or concerns, please contact us.

Please submit the forms to:

Billy Willis
Assistant Director for Competitive Sports
Wright State University
Campus Recreation
3640 Colonel Glenn Hwy
Dayton, Ohio 45435
Ph: 937.775.5817
Fax: 937.775.5527
email: Billy.Willis@wright.edu

Nick Stacy
Sport Club President
Wright State University
Student Union 039A
3640 Colonel Glenn Hwy
Dayton, Ohio 45435
email: stacy.51@wright.edu

Danielle Cooper
Sport Club Treasurer
Wright State University
Campus Recreation
Student Union 039B
3640 Colonel Glenn Hwy
Dayton, Ohio 45435
email: Cooper.204@wright.edu

______________________________ FOR OFFICE USE ONLY ________________________________

Received by: __________________ DATE: ____________

Check off those that have been completed properly:

FORM A _______ FORM D _______ SHIRT _______
FORM B _______ FORM E _______
FORM C _______ INSURANCE CARDS _______

HIGH RISK CLUBS: HEALTH/PHYSICAL FORM (Football, Rugby, Hockey) _______
FORM A

Responsibilities of the Student-Athlete Participant for Athletic Training

To be eligible, the student participant must fulfill the following requirements:

1. (High Risk Clubs only) Complete a pre-participation medical examination administered by a licensed healthcare provider and complete all insurance and medical history information forms prior to participating in any Wright State University athletic activity. Note: the physical required for students upon entering the University is different than the physical required by sports medicine.

2. (High Risk Clubs only) The student-athlete must fully disclose information concerning illnesses and injuries sustained prior to matriculation at Wright State University on the medical history form. Wright State University is not responsible for injuries/illnesses sustained prior to becoming a student-athlete.

3. The student must report all injuries sustained in the course of university athletic activities at the time of their occurrence to an athletic trainer/coach/Assistant Director for Competitive Sports.

4. The student-athlete must report to the physician, hospital, or student health center if directed by the Sports Medicine Department.

5. Wright State University does not provide insurance for sport clubs, and all athletes must have proof of medical insurance. If an athlete needs insurance coverage they must follow all the procedures required of their primary insurance carrier.

6. The student-athlete must provide complete and accurate medical insurance information, to allow the Athletic Trainer to help establish the best situation for each student-athlete.

7. The Wright State University Sports Medicine Team is responsible for clearing all injured athletes. Wright State University team physicians have the final authority to medically clear a student-athlete for participation.

8. The student-athlete must sign below to signify that he/she has read and understands the terms and conditions under which he/she will be permitted to participate in club sports at Wright State University.

Signature of Student-Athlete: ________________________________

Signature of Parent (if under 18 years old): ________________________________

Date: ________________________________

Wright State University Sport Clubs Disclosure

I, ________________________________, age ______________, while participating in club sports representing Wright State University, expressly authorize Wright State University Student Health Service, Wright State Sports Medicine, and/or any other medical institution which might render medical treatment to me during this period, to release the said records to the Wright State University Athletic Department, Athletic Trainer, Head Coach of my sport, Assistant Director for Competitive Sports or its insurance carrier in order that they will be better informed of my medical condition and capabilities while I participate in Sport Clubs for Wright State University. A photo static copy of this authorization shall be considered as effective and valid as the original.

Signature of Student-Athlete: ________________________________ Date: ________________________________

Signature of Parent (if under 18): ________________________________ Date: ________________________________
CONCUSSION
A FACT SHEET FOR STUDENT-ATHLETES

WHAT IS A CONCUSSION?
A concussion is a brain injury that:
• Is caused by a blow to the head or body.
  – From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
• Can change the way your brain normally works.
• Can range from mild to severe.
• Presents itself differently for each athlete.
• Can occur during practice or competition in ANY sport.
• Can happen even if you do not lose consciousness.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?
You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms include:
• Amnesia.
• Confusion.
• Headache.
• Loss of consciousness.
• Balance problems or dizziness.
• Double or fuzzy vision.
• Sensitivity to light or noise.
• Nausea (feeling that you might vomit).
• Feeling sluggish, foggy or groggy.
• Feeling unusually irritable.
• Concentration or memory problems (forgetting game plays, facts, meeting times).
• Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

HOW CAN I PREVENT A CONCUSSION?
Basic steps you can take to protect yourself from concussion:
• Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
• Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
• Follow your athletics department’s rules for safety and the rules of the sport.
• Practice good sportsmanship at all times.
• Practice and perfect the skills of the sport.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?
Don’t hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.

Report it. Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

Get checked out. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

Take time to recover. 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 repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.

IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
WHEN IN DOUBT, GET CHECKED OUT.

