

## Pre-Participation Athletic Physical 2020 - 2021

### SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION

By its very nature, competitive athletics may put students in situations in which **SERIOUS, CATASTROPHIC**, and perhaps, **FATAL**, accidents may occur.

Many forms of athletic competition result in violent physical contact among players, the improper use of equipment may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Athletic participation by middle or senior high school students is inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition. By granting permission for your student to participate in athletic competition, you, the parent/guardian, acknowledge that such a risk exists. And by choosing to participate, you, the student acknowledges that such a risk exists.

Students will be instructed in the proper techniques to be used in athletic competition, and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

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 agree to the need for a screening medical examination and certify that the medical history is accurate to the best of my knowledge.

I understand that the insurance carried by the school for athletes may not cover all cost incurred by an injury. The insurance is secondary coverage and I am responsible for contacting the school for insurance claim forms, filling out these forms and returning them to the school in a timely manner. When my primary insurance has paid for its coverage, I should furnish this information to the school so that my claims may be filed. After the insurance companies have paid all eligible claims, I am responsible for any unpaid claims.

Smoking marijuana, drinking alcoholic beverages, or taking other performance altering drugs when not under a doctor's order will result in loss of athletic eligibility for the remainder of the school year. The student will not be invited to the athletic banquet in any sport that is honored at the same banquet that the sport from which he/she was suspended is being recognized.

I am aware that I will be disciplined by the principal, may not be eligible for athletics in Hoke County Schools and may face criminal charge if it is determined that information on this physical has been altered or a doctors signature has been forged.

*Eligibility to participate in interscholastic athletics is a privilege you earn by meeting those standards outlined above as well as other regulations and policies set by the NCHSAA and your school. Students ejected from a game will be suspended from games as prescribed by the NCHSAA. Read your handbook and do not get ejected from a game.*

### Student Athlete's Pledge

As a student athlete, I am a role model. Using inappropriate language; taunting; baiting; or the use of unwarranted physical contact directed at opposing players, coaches, and fans are contrary to the spirit of fair play and the good sportsmanship my school, my conference, and the NCHSAA expects of its members. I accept my responsibility to model good sportsmanship that comes with being a student athlete.

**After I have read and understood the information on both sides of this form, I agree to the pledge above and standards for my participation in Hoke County Athletics.**

Student's Signature: \_\_\_\_\_

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

## HOKE COUNTY SCHOOLS 2020 - 2021 PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

Student's Legal Name: \_\_\_\_\_

Sex \_\_\_\_\_ Grade \_\_\_\_\_ ID Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Parents/Guardians Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### INDIVIDUAL ELIGIBILITY RULES

**In order to represent your school in athletic competition, the student-athlete:**

- ◆ Must be a properly enrolled student at the time you participate in athletics.
- ◆ Must have been in attendance for at least **85%** (13.5 days or 54 class periods of absence) of the previous term.
- ◆ Must not have exceeded eight (8) consecutive semesters of attendance or have participated more than four seasons in any sport since first entering grade 9. (Four (4) semesters since grade seven (7) for middle school.)
- ◆ Must be under; 19 years of age on August 31<sup>st</sup> of present school year (under 16 for middle school.) Evidence of age must be on file in Guidance Enrollment folder.
- ◆ Must live with your parents or others with whom you have resided continuously for a full year, within the school administrative unit.
- ◆ Must have earned credit for the minimum number of courses (varies depending on potential credits attempted) during the previous semester and meet local promotion standards (including passing English each school year).
- ◆ Must have received a medical examination each school year. This examination must be on file in the Athletic Director's office and it **must state that the student is physically fit (CLEARED) to participate in athletics.**
- ◆ Must not accept or use on a loan basis merchandise, equipment, apparel, prizes, money, or anything that can be exchanged for money as a result of athletic participation or skill.
- ◆ Must not participate in unsanctioned all-star or bowl games.
- ◆ Must not have been convicted of a crime classified as a felony under North Carolina or federal law or is adjudicated delinquent for an offense that would be a felony if committed by an adult.

### Parent Pledge

As a parent, I am a role model. I will remember that school athletics are an extension of the classroom, offering learning experiences for the students. I will show respect for the **opposing players, coaches, spectators, and support groups**. I will participate in cheers that support and uplift the teams involved. Using **inappropriate language** and taunting are contrary to the spirit of fair play and the good sportsmanship our school, our conference and the NCHSAA expects of its members. I accept my responsibility to model good sportsmanship that comes with being the parent of a student athlete. Understanding that my student athlete may lose athletic **eligibility** if good sportsmanship is **NOT** demonstrated.

