

SANTA ROSA DISTRICT SCHOOLS PRE-PARTICIPATION PHYSICAL EVALUATION FORM 2009-2010

This Completed Form must be kept on file by the school and is valid 365 calendar days from the date of the physical evaluation

Part 1. Student Information (to be completed by student and parent before a student is allowed to tryout, practice or compete)

Please print legibly in blue or black ink, or type.

Student's Name: _____ Gender: _____ Age: _____ Birthdate: _____
 School: _____ Grade: 09/10 _____ Sport(s): _____
 Home Address: _____ Home Phone: (____) _____ - _____
 Parent/Guardian: _____ Work Phone: (____) _____ - _____
 Contact in Case of Emergency: _____ Contact Home Phone: (____) _____ - _____
 Contact Relationship to Student: _____ Contact Work Phone: (____) _____ - _____
 Personal/Family Physician: _____ City/State: _____ Office Phone: (____) _____ - _____

Part 2. Verification of Insurance Coverage

FHSAA REQUIRES ALL STUDENT ATHLETES TO PROVIDE PROOF OF HEALTH INSURANCE WITH A MINIMUM OF \$25,000 COVERAGE. INSURANCE MAY EITHER BE PERSONAL OR PURCHASED THROUGH THE SCHOOL.

Please check one:

_____ My/Our child/ward is currently covered under our family health insurance plan that has limits of no less than \$25,000 coverage.

Insurance Company Name: _____

Policy Number: _____

_____ I/We have purchased voluntary student accident insurance through my/our child's/ward's school handled through Fowinkle School Insurance Agency and underwritten by AIG Life Insurance Company.

I understand if during the course of the school year my/our child loses coverage through a personal insurance plan, it is my responsibility to immediately notify the school athletic director. Voluntary student accident insurance offered through the school may be purchased at that time if no other personal coverage is available.

I certify that the information provided herein is true and I consider my child physically capable of participating in athletics. I hereby give my consent for the above named student to (1) represent his/her school in athletic activities, except those exceptions cited by the examining physician provided that such athletic activities are approved by the State Association and (2) accompany any school team of which he/she is a member on any of its local or out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting on behalf of the Florida High School Athletic Association responsible for any injury occurring to the above named student in the course of such athletic activities or such travel. I also grant permission to the Santa Rosa County School System to release all athletic injury information that relates to the above named student to the Emergency Health Care Facility involved in treatment.

By my signature below, I acknowledge receipt of the Notice of Privacy Practices Act (Code of Student Conduct), and authorize designated Santa Rosa County School District Personnel, Santa Rosa County Health Department School Health personnel, and any other contracted healthcare agencies that may provide emergency care for my child and/or to exchange medical information, as necessary to support the continuity of care of my child.

Notarized Parent/Guardian Signature:

(Signature of Parent/Guardian)

(Printed Name of Parent/Guardian)

State of Florida/County of Santa Rosa

Notary Seal:

Sworn and subscribed before me this _____ day of _____, 20____.

Person was:

Personally know to me _____ Produced ID _____ Type ID _____ ID# _____

(Notary Public, State of Florida)

My Commission Expires: _____

IMPORTANT: While every effort will be made to uncover all potential health problems, a screening examination such as the one your child will receive cannot entirely eliminate the risks of athletic competition **Health care costs exceeding school insurance coverage will be the responsibility of the parent/guardian.

Attention Parents: This form must be signed in the presence of a NOTARY!

Part 3. Medical History (to be completed by parent). Explain "yes" answers below. Circle questions you don't know answers to.

