

PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3-10

Name _____ Date of Birth _____ Grade _____ IHSSA Member School _____

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed, or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
- During the last 30 days, did you use chewing tobacco, snuff, or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or use any other appearance/performance supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt, use a helmet, and use condoms?



2. Consider reviewing questions on cardiovascular symptoms (questions 5-14)

| EXAMINATION | | | | | | | | | |
|---|--------|-------------------|---|---|-----------------------------|--------|-------------------|-------------------|----------------|
| Height | | Weight | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | | |
| BP | / | (| / |) | Pulse | Vision | R 20/ | L 20/ | Corrected? Y N |
| MEDICAL | | | | | | | NORMAL | ABNORMAL FINDINGS | |
| Appearance | | | | | | | | | |
| • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) | | | | | | | | | |
| Eyes/ears/nose/throat | | | | | | | | | |
| • Pupils equal | | | | | | | | | |
| • Hearing | | | | | | | | | |
| Lymphnodes | | | | | | | | | |
| Heart | | | | | | | | | |
| • Murmurs (auscultation standing, supine, +/- Valsalva) | | | | | | | | | |
| • Location of point of maximal impulse (PMI) | | | | | | | | | |
| Pulses | | | | | | | | | |
| • Simultaneous femoral and radial pulses | | | | | | | | | |
| Lungs | | | | | | | | | |
| Abdomen | | | | | | | | | |
| Genitourinary (males only) | | | | | | | | | |
| Skin | | | | | | | | | |
| • MSV, lesions suggestive of MRSA, tinea corporis | | | | | | | | | |
| Neurologic | | | | | | | | | |
| MUSCULOSKELETAL | | | | | | | | | |
| | NORMAL | ABNORMAL FINDINGS | | | | NORMAL | ABNORMAL FINDINGS | | |
| Neck | | | | | Knee | | | | |
| Back | | | | | Leg/ankle | | | | |
| Shoulder/arm | | | | | Foot/toes | | | | |
| Elbow/forearm | | | | | Functional | | | | |
| Wrist/hand/fingers | | | | | • Duck-walk, single leg hop | | | | |
| Hip/thigh | | | | | | | | | |

Cleared for all sports without restriction Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared Pending further evaluation For any sports

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Health Care Professional (print/type) _____ Date _____

Address _____ Phone _____ License # _____

Signature of Health Care Professional _____, MD, DO, PA, or NP (Circle one)

- - - EMERGENCY MEDICAL AUTHORIZATION - - -

Purpose: To enable parents or guardians to authorize the provision of emergency treatment for players who become ill or injured while under coaches authority when parents or guardians cannot be reached. THIS FORM MUST BE FILLED OUT IN INK EACH SCHOOL YEAR!

Player's Name _____ Sport _____ Grade _____

Address _____
(Street) (City) (State) (Zip)

Phone _____ Birthday _____

Father _____
(Name) (Employer) (Phone)

Mother _____
(Name) (Employer) (Phone)

Guardian _____
(Name) (Employer) (Phone)

Dependable relative or neighbor to call in an emergency (illness or injury)
When parent or guardian cannot be reached _____
(Name) (Phone)

Allergies _____ Date of last tetanus shot _____

Medication being taken _____
(Name) (Dosage) (Time(s) Taken)

List of health problems. For example: asthma, vision, epilepsy, diabetes, hearing, bone or muscle problems, etc. _____

Medical Insurance Firm _____ Policy # _____

PART I OR II MUST BE COMPLETED

Part I – To Grant Consent: If unable to reach parent or guardians, I hereby give my consent for
1) the administration of any treatment deemed necessary by _____ or
(Physician)
_____ in the event that the designated practitioner is not available another
(Dentist)
licensed physician or dentist and 2) the transfer of the player to _____
(Hospital)
or any other hospital reasonably accessible.

This authorization does not cover surgery unless the medical opinions of two other licensed physicians or dentists concurring in the surgery are obtained prior to the performance of such surgery.

