

PARENT'S PERMISSION FOR SON OR DAUGHTER TO PARTICIPATE IN ATHLETICS

TO: Principal or Superintendent:

As the parents or legal guardian of _____ I give my consent for his/her practice and play in the athletic events listed below and this evaluation for that participation. I do not hold the school responsible in any way whatsoever. I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. I certify that the medical history on the preceding page is accurate to the best of my knowledge. The South Carolina High School League may examine the school records of the above student in order to verify eligibility and I understand that the data acquired may be used for research purposes to improve athletic care.

DATE _____

SIGNED _____
(Father, mother, or Legal guardian)

PRE-PARTICIPATION PHYSICAL EXAM

VITAL SIGNS		R	L
HT	WT		
VISION:	R 20/	L 20/	
(CORRECTED)			
	R 20/	L 20/	
PHYSICAL	CK NEG	RECORD ABNORMALS	CK NEG
APPEARANCE			MUSCLSKEL
PUPILS			C SPINE
EENT			T SPINE
LUNG			LS SPINE
HEART			SHOULDER
			ELBOW
			WRIST
ABDOMEN			HAND
GU			HIP
SKIN			KNEE
LYMPH NODES			ANKLE
NOTES:			FOOT

CLEARED(I) _____

CROSS OUT SPORT NOT PERMITTED

FOOTBALL BASKETBALL BASEBALL SOFTBALL VOLLEYBALL WRESTLING FIELD HOCKEY

SOCCER CROSS COUNTRY TRACK TENNIS GOLF BOWLING CHEERLEADING SWIMMING

NEEDS FURTHER EVAL (II) _____

EVALUATION BY _____

REHAB BY _____

SECONDARY CLEARANCE (I) _____

MD or DO Date _____

NOT CLEARED(III) _____

REASON:

COLLISION _____

CONTACT _____

NONCONTACT _____

STRENUOUS _____

MODERATELY STRENUOUS _____

NONSTRENUOUS _____

NAME OF PHYSICIAN OR FACILITY:

ADDRESS: _____

PHONE: _____

SIGNATURE _____ MD or DO

Date _____

HISTORY

Pre-participation Physical Evaluation HHS

Date of Exam _____

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ School _____ Sports _____ Phone _____

Address _____

Personal Physician _____

In Case Of Emergency, Contact:

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

Fill Yes / No Boxes Explain "Yes" answers below.

- 1. Have you had a medical illness or injury since your last check up or sports physical? Yes No
Do you have an ongoing or chronic illness?
- 2. Have you ever been hospitalized overnight?
- 3. Are you currently taking any prescription or non-prescription (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?
- 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?
- 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, chest discomfort, or unexplained shortness of breath 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 sudden death before age 50?
Has any relative younger than 50 ever had disability from heart or cardiovascular disease?
Do you have, or do you know any family member or relative with ANY heart condition (Marfans, cardiomyopathy, or arrhythmia - irregular heartbeat)
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?
- 6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?
- 7. 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, hands, legs, or feet?
Have you ever had a stinger, burner, or pinched nerve?
- 8. Have you ever become ill from exercising in the heat?
- 9. 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?

Explain any "Yes" answers here: _____

- 10. 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)?
- 11. Have you had any problems with your eyes or vision?
Do you wear glasses, contacts, or protective eyewear?
- 12. 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?

ANSWER BELOW	For Examiner Use Only							
Please MARK & FILL appropriate box of problem areas. Explain below in the space provided what you understood your injury to be. Do not mark spaces to the right of this section.	O	S	S	C	C	D	L	F
	v	t	p	o	o	i	a	x
	e	r	r	n	n	s	c	
	r	a	a	t	c	l	e	
	u	i	i	u	u	o	r	
	s	n	n	s	s	c	a	
	e			i	s	a	t	
				o	i	t	i	
				n	o	e	o	
Head								
Neck								
Back								
Shoulder/Arm								
Elbow/Forearm								
Wrist/Hand/Finger								
Hip/Thigh								
Knee								
Leg/Ankle								
Foot/Toe								

- 13. Do you want to weigh more or less than you do now?
Do you lose weight regularly to meet weight requirements for your sport?
- 14. Do you feel stressed out?
- 15. Record the dates of your most recent immunizations (shots):
Tetanus _____ Measles _____
Hepatitis B _____ Chickenpox _____

FEMALES ONLY

- 16. 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 any INJURY here: _____

