

## PREPARTICIPATION PHYSICAL EVALUATION

**PLEASE PRINT**

DATE OF EXAM \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Body fat (optional) \_\_\_\_\_ % Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ )  
Initial BP Post Exercise 5 Min. Post Ex.

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected Y/N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		
<b>MUSCULOSKETAL</b>		
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 & Title of Examiner (Print/Type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Examiner \_\_\_\_\_

## **Enid High School**

### **Competitive Athletics Injury-Accident Policy**

The Enid Public School system does not provide insurance for injuries and accidents that happen in practice or in athletic competition. Parents have the opportunity to purchase individual insurance for their son or daughter through the school. Parents are strongly encouraged to provide some type of medical insurance for their child.

Procedures for injuries and accidents will be as followed:

1. The Enid High School certified and licensed athletic trainer may give immediate care to the injury. If the athletic trainer is not available, coaches trained in the care and prevention of injuries may provide assistance.
2. If the student athlete sustains minor injury, the athlete may be treated, and parents will be contacted. If parents are unavailable the athletic trainer and/or coach will request that the student athlete have the parent contact the coaching staff as soon as possible.
3. The Enid High School athletic trainer and/or coaches will seek emergency medical services for major injuries sat practice, at home competition, and out of town competitions. Attempts to contact parents will be made by the athletic trainer and/or coaching staff. Medical charges will be the responsibility of the parent and/or their insurance company.
4. The Enid High School athletic trainer may recommend a doctor's evaluation and treatment. There may be a charge for an office visit, consultation, x-rays and extended medical treatment. Payment for these medical services will be the responsibility of the parents and/or their insurance company.

I have read the above information. I understand the Enid Public School system does not carry insurance for student athletes. I also understand the Enid Public Schools are not responsible for injuries and accidents at practices or in athletic competition. Oklahoma State Statutes, Title 51 0.5 155 Section 20, Exemptions from Liability, "The state or political subdivision shall not be liable if a loss or claim results from participation in or practice for any interscholastic or other athletic contest sponsored or conducted by or on the property of the state or a political subdivision."

## Physical Examination and Parental Consent Form

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

**Explain 'Yes' answers below each question. Circle questions you don't know the answers to.**

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical? Do you have an ongoing or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies (ex. to pollen, medicine, food, or stinging insects)? Do you have seasonal allergies that require medical treatment? Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5. Have you 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 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 or high blood pressure? 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 past month? Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			6. Do you have any current skin problems (ex. itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>
			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 or convulsions?	<input type="checkbox"/>	<input type="checkbox"/>
			8. Have you ever become ill from exercise in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
			9. Do you cough, wheeze, or have trouble breathing during or after activity? Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
			10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position?	<input type="checkbox"/>	<input type="checkbox"/>
			11. Have you ever had any problems with your eyes or vision? Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
			12. Have you ever had any problems with your hearing? Do you wear a hearing aid?	<input type="checkbox"/>	<input type="checkbox"/>
			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?	<input type="checkbox"/>	<input type="checkbox"/>
			14. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
			15. Have you ever had a sprain, strain, or swelling injury? Have you broken or fractured any bones or dislocated any joints? Have you had any problems with pain or swelling in the following areas: (please check)	<input type="checkbox"/>	<input type="checkbox"/>
			o Head		
			o Neck		
			o Back		
			o Chest		
			o Shoulder		
			o Upper arm		
			o Elbow		
			o Forearm		
			o Wrist		
			o Hand		
			o Finger		
			o Hip		
			o Thigh		
			o Knee		
			o Shin/Calf		
			o Ankle		
			o Foot		

Record the dates of your most recent immunizations for.....  
 Tetanus \_\_\_\_\_ Measles \_\_\_\_\_  
 Hepatitis \_\_\_\_\_ Chicken Pox \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Another Person to Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Insurance \_\_\_\_\_ Phone # \_\_\_\_\_ Plan \_\_\_\_\_ Policy \_\_\_\_\_

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities understanding the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, certified athletic trainers, coaches, or other personnel properly trained. I have also read and understand the competitive athletics injury-accident policy. I also give my child permission to take sponsored bus and van trips.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of student \_\_\_\_\_ Date \_\_\_\_\_