**After I have read and understood the information on both sides of this form, I hereby give my consent for my child to practice and play with the athletic teams of Hoke County Schools.**

Parent/Guardian Signature: \_\_\_\_\_

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

# NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

Student Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

*This is a screening examination for participation in sports. **This does not substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.***

**Student-Athlete's Directions:** Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

**Parent/Legal Custodian Directions:** Please assure that all questions are answered to the best of your knowledge. If you do not understand or are unsure about the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

**Physician's Directions:** We recommend carefully reviewing these questions and clarifying any "Yes" or "Unsure" answers.

Explain "Yes" or "Unsure" answers in the space provided below or on an attached separate sheet if needed.	Yes	No	Unsure
1. Does the student-athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the student-athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the student-athlete have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the student-athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the student-athlete ever had a head injury, been knocked out, or had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the student-athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the student-athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the student-athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the student-athlete had extreme fatigue (been really tired) with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the student-athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the student-athlete ever been diagnosed with exercise-induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the student-athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the student-athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has a doctor ever ordered an EKG or other test for the student-athlete's heart, or has the athlete ever been told they have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the student-athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the student-athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the student-athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the student-athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Place a check beside each body part that the student-athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Foot    Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the student-athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the student-athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below). <input type="checkbox"/> 1. Has the student-athlete had little interest or pleasure in doing things? <input type="checkbox"/> 2. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? <input type="checkbox"/> 3. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? <input type="checkbox"/> 4. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves?			
<b>FAMILY HISTORY</b>			
24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has any family member had unexplained heart attacks, fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the athlete have a father, mother or brother with sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain "yes" or "unsure" answers here: \_\_\_\_\_

**By signing below, I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in sports.**

Signature of parent/legal custodian: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Student-Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ ( \_\_\_\_\_ S % ile) / \_\_\_\_\_ ( \_\_\_\_\_ % ile) Pulse: \_\_\_\_\_

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Sports(s): \_\_\_\_\_

***Physical Examination (Below Must be Completed by Licensed Physician, Nurse Practitioner or Physician Assistant)***

These are required elements for all examinations			
	NORMAL	ABNORMAL	ABNORMAL FINDINGS
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
Other Orthopedic Problems			

**Optional Examination Elements – Should be done if history indicates**

HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

**Clearance:**

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- \*\*\* C. Medical Waiver Form must be attached (for the condition of: \_\_\_\_\_)
- D. Not cleared for:
  - Collision
  - Contact
  - Non-contact
  - \_\_\_\_\_ Strenuous
  - \_\_\_\_\_ Moderately strenuous
  - \_\_\_\_\_ Non-strenuous

Due to: \_\_\_\_\_

Additional Recommendations/Rehab Instructions: \_\_\_\_\_

Name of Physician/Extender: \_\_\_\_\_ (Please print)

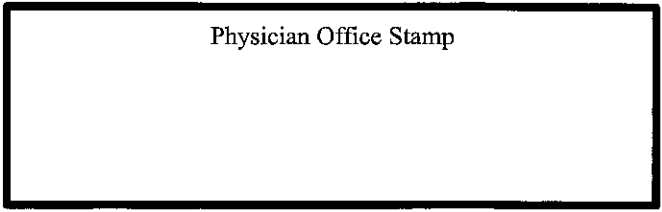
Signature of Physician/Extender: \_\_\_\_\_ MD DO PA NP (Please circle)

(Both signature and circle of designated degree required)

Date of Examination: \_\_\_\_\_

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

Phone: \_\_\_\_\_



(\*\*\* The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.) **This form is approved by the NCHSAA Sports Medicine Advisory Committee and the NCHSAA Board of Directors.**

## Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the right column. Some statements are applicable only to the student-athlete and should only be initialed by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-Athlete Name: (please print) \_\_\_\_\_

Parent/Legal Custodian Name(s): (please print) \_\_\_\_\_

Student-Athlete Initials		Parent/Legal Custodian(s) Initials
	A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	Not Applicable
	If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion.	Not Applicable
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or my child, will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away, right away. I realize that resolution from a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	

**By signing below, we agree that we have read and understand the information contained in the Student-Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.**

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Custodian

\_\_\_\_\_  
Date