

COMMUNITY CHRISTIAN SCHOOL/IHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

HISTORY: Date: _____

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Sex: _____ Age: _____ Date of Birth: _____ Grade: _____

Personal Physician: _____ Phone: _____

Explain "Yes" answers below:

- | | Yes | No |
|---|-------|-----|
| 1. Have you ever been hospitalized?..... | ___ | ___ |
| Have you ever had surgery?..... | ___ | ___ |
| Are you presently under a doctor's care?..... | ___ | ___ |
| 2. Are you presently taking any medications or pills?..... | ___ | ___ |
| 3. Do you have any allergies (medicine, bees or other stinging insects)?..... | ___ | ___ |
| 4. Have you ever passed out during or after exercise?..... | ___ | ___ |
| Have you ever been dizzy during or after exercise?..... | ___ | ___ |
| Have you ever had high blood pressure?..... | ___ | ___ |
| Have you ever been told that you have a heart murmur?..... | ___ | ___ |
| Have you ever had racing of your heart or skipped heartbeats?..... | ___ | ___ |
| Has anyone in your family died of heart problems or a sudden death before age 50?..... | ___ | ___ |
| Has anyone in your family had Marfan's syndrome?..... | ___ | ___ |
| 5. Do you have any skin problems (itching, rashes, acne)?..... | ___ | ___ |
| 6. Have you ever had a head injury?..... | ___ | ___ |
| Have you ever been knocked out or unconscious?..... | ___ | ___ |
| Have you ever had a seizure or epilepsy?..... | ___ | ___ |
| Have you ever had a stinger, burner or pinched nerve?..... | ___ | ___ |
| 7. Have you ever had heat cramps, heat illness or muscle cramps?..... | ___ | ___ |
| 8. Do you have trouble breathing or do you cough during or after activity?..... | ___ | ___ |
| 9. Do you use any special equipment (pads, braces, neck rolls, eye guards, etc)?..... | ___ | ___ |
| 10. Have you had any problems with your eyes or vision?..... | ___ | ___ |
| Do you wear glasses or contacts or protective eye wear?..... | ___ | ___ |
| 11. Are you missing an eye, kidney, or testicle?..... | ___ | ___ |
| 12. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? | | |
| ___Head ___Shoulder ___Thigh ___Neck ___Elbow ___Knee | | |
| ___Foot ___Forearm ___Shin/Calf ___Back ___Wrist ___Ankle | | |
| ___Hip ___Hand | | |
| 13. Have you had any other medical problems (infectious mononucleosis, diabetes, anemia, etc.?... | ___ | ___ |
| 14. Have you had a medical problem or injury since your last evaluation?..... | ___ | ___ |
| 15. When was your last tetanus shot?..... | _____ | |
| 16. When was your first menstrual period?..... | _____ | |
| When was your last menstrual period?..... | _____ | |
| What was the longest time between your periods last year?..... | _____ | |

Explain "yes" answers:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Date: _____ Signature of athlete: _____

Date: _____ Signature of parent/guardian: _____

PHYSICAL EXAMINATION

Date: _____

Name: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ BP: _____ / _____ Pulse _____
Vision: R 20/ _____ L 20/ _____ Corrected: Y N Pupils (Circle) Equal/Unequal R>L L>R

	Circle (if option given)	Specific Findings
Marfan's Syndrome stigmata	No Yes	
Heart		
Rhythm	Regular Irregular	
Murmur (supine)	No Yes	
Murmur (standing)	No Yes	
	Normal	
Lungs		
Skin		
Addominal		
Femoral Pulses		
Genitalia/Hernia		
Musculoskeletal		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back		
Knees		
Ankles		
Feet		
Other		

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: _____
- C. Not cleared
Due to: _____

Recommendation: _____

I hereby certify that this athlete was examined by me. At that time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, except those marked below:
Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling
Girls Sports: Basketball, Cross Country, Gold, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball

Name of Physician: _____ Date: _____

Address: _____

Phone: _____

Signature of Physician: _____

(Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Osteopathic Academy of Sports Medicine).

CONSENT & RELEASE CERTIFICATE

I. STUDENT ACKNOWLEDGEMENT AND RELEASE CERTIFICATE (to be signed by student)

- A. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
- B. 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, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
- C. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.

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

Date: _____ **Student Signature:** _____

Printed: _____

II. PARENT/GUARDIAN CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE. (To be completed and signed by all parents/guardians emancipated students; where divorce or separation, parent with legal custody must sign.)

- A. I/we hereby give consent for my son/daughter to participate in the following interschool sports not marked out:
Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball
- B. I/we understand that participation may necessitate any early dismissal from classes.
- C. I/we consent to disclosure, by my son's/my daughter's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning my son/daughter.
- D. I/we know of and acknowledge that my son/daughter knows of the risks involved in athletic participation, understand that serious injury and even death, is possible in such participation and choose to accept any and all responsibility for hi/her safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless our school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving my son's/daughter's athletic participation.
- E. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and my child, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Please check the **appropriate space:**
 The student has school student accident insure The student has adequate family insurance coverage.

Company: _____ **Policy #:** _____

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

Date: _____ **Parent/Guardian Signature:** _____

Printed: _____

Date: _____ **Parent/Guardian Signature:** _____

Printed: _____

CONSENT & RELEASE FORM CERTIFICATE
Indiana High School Athletic Association, Inc.
9150 North Meridian St., P.O. Box 40650
Indianapolis, IN 46240-0650

**This form should be filed in the appropriate office designated by each particular school.
Separate Form Required for Each School Year**