Upper Perkiomen School District

PIAA PREPARTICIPATION PHYSICAL EVALUATION FORM

First Sport of the Year

Student Information (to be completed by parent)

Student's Name: _____ Gender: _____ Age: _____ DOB: _____/_____/____

Sport: _____ Grade During the Sport Season: _____

Address: _____ City:_____ Zip:_____

Student Ethnicity: (circle one) American Indian/Alaskan Native Black Hispanic White Multi-Racial Asian Native Hawaiian/Pacific Islander (info for PA reporting only)

Parent E-mail:_____ Home Phone: (_____) _____

Name of Parent/Guardian: _____

Emergency Contact: _____ Relationship to Student: _____

Home phone: (_____) _____ Work Phone: (_____) _____ Cellular phone: (_____) _____

Primary Care Physician: _____ City: _____ Office Phone: (_____) _____

Medical Insurance Carrier: _____ Policy Number_____

Student's Allergies: _____

Student's Health Condition (s) of which an Emergency Physician or Other Medical Personnel Should be Aware: _____

_____

Student's Prescription Medications and conditions of which they are being prescribed:_____

_____

Student's Immunizations (e.g. tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza, Poliomyelitis, Pneumococcal; meningococcal; varicella)

_____ Up to Date

_____ Not Up to Date Specify_____

_____

PLEASE EXPLAIN ALL YES ANSWERS AT THE BOTTOM OF THIS SECTION (circle **Y** for YES and **N** for NO):

1. Y N Has a doctor every denied or restricted your participation in sport(s) for any reason?
2. Y N Do you have an ongoing medical condition (like Asthma or diabetes)?
3. Y N Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?
4. Y N Do you have allergies to medicines, pollens, foods, or stinging insects?
5. Y N Have you ever passed out or nearly passed out DURING exercise?
6. Y N Have you ever passed out or nearly passed out AFTER exercise?
7. Y N Have you ever had discomfort, pain or pressure in your chest during exercise?
8. Y N Does your heart race or skip beats during exercise?
9. Y N Has your doctor ever told you that you have (check all that apply):
   _____High Blood Pressure _____High Cholesterol _____Heart Murmur _____Heart Infection
10. Y N Has a doctor ever ordered a test for your heart (EX – ECG, echocardiogram)
11. Y N Has anyone in your family died for no apparent reason?
12. Y N Does anyone in your family have a heart problem?
13. Y N Has any family member or relative died of heart problem or of sudden death before age 50?
14. Y N Does anyone in your family have Marfan syndrome?
15. Y N Have you ever spent a night as a patient in the hospital?
16. Y N Have you ever had a stress fracture?
17. Y N Have you had any broken or fractured bones or dislocated joints? If yes, circle affected area below
18. Y N Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or contest? If yes, circle affected area below
19. Y N Have you had any broken or fractured bones or dislocated joints? If yes, circle affected area below.
20. Y N Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections rehabilitation, physical therapy, a brace a cast or crutches? If yes, circle affected area below

Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand	Fingers	Chest
Upper Back	Lower Back	Hip	Thigh	Knee	Calf/Shin	Ankle	Foot	Toes

CONTINUED ON NEXT PAGE

21. Y N Have you ever been told that you have, or have you had an x-ray for, atlantoaxial (neck) instability?
22. Y N Do you regularly use a brace or assistive device?
23. Y N Has a doctor ever told you that you have asthma or allergies?
24. Y N Do you cough, wheeze or have difficulty breathing DURING or AFTER exercise?
25. Y N Is there anyone in your family who has asthma?
26. Y N Have you ever used an inhaler or taken asthma medicine?
27. Y N Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?
28. Y N Have you had infectious mononucleosis (mono) within the last month?
29. Y N Do you have any rashes, pressure sores, or other skin problems?
30. Y N Have you had a herpes skin infection?
31. Y N Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?
32. Y N Have you ever been hit in the head and been confused or lost your memory?
33. Y N Do you experience dizziness and/or headaches with exercise?
34. Y N Have you ever had a seizure?
35. Y N Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?
36. Y N Have you ever been unable to move your arms or legs after being hit or falling?
37. Y N When exercising in the heat, do you have severe muscle cramps or become ill?
38. Y N Has your doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?
39. Y N Have you had any problems with your eyes or vision?
40. Y N Do you wear glasses or contact lenses?
41. Y N Do you wear protective eyewear, such as goggles or a face shield?
42. Y N Are you unhappy with your weight?
43. Y N Are you trying to gain or lose weight?
44. Y N Has anyone recommended you change your weight or eating habits?
45. Y N Do you limit or carefully control what you eat?
46. Y N Have you ever had surgery?
47. Y N Do you have any concerns that you would like to discuss with a doctor?