(Date) (Signature of Parent or Guardian)

Part II – Refusal to Consent: I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish team authorities to take no action or to: _____

(Date) (Signature of Parent or Guardian)

Concussion and Head Injury & Sudden Cardiac Arrest Form
Student and Parent/Legal Guardian Acknowledgment Form

Student Athlete's Printed Name: _____

DOB: _____

School: _____

Student ID#: _____

Due to a new Indiana law "Student Athletes: Concussion and Head Injuries" and "Sudden Cardiac Arrest" (In. Codes 20-34-7, 20-34-8, *et seq.*), all schools are required to distribute information to student athletes and their parents/legal guardians about the nature and risks of sudden cardiac arrest, concussions and head injuries, including the risks of continuing to play after suffering a concussion or head injury. The law requires the following:

- Each year, before beginning practice for an interscholastic or intramural sport, a student athlete and the student athlete's parent/legal guardian must be provided an information sheet, and both must sign and return a form acknowledging the information.
- A student athlete who is suspected of suffering from sudden cardiac arrest, a concussion or head injury in a practice or game must be removed from play at the time of the injury and may not return to play until he/she has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

In addition to receiving written clearance, from the licensed health care provider referenced above, a high school student athlete who is suspected of suffering from sudden cardiac arrest or a concussion and is removed from play **must obtain clearance from the SBCSC's designated medical personnel before returning to play.**

What are the risks of continuing to play after a concussion or head injury?

Continuing to play with the signs and symptoms of a concussion leaves an athlete vulnerable to greater injury. There is increased risk of significant damage from a concussion for a period of time after the concussion occurs, particularly if there athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences.

Please read the attached Fact Sheets, read the statement below, sign where indicated, and return this form to the school's athletic department.

I am a student athlete and I have received and read the ***Heads Up- Concussion in Sports - Fact Sheet for Athletes, and the Sudden Cardiac Arrest Form***, as well as the information above. I understand the nature and risk of sudden cardiac arrest, concussions and head injuries to student athletes, including the risks of continuing to play after suffering a concussion or head injury, and the procedures that will be followed before returning to play.

Student Athlete Printed Name

Student Athlete Signature

Date

As the parent/legal guardian of the above-named student, I have received and read the ***Heads Up- Concussion in Sports - Fact Sheet for Parents, and the Sudden Cardiac Arrest Form***, as well as the information above. I understand the nature and risk of sudden cardiac arrest, concussions and head injuries to student athletes, including the risks of continuing to play after suffering a concussion or head injury, and the procedures that will be followed before my student will be permitted to return to play.

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Date

PLAYER'S CODE OF CONDUCT

I accept responsibility for my behavior on and off the field. I understand that what I do and say affects my teammates, my school, and other people either positively or negatively.

I lead courageously and live with integrity by speaking up against injustice and on behalf of others even when it is hard or unpopular.

I act with respect toward myself and the people and things around me, including my parents, my coaches, my teammates, my teachers, my opponents, and the spectators.

I act with empathy. I try to understand what is going on in the hearts and minds of others and what is causing those feelings so that I can be supportive and encouraging. I ask, "How can I help *you*?"

I serve as a role model at all times by talking politely and acting courteously toward coaches, teammates, opponents, officials, and spectators. I understand that it is a privilege to represent my family, school, and community as a student-athlete.

I give 100 percent effort to practices, games, and events. I understand that my effort demonstrates my commitment to the team and my respect for my coaches and teammates. I strive to get 1 percent better every day.

I display good sportsmanship. I acknowledge and applaud the efforts of others. I encourage my teammates with positive statements. I refrain from boasting to my teammates and "trash-talking" to members of other teams. I accept defeat graciously. I accept victory with humility. I congratulate my opponent on a game well played.

Because I represent my family, school, and team, I abide by the policies, rules, and guidelines of the school, team, and coaches.

Signature

Print Student Name

Date

PARENT'S CODE OF CONDUCT

Know and endorse our purpose: to help our students become people of empathy and integrity who will lead, be responsible, and change the world for good.

Support the coaches by applauding behavior in your child and their teammates that demonstrates characteristics of integrity, empathy, sacrifice, and responsibility.

Acknowledge and appreciate players' growth toward maturity and their effort in establishing stronger relationships with teammates, coaches, and themselves.

Affirm your child and their teammates when good character, healthy sportsmanship, and other-centered behaviors are displayed. Do not affirm only their athletic performance or a victory. Do not boast about their accomplishments.

Serve as role models for our players, talking politely and acting courteously toward coaches, officials, other parents, visiting team parents, and spectators at practices, games, and meetings.

Please model good sportsmanship. Acknowledge and applaud the efforts of team members and opponents. Accept defeat graciously by congratulating the members of the opposing team on a game well played. Support the team regardless of how much or how little your child plays or what the win-loss record is.

Encourage your child and their teammates with positive statements, even when they make mistakes. At every practice they are growing physically and emotionally. At every practice they are learning moral and ethical lessons. At every practice they are developing character.

When problems or questions arise, please have your child present the problem to their coach. We want players to develop self-advocacy.

Because I am a parent with the power and platform to make a positive difference in the life of every player, I commit to this code of conduct. If I fail to live up to these standards, I will allow for accountability and take responsibility for my actions.

Signature

Print Student Name

Date