For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.
Student-Athlete Concussion Acknowledgement Statement

I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer, Assistant Director for Competitive Sports, Team Coach and/or team physician.

I have read and understand the NCAA Concussion Fact Sheet.

After reading the NCAA Concussion fact sheet, I am aware of the following information (Initial each bullet to denote understanding):

A concussion is a brain injury, which I am responsible for reporting to my team physician or athletic trainer.

A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, and sleep and classroom performance.

You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

If I suspect a teammate has a concussion, I am responsible for reporting the injury to my team physician or athletic trainer.

I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.

Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

In rare cases, repeat concussions can cause permanent brain damage, and even death.

Signature of Student-Athlete: ________________________ Date: ________________

Parent/Guardian Signature (if under 18 years old): ________________________ Date: ________________

Assumption of Risk for Athletic Participation

I, the undersigned, have been informed, understand, and appreciate that there are inherent risks involved in athletic participation. I have been informed, understand, and appreciate that these risks may involve serious injuries to the head, neck, internal organs, or other structures of the body, which may result in permanent disability, paralysis, or even death.

STUDENT ATHLETE’S NAME (PLEASE Print Name): ________________________

STUDENT ATHLETE’S SIGNATURE: ________________________ Date: ________________

PARENT’S Printed Name and Signature (if under 18): ________________________
Participant Name: ______________________________   Sport: _________________________________

Campus Address:  ______________________________________________________________________

Cell Phone #: ________________________________________________________________________

Email Address: ________________________________________________________________________

Date of Birth: ________________________________________________________________________

Home Address: ________________________________________________________________________

Home Phone #: ________________________________________________________________________

Roommates (name and #): _______________________________________________________________

____________________________________________________________________________________

Allergies (Food, Drug, etc.): _____________________________________________________________

Current Medications: ________________________________________________________

In case of an emergency, I give permission for the Wright State University’s Athletic Training Staff, Team Physicians, and head coach/Advisor/President to contact the people listed. All pertinent facts concerning my condition/injury may be communicated to the party(ies) below. More contacts can be added on a separate piece of paper if desired.

Parent/Guardian Information

Name: ______________________________________ Relationship: _____________________________

Work #: ____________________________________ Cell Phone #: _______________________________

Additional Contact

*2nd contact should be someone that lives near Wright State University (i.e. Roommates, responsible friend)

Name: ______________________________________ Relationship: _____________________________

Work #: ____________________________________ Cell Phone #: _______________________________

Signature of Student Athlete: _____________________________________________________________ Date: _________________

Parent/Guardian (If Under 18): ___________________________________________________________ Date: _________________

Please make a copy of your insurance Card here (or attach)
ASSUMPTION OF RISK,
WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT
IMPORTANT: THIS IS A LEGAL DOCUMENT PLEASE READ AND UNDERSTAND BEFORE SIGNING

All participants must sign this form in order to participate.
Please read the following and sign below where indicated.

I understand that the (club(s) ___________________________________________ is sponsored by Wright State University (WSU) and that the activities related to this organization take place on- and/or off-campus.

I fully recognize and hereby acknowledge that there are inherent dangers and risks to which I may be exposed by virtue of my participation in this organization, or when traveling to and from one of the designated sites for related activities.

I further acknowledge and agree that I am responsible for the condition of personal gear including but not limited to helmet, shoes and other protective equipment and/or sports specific gear.

I understand that if the University provides this organization with a University vehicle for use in connection with any activity, neither WSU nor any representative thereof shall bear any responsibility in the event that I am denied transportation for failure to report to the vehicle at the appropriate time.

I understand that WSU does not require me to participate in this activity, but I voluntarily choose to do so despite the possible dangers and risks.

I agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity.

In consideration of my participation in this club activity, I agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns HEREBY DO RELEASE Wright State University, its officers, agents, and employees from any causes of action, claims, or demands of any nature whatsoever, which I, my heirs, representatives, executors and assigns may now have, or have in the future against Wright State University on account of personal injury, property damage, or accident of any kind, arising out of or in any way related to such activity; and hereby certify that I am in good health and that I have no physical limitations that would preclude my participation in this club activity.

I hereby grant the right to publish, broadcast, webcast, or disseminate in any other form of medium any or all of the following:

Stories and/or information about me that I have provided to them for use in news stories, publications, promotional materials, web features and/or any other university purposes. Photographs, video, audio, and other images or likenesses of me for use in news stories, publications, promotional materials, web features and/or any other university purposes. All photographs, video, audio, images, likenesses, stories, and other materials will remain the property of WSU.

I understand that while I engage in this activity, I am representing WSU and must adhere to the student code of conduct and to all the policies of the University’s Office of Campus Recreation.