FEMALES ONLY

48. Y N Have you ever had a menstrual period?
49. If yes, how old were you when you had your first menstrual period? _____
50. How many periods have you had in the past twelve (12) months? _____
51. Y N Are you pregnant?

Please explain any yes answer to questions 1 – 50 in the space below

No(s).	Please explain "YES" answers here:

I hereby certify that to the best of my knowledge all information contained herein is true and complete.

Parent/Guardian Signature _____ Date_____

I hereby certify that to the best of my knowledge all information contained herein is true and complete.

Student Signature_____ Date_____

CONTINUED ON NEXT PAGE

Understanding of Eligibility Rules and Upper Perkiomen Student-Athlete Handbook – I hereby acknowledge that I am familiar with the requirements of PIAA concerning the eligibility of students at PIAA member schools to participate in Inter-School practices or Scrimmages and Contests involving PIAA member schools. Such requirements, which are posted on the PIAA web site at www.piaa.org, include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation and academic performance. I further acknowledge that both the student contained herein and the parent/guardian have read and are familiar with the Upper Perkiomen Student-Athlete Handbook which can be found on the school district's website.

Disclosure of Records Needed to Determine Eligibility – To enable PIAA to determine whether the herein named student is eligible to participate in interscholastic athletics involving PIAA member schools and to determine academic awards, I hereby consent to the release to PIAA and school district personnel of any and all portions of school record files, beginning with the seventh grade, of the herein named student specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, health records, academic work completed, grades received and attendance data.

Permission to Use Name, Likeness, and Athletic Information – I consent to PIAA and UPSD's use of the herein named student's name, likeness, and athletically related information in video broadcasts and re-broadcasts, webcasts and reports of Inter-School Practices or Scrimmages and Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

Permission to Administer Emergency Medical Care – I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named students while the student is practice for or participating in Inter-School Practices or Scrimmages and Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care. I further give permission to the school's athletic administration, coaches and medical staff to consult with the Authorized Medical Professional who executes Section 6 regarding a medical condition or injury to the herein named student.

Confidentiality – The information on this Preparticipation Form shall be treated as confidential by school personnel. It may be used by the school's athletic administration, coaches and medical staff to determine athletic eligibility, to identify medical conditions and injuries, and to promote safety and injury prevention. In the event of an emergency, the information contained in this form may be shared with emergency medical personnel. Information about an injury or medical condition will not be shared with the public or media without written consent of the parent(s) or guardian(s).

I hereby certify that to the best of my knowledge that the aforementioned information is true and complete.

Parent/Guardian Signature _____ Date_____

Student Signature_____ Date_____

UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

What is a concussion? A concussion is a brain injury that is caused by a bump, blow or jolt to the head or body. It can change the way a student's brain normally works. It can occur during practices or contests in any sport and can happen even if a student has not lost consciousness. It is serious even if a student has been "dinged" or "had their bell rung." All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal. Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

What are the symptoms of a concussion? Concussions cannot be seen; however, in a potentially concussed student, ***one or more*** of the following symptoms listed may become apparent and/or the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Balance problems or dizziness
- Bothered by light or noise
- Nausea or vomiting
- Double or blurry vision
- Feeling sluggish, hazy, foggy, or groggy
- Confusion
- Memory problems
- Difficulty paying attention

What should students do if they believe that they or someone else may have a concussion? Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents. Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach. The student will then be referred to the Upper Perkiomen Athletic Trainer and School Physician. These individuals will then follow the UP Concussion protocol in treating the student.

Concussed students should give themselves time to get better. If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from the Athletic Trainer and Team Physician and is symptom-free.

