

This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them. I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I have completed and/or verified that part of this certificate which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance in so representing my school, and I verify that it is correct and complete.

Student's signature _____ Date _____

Parent Permission and Authorization for Treatment

We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be enroute to or from another school or during practice or an interscholastic contest, and we hereby agree to hold the school district of which this school is a part, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.

If we cannot be reached and in the event of an emergency, we also give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities. We understand that the school may not provide transportation to all events, and

permit / do not permit (CIRCLE ONE) my child to drive his/her vehicle in such a case. We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment, we certify that it is correct and complete.

The MSHSAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic athletic insurance coverage. Our son/daughter is covered by basic accident insurance for the current school

year with _____
(Name of Insurance Company)

(Policy Number) _____ Date _____

Parents or Guardian's signature _____
(All parents or guardians must sign)

Date _____



To be completed by athlete or parent:

Date: _____

Name: _____ Last _____ First _____ Middle _____

Address: _____ Street _____

City/State _____ Zip _____ Phone: (_____) _____

Birthdate: _____ Age: _____ Sex: _____

Emergency Contact Person: _____

Phone: (_____) _____

Family Doctor: _____

City/State: _____ Phone: (_____) _____

Preparticipation Sports Examination

Medical History

Please answer the following questions by circling yes or no. If you answer yes, please explain at the bottom of the form and on back if necessary.

- Have you ever had a serious medical problem requiring surgery, hospitalization or prolonged treatment by a doctor? Yes No
- Do you take any medication of any type? Yes No
- Have you ever had a severe allergic reaction to anything? Yes No
- Have you ever had allergic problems such as hay fever, asthma or eczema? Yes No
- Do you have difficult breathing or wheezing during or shortly after exercising? Yes No
- Have you ever had a heart murmur, racing heart or irregular heart beat? Yes No
- Have you ever been dizzy or passed out during exercise? Yes No
- Has any family member ever had a heart attack or died suddenly before age 50? Yes No
- Do you have chest pain or tire more easily than others your age when exercising? Yes No
- Have you ever suffered heat related problems such as heat cramps, severe headache, dizziness or passing out? Yes No
- Have you ever had a significant injury such as a sprain, fracture or dislocation to a bone or joint? Yes No
- Have you ever had a concussion or been knocked unconscious? Yes No
- Have you ever had a seizure? Yes No
- Have you ever had burning pain, numbness or tingling in your arms or legs associated with any athletic or physical activity? Yes No
- Is there any other medical or family history which might be important? Yes No
- Have you ever been taken out of or kept from participating in a sports activity or practice for an injury or physical reason? Yes No
- Have you ever required taping, padding or bracing before events or practice? Yes No
- Do you have damage or absence of one of any paired organs (i.e., kidney, testicle, eye, etc.)? Yes No
- Do you have any skin problems (rash, itching)? Yes No
- In the last year, how much weight have you gained or lost? _____
- What is the date of your last tetanus booster? _____
- What is the date of your last MMR? _____

for females only

- What is the date of your last menstrual period? _____
- In the last year have you gone for three months or more without a menstrual cycle? Yes No

Physical

- height _____ blood pressure _____ * >140/85?
 weight _____ pulse _____
 vision R corrected _____ uncorrected _____
 L corrected _____ uncorrected _____
 glasses _____ contact lenses R _____ L _____ both _____
 general observations: _____
 Tanner maturity staging: _____
 Neck: ROM _____ palpation _____ tenderness _____
 Chest: auscultation _____ Rales? _____
 wheezing? _____
 heart murmur _____
 CV: * murmur increase with valsalva? _____
 * murmur grade III or IV? _____
 * murmur diastolic? _____

rhythm _____ click _____ rub _____ PT _____
 pulses: carotid _____ radial _____ pedal (DP _____ PT _____)
 edema? _____ cyanosis? _____

Abdomen
 * enlarged liver? _____ * enlarged spleen? _____
 hernia? _____ scars? _____

GU:
 male _____ testicles R _____ L _____
 female _____
 inguinal hernia? _____

Skin:
 rashes _____ impetigo _____ herpes s. _____

**MS
 shoulder _____
 elbow _____

wrist/hand _____
 back _____

hip _____
 knee _____

ankle _____
 feet _____

other _____

identified problems: 1 _____
 2 _____
 3 _____

recommendations coach/trainer: _____

* Marfan? _____ >2 (tall) _____ striae _____ hyperextensibility _____
 upper to lower body ratio <0.9 _____ lens dislocation _____

* requires additional evaluation
 ** detailed exam if history of injury or problem

The above named individual has been cleared for participation in the following sports:

- Contact collision (football, soccer, wrestling, etc.) _____
- Limited contact impact (baseball, basketball, volleyball) _____
- Noncontact strenuous (track, field, running, tennis, etc.) _____
- Noncontact moderately strenuous (badminton, table tennis) _____
- Noncontact nonstrenuous (golf, archery, riflery) _____

Additional evaluation suggested:

- none _____
- coach/trainer notification and clearance _____
- physician _____
- family physician _____
- sports physician _____
- orthopedic surgeon _____
- other _____

Provider's/Physician's signature _____ Date _____

Physician's Name _____
 (Physician's name must also appear if examination is given by an Advanced Nurse Practitioner or a Certified Physician's Assistant in written collaborative practice with a physician)

(continued on reverse side)