



HISTORY

Date of Exam _____

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Phone _____

Personal Physician _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ Phone(W) _____

Explain "Yes" answers below.

Circle questions you don't know the answers to.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last checkup or sports physical?
Do you have an ongoing or chronic illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been hospitalized overnight?
Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?
Have you ever had a rash or hives develop during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out during or after exercise?
Have you ever been dizzy during or after exercise?
Have you ever had chest pain during or after exercise?
Do you get tired more quickly than your friends do during exercise?
Have you ever had racing of your heart or skipped heartbeats?
Have you had high blood pressure or high cholesterol?
Have you ever been told you have a heart murmur?
Has any family member or relative died of heart problems or of sudden death before age 50?
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?
Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there a history of Marfan's Syndrome in your family? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is there a history of premature (prior to age 50) onset of diabetes in your family? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had a head injury or concussion?
Have you ever been knocked out, become unconscious, or lost your memory?
Have you ever had a seizure?
Do you have frequent or severe headaches?
Have you ever had numbness or tingling in your arms, legs, or feet?
Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|---|----------------------------------|------------------------------------|
| 10. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you cough, wheeze, or have trouble breathing during or after activity?
Do you have asthma?
Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you had any problems with your eyes or vision?
Do you wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever had a sprain, strain, or swelling after injury?
Have you broken or fractured any bones or dislocated any joints?
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, check appropriate box and explain below.</i> | | |
| <input type="checkbox"/> Head | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hip |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh |
| <input type="checkbox"/> Back | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Hand | <input type="checkbox"/> Shin/Calf |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Ankle |
| <input type="checkbox"/> Upperarm | <input type="checkbox"/> Foot | |
| 15. Do you want to weigh more or less than you do now?
Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Record the dates of your most recent immunizations (shots) for:
Tetanus _____ Measles _____
Hepatitis B _____ Chickenpox _____ | | |

FEMALES ONLY

18. When was your first menstrual period? _____
When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
What was the longest time between periods in the last year? _____

Explain "Yes" answers here (may use back of form also):

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 _____

PREPARTICIPATION PHYSICAL EVALUATION

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PHYSICAL EXAMINATION

Name _____	Date of Birth _____
Height _____ Weight _____ % Body Fat (optional) _____	Pulse _____ BP ____ / ____ (____ / ____, ____ / ____)
Vision R 20/ _____ L 20/ _____	Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS <small>(Station-based examination only)</small>
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

CLEARANCE

- Cleared
- Cleared after completing evaluation / rehabilitation for: _____

- Not Cleared for: _____ Reason: _____
Recommendations: _____

Name of Physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of Physician _____, MD or DO

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Thomasville City Schools
Department of Athletics

ATHLETIC AGREEMENT AND PARENT/GUARDIAN FORM

This form requires the signature of both the athlete and the parent/guardian. Please read carefully before you sign.

Please check the sports the athlete plans to participate in:

- | | | | |
|---------------------------------------|--|-----------------------------------|---------------------------------|
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> CROSS COUNTRY | <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> SOCCER |
| <input type="checkbox"/> BASKETBALL | <input type="checkbox"/> FOOTBALL | <input type="checkbox"/> SWIMMING | <input type="checkbox"/> TRACK |
| <input type="checkbox"/> CHEERLEADING | <input type="checkbox"/> GOLF | <input type="checkbox"/> TENNIS | |

ATHLETE PARTICIPTION AGREEMENT

Name: _____ THS MPMS

This agreement to compete in interscholastic athletics is voluntary on my part. I am aware that playing or practicing to play/participate in any sport can be dangerous in nature involving *many risks of injury*.

Because of the dangers in participating in sports, I recognize the importance of following the coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

In consideration of the Thomasville City School System Athletic Department permitting me to try out and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing/participating in that sport, I hereby assume all the risks associated with participation and agree to hold the Thomasville City School System, its Athletic Department, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any activities related to the sports participated in. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, and for all members of my family.

I will adhere to the rules and regulations set forth by the Georgia High School Association, the Thomasville City Board of Education, the school and the Athletic Department. Furthermore, I understand that I will be held responsible for athletic equipment issued to me. I recognize that it is a privilege to compete in athletics and will strive to earn respect for family, school, community, and myself.