BY SIGNING THIS DOCUMENT, IT IS MY INTENTION TO INDEMNIFY AND HOLD HARMLESS WRIGHT STATE UNIVERSITY, ITS OFFICERS, AGENTS, OR EMPLOYEES FROM ANY LIABILITY FOR ANY PERSONAL INJURY, OR PROPERTY DAMAGE CAUSED BY ANY REASON WHILE PARTICIPATING IN THIS ORGANIZATION AND ITS ACTIVITIES.

I certify that I am at least 18 years old, I have read and understand the foregoing and voluntarily sign this Agreement with full knowledge of its significance and I agree to by bound by all of its terms.

Name (printed) ___________________________________________ Student UID # ___________________

Signature ___________________________________________ Date __________________

WSU Email ___________________________ Personal Email ___________________________
Code of Conduct

Please initial after each statement and sign at the bottom of the page stating your agreement with each statement

This form is only necessary if a club doesn’t have an approved Code of Conduct form

No WSU Sport Club member shall Haze or be subjected to hazing. In the event that hazing should take place I know that I am responsible for reporting it immediately to the Assistant Director for Competitive Sports and/or the WSU Police Dept. Hazing is defined by:

Any action taken or situation created, intentionally, whether on or off the campus premises, to produce mental or physical discomfort, embarrassment, harassment, or ridicule. Such activities may include but are not limited to the following: use of alcohol; paddling in any form; creation of excessive fatigue; physical and psychological shocks; wearing of public apparel that is conspicuous and not normally in good taste; engaging in public stunts; morally degrading or humiliating games and activities; and any other activities that are not consistent with academic achievement, fraternal law, ritual, or policy, or the regulations and policies of Wright State University, or applicable state and/or federal law(s).

Initial: ___________

I understand that it is a requirement of me to be currently enrolled in a minimum of 1 credit hour to participate in a sport club. I authorize the verification of my student status by the Office of Campus Recreation or any league/conference/tournament etc. that may require enrollment verification.

Initial: ___________

As a member of a sport club, I am a representative of Wright State University. In doing so, it is essential that all members conduct themselves in a manner that will not place the existence of the club in jeopardy or bring embarrassment to the University. I am to be a positive member of this organization and will represent the team to the best of my ability during and outside of my sports activities. This includes but is not limited to practice, contests, and social media.

Initial: ___________

I understand that all Sport Club contests and events are free from Alcohol, Drugs, and tobacco.

Initial: ___________

I understand that if I am a witness to any teammate breaking any of the above code of conducts, I may also be found responsible for not reporting any violations.

Initial: ___________

I ______________________ agree to following each of the above statements and will notify the Assistant Director for Competitive Sports if any of these rules set forth by WSU, Campus Recreation, and/or Student Activities are not adhered to.

X________________________________________             _______________

Sign Name                     Date:

X________________________________________

Print Name                     Sport Club(s) Participating In
# Preparticipation Physical Evaluation

**HISTORY FORM**

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

<table>
<thead>
<tr>
<th>Date of Exam</th>
<th>Name</th>
<th>Date of birth</th>
<th>Sex</th>
<th>Age</th>
<th>Grade</th>
<th>School</th>
<th>Sport(s)</th>
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</thead>
</table>

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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Do you have any allergies?  
☐ Yes  ☐ No  If yes, please identify specific allergy below.  
☐ Medicines  ☐ Pollens  ☐ Food  ☐ Stinging Insects

**Explain “Yes” answers below. Circle questions you don’t know the answers to.**

<table>
<thead>
<tr>
<th>GENERAL QUESTIONS</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Has a doctor ever denied or restricted your participation in sports for any reason?</td>
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</tbody>
</table>
| 2. Do you have any ongoing medical conditions? If so, please identify below:  
☐ Asthma  ☐ Anemia  ☐ Diabetes  ☐ Infections  ☐ Other:  |
| 3. Have you ever spent the night in the hospital? |
| 4. Have you ever had surgery? |

**HEART HEALTH QUESTIONS ABOUT YOU**

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<thead>
<tr>
<th>Yes</th>
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<tr>
<th>General questions</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>5. Have you ever passed out or nearly passed out DURING or AFTER exercise?</td>
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<td>6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?</td>
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<tr>
<td>7. Does your heart ever race or skip beats (irregular beats) during exercise?</td>
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</table>
| 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:  
☐ High blood pressure  ☐ A heart murmur  ☐ High cholesterol  ☐ A heart infection  ☐ Kawasaki disease  ☐ Other:  |
| 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) |
| 10. Do you get lightheaded or feel more short of breath than expected during exercise? |
| 11. Have you ever had an unexplained seizure? |
| 12. Do you get more tired or short of breath more quickly than your friends during exercise? |