		Yes	No			Yes	No
1. Have you had a medical illness or injury since your last checkup or sports physical?				21. Do you have any allergies (i.e. pollen, medicine, food, or stinging insects)?			
2. Do you have an ongoing chronic illness?				22. Have you ever had a head injury or concussion?			
3. Have you ever been hospitalized overnight?				23. Have you ever had a rash or hives develop after exercise?			
4. Have you ever had surgery?				24. Do you have seasonal allergies that require medical treatment?			
5. Are you currently taking any prescriptions or nonprescription (over-the-counter) medications or pills or using an inhaler?				25. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?			
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?				26. Have you ever had a severe viral infection (for example, myocarditis, or mononucleosis)?			
7. Do you want to weigh more or less than you do now?				27. Have you ever had high blood pressure or high cholesterol?			
8. Do you feel stressed out?				28. Do you get tired more quickly than your friends do during exercise?			
9. Do you lose weight regularly to meet weight requirements?				29. Have you ever been dizzy during or after exercise?			
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)?				30. Have you ever become ill from exercising in the heat?			
11. Have you had any problems with your eyes or vision?				31. Have you ever passed out during exercise?			
12. Do you wear glasses, contacts or protective eyewear?				32. Have you ever had a sprain, strain, or swelling after an injury?			
13. Have you ever had racing of your heart or skipped heartbeats?				33. Have you ever been told you have a heart murmur?			
14. Have you broken or fractured any bones or dislocated any joints?				34. Have you ever had chest pain during or after exercise?			
15. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, check appropriate blank and explain below.				35. Has a physician ever denied or restricted your participation in sports for any heart problems?			
___ Head ___ Elbow ___ Hip ___ Shoulder ___ Neck ___ Knee ___ Forearm ___ Thigh ___ Back ___ Wrist ___ Chest ___ Hand ___ Finger ___ Ankle ___ Shin/Calf ___ Upper Arm ___ Foot				36. Has any family member or relative died of heart problems or sudden death before age 50?			
				37. Do you cough, wheeze, or have trouble breathing during or after activity?			
				38. Record the dates of your most recent immunizations (shots) for: Tetanus: _____ Measles: _____ Hepatitis B: _____ Chickenpox: _____			
				39. Have you ever been diagnosed with measles?			
				40. Have you ever had a stinger, burner, or pinched nerve?			
				41. Have you ever been diagnosed with mumps?			
16. Have you ever had numbness or tingling in your arms, hands, legs, or feet?				Females Only (optional)			
17. Do you have frequent or severe headaches?				42. When was your first menstrual period?			
18. Have you ever had a seizure?				43. When was your most recent menstrual period?			
19. Do you have asthma?				44. How many periods have you had in the last year?			
20. Have you ever been knocked out, become unconscious, or lost your memory?				45. What was the longest time between periods in the last year?			
				46. How much time do you usually have from the start of one period to the start of another?			

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 11.8. We understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic test as electrocardiogram (EKG), echocardiogram (ECG) and/ or cardio stress test.

Signature of Student: _____ Date: ___/___/___ Signature of Parent/Guardian: _____ Date: ___/___/___

Part 4. Physical Examination (to be completed by physician)

Student's Name: _____ Date of Birth: _____ Height _____ Weight _____ %Body Fat (optional): _____
Pulse: _____ Blood Pressure: _____/_____ Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal _____ Unequal _____

Findings	Normal	ABNORMAL FINDINGS	Initials*	Normal	ABNORMAL FINDINGS	Initials*
MEDICAL				Musculoskeletal		
1. Appearance				10. Neck		
2. Eyes/Ears/Nose/Throat				11. Back		
3. Lymph Nodes				12. Shoulder/Arm		
4. Heart				13. Elbow/Forearm		
5. Pulses				14. Wrist/Hand		
6. Lungs				15. Hip/Thigh		
7. Abdomen				16. Knee		
8. Genitals (males only)				17. Leg/Ankle		
9. Skin				18. Foot		

*Station-based examination only.

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

- RECOMMENDATIONS:**
1. _____ Cleared without limitation. This student may participate in any competitive athletic event.
 2. _____ Not cleared for _____ Reason: _____
 3. _____ Cleared after completing evaluation/rehabilitation for: _____
 4. _____ This student should not participate in any interscholastic athletic event.

Name of Physician/Nurse Practitioner/Licensed physician assistant _____ Address _____

Signature of Physician/Nurse Practitioner/Licensed physician assistant _____ **Date** _____



Consent and Release from Liability Certificate

This completed form must be kept on file by the school and is valid for 365 calendar days from the date of the physical evaluation.

Attention Student

Your school is a member of the Florida High School Athletic Association (FHSAA) and follows established rules. To be eligible to represent your school in interscholastic athletics, you:

1. Must be regularly enrolled and in regular attendance at your school. If you are a home education student or attend a charter school that is not a member of the FHSAA, you must declare in writing your intention to participate in athletics to the school at which you are permitted to participate prior to the first day of practice. (FHSAA Bylaw 11.1)
2. Must enroll in school within 10 days of the beginning of **each semester** to be eligible during **that semester**. If not, you must make up all work missed and be in attendance a minimum of one day for each day missed due to late enrollment before your principal can declare you eligible. (FHSAA Bylaw 11.1)
3. Must maintain a cumulative 2.0 grade point average on a 4.0 unweighted scale through the end of the previous semester as required by Florida Statutes. This GPA must include all courses taken since you entered high school. For sixth-graders, seventh-graders and eighth-graders, you must have been regularly promoted from the previous grade, carry a normal class load, do satisfactory classroom work and maintain a satisfactory conduct record. (FHSAA Bylaw 11.2)
4. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 11.2)
5. Must participate at your school of residence, which is the first school in which you enroll, or at which you first take part in an athletic practice, at the beginning of the school year. (FHSAA Bylaw 11.3)
6. Must transfer from your previous school prior to the first day of practice and secure an "Application for Waiver of the Transfer Rule" signed by the principal of both your previous school and your new school. If you transfer on or after the first day of practice in a sport you cannot participate in that sport. **If you transfer from a school at which you were ineligible because of disciplinary action or unsatisfactory conduct, you will be ineligible at your new school for one full semester. If you participate on a non-school team (i.e. AAU, American Legion, club settings, etc.) that is affiliated with or coached by a coach from a school other than the one you attend, or have attended, and then transfer to that school, it will be assumed you have been recruited to attend that school or transferred to that school for athletic reasons and you will be ineligible there for one year. If you transfer to a school that your coach has relocated to within the past year, it will be assumed you transferred to that school for athletic reasons and you will be ineligible there for one year.** (FHSAA Bylaw 11.4)
7. Must not have **enrolled in the ninth grade for the first time** more than four school years ago. If you are a sixth-grader, seventh-grader or eighth-grader, you must not have participated in an earlier school year in the grade in which you are currently enrolled. (FHSAA Bylaw 11.5)
8. Must be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle school. On the day you reach one of these ages – regardless of when that day is – you become ineligible to participate on that level. (FHSAA Bylaw 11.6)
9. Must get signed permission to participate from your parents or guardian on a form provided by the school. (FHSAA Bylaw 11.7)
10. Must undergo a preparticipation physical evaluation and been certified as being physically fit for participation in interscholastic athletics. The Physical Evaluation is valid for 365 days from the date that it was administered after which time you must successfully undergo another physical evaluation to continue your participation in interscholastic athletics. (FHSAA Bylaw 11.8)
11. Must be an amateur. This means you must not accept money, gift or donation for participating in a sport, or use a name other than your own when participating. (FHSAA Bylaw 11.9)
12. Must not participate in an all-star contest in a sport prior to completing your high school eligibility in that sport. (FHSAA Bylaw 11.10)
13. Must display good sportsmanship and follow the rules of competition before, during and after every contest in which you participate. If not, you may be suspended from participation for a period of time. (FHSAA Bylaw 11.11)
14. Must not provide false information to your school or to the FHSAA to gain eligibility. (FHSAA Bylaw 11.12)
15. Foreign exchange and international students must be approved by the FHSAA office prior to any participation. (FHSAA Policy 18)

If you are declared or ruled ineligible for violation of any one or more of these rules and you do not agree with the decision, you have the right to request that your school file an appeal on your behalf. If you violate one or more of these guidelines because of an unforeseeable, unavoidable condition or event which places a severe burden upon you or your family and are declared or ruled ineligible because of that, you have the right to request that your school file a request for an undue hardship waiver of the rule or rules on your behalf. See your principal, athletic director or coach if you believe one of these two situations applies to you.



Consent and Release from Liability Certificate

This completed form must be kept on file by the school.

Part 5. Student Acknowledgement and Release (to be signed by student)

I have read the (condensed) FHSAA Eligibility Rules printed on the reverse side of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and the FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I release and hold harmless my school, the schools against which it competes, the contest officials and the FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including, but not limited to his/her records relating to attendance, academic standing, age, discipline, finances, residence, and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, I understand that I will no longer be eligible for participation in interscholastic athletics.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Name of Student (printed)	Signature of Student	Date
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Part 6. Parental/Guardian Consent, Acknowledgement and Release

A. I/We hereby give consent for child/ward to participate in the following interscholastic sports that I have **not marked out**:

Boys Sports:	Baseball Soccer Water Polo Lacrosse	Basketball Swimming & Diving Weightlifting	Cross Country Tennis Wrestling	11-Man Tackle Football Track & Field Competitive Cheerleading	Golf Volleyball Bowling
Other sports added to this form by school: _____					
Girls Sports:	Basketball Fast-Pitch Softball Water Polo	Cross Country Swimming & Diving Weightlifting	Flag Football Tennis Bowling	Golf Track & Field Competitive Cheerleading	Soccer Volleyball Lacrosse
Other sports added to this form by school: _____					

B. I/We understand that participation may necessitate an early dismissal from classes.

C. I/We consent to the disclosure, by my child's/ward's school, to the FHSAA, upon its request, of all detailed (athletic or otherwise) financial, scholastic and attendance records of such school concerning my child/ward.

D. I/we know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless my child's/ward's school, the schools against which it competes, the contest officials and the FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving the athletic participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I/we further authorize the use or disclosure of my child's/ward's school, to the FHSAA, upon its request, of all records relevant to his/her athletic eligibility including but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I/we grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I/we understand that the authorizations and rights granted herein are voluntary and that I/we may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, I/we understand that my/our child/ward will no longer be eligible for participation in interscholastic athletics.

I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date
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Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date
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