How can students prevent a concussion? Every sport is different, but there are steps students can take to protect themselves. Students should use proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be the right equipment for the sport, position, or activity and it must be worn correctly and the correct size and fit. It must be used every time the student practices and/or competes. The student must also follow the coach's rules for safety and the rules of the sport and practice good sportsmanship at all time.

If a student believes they may have a concussion: Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Parent/Guardian Signature _____ Date_____

Student Signature_____ Date_____

UNDERSTANDING SUDDEN CARDIAC ARREST SYMPTOMS AND WARNING SIGNS

What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is when the heart stops beating suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is not a heart attack, which may cause SCA; however, they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is SCA in the United States and what are the warning signs? There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 35 die of SCA each year. Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- Dizziness
- Weakness
- Difficulty breathing
- Chest pains
- Fatigue
- Shortness of breath
- Vomiting
- Syncope (fainting)
- Lightheadedness
- Nausea
- Racing or fluttering heartbeat (palpitations)

What are the risks of practicing or playing after experiencing these symptoms? There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it. Any student-athlete who has signs or symptoms of SCA must be removed from play (including all athletic activity). The symptoms can happen before, during or after activity. Before returning to play, the athlete must be evaluated and clearance to return must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner or cardiologist. These individuals may consult any other licensed or certified medical professionals.

I have reviewed and understand the symptoms and warning signs of SCA

Parent/Guardian Signature _____ Date_____

Student Signature_____ Date_____

PIAA EVALUATION and CERTIFICATION of AUTHORIRZED MEDICAL EXAMINER

Form must be completed and signed by the Authorized Medical Examiner performing the herein named student's comprehensive initial preparticipation physical evaluation and turned in to the Principal, or the Principal's designee, of the student's school.

Student's Name: _____ Age: _____ Grade: _____

Sport(s): _____ Enrolled in: Upper Perkiomen School District

Height_____ Weight_____ % Body Fat (optional) _____ Pulse_____ BP_____/_____ (_____/_____, _____/_____)
Age 10-13 BP>126/82 RP>104 Age 13-15 BP>136/86 RP>100 Age 16-25 BP142/92 RP>96

Vision R20/_____ L20/_____ Corrected YES NO (circle one) Pupils: Equal_____ Unequal_____

MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance	_____	_____
Eyes/Ears/Nose/Throat	_____	_____
Hearing	_____	_____
Lymph Nodes	_____	_____
Cardiovascular	_____	☐ Heart Murmur ☐ Femoral Pulses to exclude aoritic coarctation ☐ Physical stigmata of Marfan Syndrome _____
Cardiopulmonary	_____	_____
Lungs	_____	_____
Abdomen	_____	_____
Genitourinary (males only)	_____	_____
Neurological	_____	_____
Skin	_____	_____
MUSCULOSKELETAL		
Neck	_____	_____
Back	_____	_____
Shoulders/Arms	_____	_____
Elbows/Forearms	_____	_____
Wrists/Hands/Fingers	_____	_____
Hips/Thighs	_____	_____
Knees	_____	_____
Legs/Ankles	_____	_____
Feet/Toes	_____	_____

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial preparticipation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian on the PIAA Preparticipation Physical Evaluation Form and further certify that the student does not have any communicable illness or condition which would pose a danger to teammates and/or competitors:

_____ CLEARED _____ CLEARED, with recommendation(s) for further evaluation or treatment for:_____

_____ NOT CLEARED for the following type of sports (please check all the apply)

_____Collision _____Contact ____Non-Contact _____Strenuous _____Moderately Strenuous _____Non-Strenuous

Due to_____

Recommendation(s)/Referral(s)_____

Authorized Medical Examiner's Name **(print/type if different from above)**:_____ License #_____

Address:_____ Phone _____

Medical Examiner's Signature_____ MD/DO/PAC/CRNP/SNP(circle one) Date Auth_____

<u> MUST BE AUTHORIZED NO EARLIER THAN JUNE 1 FOR EACH NEW SCHOOL YEAR **</u>**

Physical valid until the latter of the next May 31 or the conclusion of the current spring sports season