**HEART HEALTH QUESTIONS ABOUT YOUR FAMILY**

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<tr>
<th>Yes</th>
<th>No</th>
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<tr>
<th>General questions</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?</td>
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<td>14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?</td>
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<td>15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?</td>
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<td>16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?</td>
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**BONE AND JOINT QUESTIONS**

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<tr>
<th>General questions</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?</td>
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<td>18. Have you ever had any broken or fractured bones or dislocated joints?</td>
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<td>19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?</td>
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<td>20. Have you ever had a stress fracture?</td>
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<td>21. Have you ever been told that you have or you have had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)</td>
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<td>22. Do you regularly use a brace, orthotics, or other assistive device?</td>
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<td>23. Do you have a bone, muscle, or joint injury that bothers you?</td>
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<td>24. Do any of your joints become painful, swollen, feel warm, or look red?</td>
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<td>25. Do you have any history of juvenile arthritis or connective tissue disease?</td>
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**MEDICAL QUESTIONS**

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<tr>
<th>General questions</th>
<th>Yes</th>
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<tr>
<td>26. Do you cough, wheeze, or have difficulty breathing during or after exercise?</td>
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<td>27. Have you ever used an inhaler or taken asthma medicine?</td>
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<td>28. Is there anyone in your family who has asthma?</td>
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<td>29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?</td>
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<td>30. Do you have shin pain or a painful bulge or bruise in the shin area?</td>
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<td>31. Have you had infectious mononucleosis (mono) within the last month?</td>
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<td>32. Do you have any rashes, pressure sores, or other skin problems?</td>
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<td>33. Have you had a herpes or MRSA skin infection?</td>
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<td>34. Have you ever had a head injury or concussion?</td>
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<td>35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?</td>
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<td>36. Do you have a history of seizure disorder?</td>
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<td>37. Do you have headaches with exercise?</td>
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<td>38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?</td>
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<tr>
<td>39. Have you ever been unable to move your arms or legs after being hit or falling?</td>
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<td>40. Have you ever become ill while exercising in the heat?</td>
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<td>41. Do you get frequent muscle cramps when exercising?</td>
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<td>42. Do you or someone in your family have sickle cell trait or disease?</td>
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<td>43. Have you had any problems with your eyes or vision?</td>
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<td>44. Have you had any eye injuries?</td>
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<td>45. Do you wear glasses or contact lenses?</td>
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<td>46. Do you wear protective eyewear, such as goggles or a face shield?</td>
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<td>47. Do you worry about your weight?</td>
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<td>48. Are you trying to or has anyone recommended that you gain or lose weight?</td>
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<td>49. Are you on a special diet or do you avoid certain types of foods?</td>
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<td>50. Have you ever had an eating disorder?</td>
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<tr>
<td>51. Do you have any concerns that you would like to discuss with a doctor?</td>
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**FEMALES ONLY**

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<th>Yes</th>
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<thead>
<tr>
<th>General questions</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>52. Have you ever had a menstrual period?</td>
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<tr>
<td>53. How old were you when you had your first menstrual period?</td>
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<tr>
<td>54. How many periods have you had in the last 12 months?</td>
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Explain “yes” answers here.

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<th>Yes</th>
<th>No</th>
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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete  
Signature of parent/guardian  
Date

Name __________________________ Date of birth __________________

PHYSICIAN REMINDERS

1. 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, 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 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?

2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Male</th>
<th>Female</th>
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BP / ( ) / Pulse Vision R 20/L 20/ Corrected Y N

MEDICAL

NORMAL | ABNORMAL FINDINGS |

Appearance
- Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)

Eyes/ears/nose/throat
- Pupils equal
- Hearing

Lymph nodes

Heart
- Murmurs (auscultation standing, supine, +/- Valsalva)
- Location of point of maximal impulse (PMI)

Pulses
- Simultaneous femoral and radial pulses

Lungs

Abdomen

Genitourinary (males only)

Skin
- HSV, lesions suggestive of MRSA, linea corporis

Neurologic

MUSCULOSKELETAL

Neck

Back

Shoulder/ arm

Elbow/forearm

Wrist/hand/fingers

Hip/thigh

Knee

Leg/ankle

Foot/toes

Functional
- Duck-walk, single leg hop

<Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

*Consider OI exam if in private setting. Having third party present is recommended.

*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

☐ Cleared for all sports without restriction
☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for

☐ Not cleared
  ☐ Pending further evaluation
  ☐ For any sports
  ☐ For certain sports

Reason

Recommendations

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) __________________________ Date __________________

Address __________________________ Phone __________________________

Signature of physician __________________________ MD or DO