Signature of Athlete

Signature of Parent/Guardian

Date

Date



Thomasville City Schools
Department of Athletics

PARENT/GUARDIAN AGREEMENT FORM

Dear Parent or Guardian,

Your son/daughter is a candidate for one of the athletic teams sponsored by the Thomasville City School System Athletic Department.

Participation in all athletic activities is voluntary; therefore, we would like to have your approval before your child participates in their first practice session. In addition to your permission, it is necessary for your son/daughter to have a physical examination before participation.

Realizing that participation in athletics involves the potential for injury that is inherent in all sports, I hereby give my consent for _____:

Name of Athlete

- **To represent the school in the athletic activities he/she has chosen**
- **To accompany any school team of which he/she is a member on any of its local or out-of-town trips.**

I hereby assume all the risks of my son/daughter associated with participation and agree to hold the Thomasville City School System, its Athletic Department, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with his/her participation in any activities related to the Thomasville City School System Athletic Department.

The terms hereof shall serve as a release and assumption of risk for my son's/daughter's heirs, estate, executor, administrator, assignees, and for all members of his/her family.

I acknowledge that I have read and understand the above presented herein and by signing below that I am giving my permission for _____ to participate in athletics in the Thomasville City School System.

Signature of Parent/Guardian



Date

Thomasville City Schools
Department of Athletics

EMERGENCY MEDICAL CONSENT FORM

Dear Parent/Guardian,

The following is an emergency medical release form for your son/daughter. This ensures fast medical treatment in the event he/she is injured and you are not available to give the doctor or hospital permission to treat your child.

ATHLETE'S NAME: _____

I, _____ having legal custody of _____,
(Parent/Guardian) (Athlete)

Born on _____, who resides with me at _____
(Birthdate) (Address)

(City/Zip)

hereby authorize any employee with the Thomasville City School System in whose care the minor child has been entrusted to consent to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above named athlete. In the event of serious illnesses, the need for major surgery, or significant accidental injury, I understand that every possible attempt will be made by the attending physician to contact me in the most expeditious way. In the event all reasonable attempts to contact me at the following phone numbers are unsuccessful:

- Home Phone#: _____ Cell Phone#: _____
- Work Phone#: _____ Other Phone#: _____

the treatment necessary for the interest of the above named athlete may be given. In the event that an emergency arises during a practice session, every effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the coach or athletic trainer to provide the needed emergency treatment to the athlete prior to his/her admission to the medical facilities.

- ❖ List any restrictions to your authorization to treat:

- ❖ Date athlete received last Tetanus/Diphtheria Booster: _____

- ❖ List any allergies to drug(s) or food(s) athlete may have:

- ❖ Any medication(s) or other pertinent information on athlete:

- ❖ Name of Family Physician: _____ Phone #: _____

.....

Date



Signature of Parent/Guardian

Thomasville City Schools
Department of Athletics

INSURANCE INFORMATION

Dear Parent/Guardian,

The Thomasville City School System's Athletic Department with an EXCESS INSURANCE POLICY will cover all athletes in grades 7th-12th participating in interscholastic sports.

This excess coverage is designed to consider balances only after all of the parent's/guardian's, other and collectible insurance's have paid their maximum benefits first. In other words, this excess policy means that your personal insurance will be liable first for any injuries incurred then the Athletic Department's insurance will cover "**80% of the excess**" cost.

It should be understood that this is an accident insurance policy. This policy does not pay for treatment rendered due to an illness, diseases, degenerative injuries, conditions caused by continued stress to a particular area of the body and existing conditions aggravated or exacerbated by an accident. Pre-existing injuries, of course, are not covered.

In the event a player is injured, the Head Coach will fill out the top portion of the claim form and the parents will need to fill out the bottom portion of the claim form. The claim form will then need to be filled out by the physician treating the athlete.

The coaching staff can assure each parent that the utmost care will be taken at all times and that we hope and work toward the end that there will be no accidents.

I hereby acknowledge that I have read the above and understand the coverage described.

Athlete's Name: _____

I **do** have accident injury coverage with

_____ Insurance Company

_____ Policy Number

I **do not** have accident injury coverage.

_____ Date

_____ Signature of Parent/Guardian

