

ATHLETIC PARTICIPATION FORM

Westside High School
Westside Middle School

Date: _____

Sport(s): _____

Directions: Fill out all information found on both pages of this form. Any missing information or signatures may keep the student from participation. This form must be on file in the athletic director's office before a student is allowed to participate in athletic activities.

| | | | | |
|-------------------------|-----------------------|-----------|--------------------|-----------|
| Last Name | First Name | Birthdate | Sex | |
| Address, City, Zip Code | Phone | Grade | Homeroom Teacher | Counselor |
| Parent/Guardian Names | Daytime Phone Numbers | | Cell Phone Numbers | |

| | | | |
|-------------------|--------------|--------------------------|--|
| Emergency Contact | Phone Number | Physician's Name & Phone | |
|-------------------|--------------|--------------------------|--|

Explain "Yes" answers below.

Circle questions you don't know the answers to. Yes No

- | | | | | | | | |
|----|---|---|---|----|--|---|---|
| 1 | Has a doctor ever denied or restricted your Participation in sports for any reason? | Y | N | 22 | Has a doctor ever told you that you have asthma or allergies? | Y | N |
| 2 | Do you have an ongoing medical condition (like diabetes or asthma)? | Y | N | 23 | Do you cough, wheeze, or have difficulty breathing during or after exercise? | Y | N |
| 3 | Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? | Y | N | 24 | Is there anyone in your family who has asthma? | Y | N |
| 4 | Do you have allergies to medicines, pollens, foods, or stinging insects? | Y | N | 25 | Have you ever used an inhaler or taken asthma medicine? | Y | N |
| 5 | Have you ever passed out or nearly passed out DURING exercise? | Y | N | 26 | Have you had infectious mononucleosis (mono) within the last month? | Y | N |
| 6 | Have you ever passed out or nearly passed out AFTER exercise? | Y | N | 27 | Do you have any rashes, pressure sores, or other skin problems? | Y | N |
| 7 | Have you ever had discomfort, pain, or pressure in your chest during exercise? | Y | N | 28 | Have you ever had a head injury or concussion? | Y | N |
| 8 | Does your heart race or skip beats during exercise? | Y | N | 29 | Have you been hit in the head and been confused or lost your memory? | Y | N |
| 9 | Has a doctor ever told you that you have (circle all that apply): High blood pressure A heart murmur High cholesterol A heart infection | Y | N | 30 | Have you ever had a seizure? | Y | N |
| 10 | Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram) | Y | N | 31 | Do you have headaches with exercise? | Y | N |
| 11 | Has anyone in your family died for no apparent reason? | Y | N | 32 | Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | Y | N |
| 12 | Does anyone in your family have a heart problem? | Y | N | 33 | Have you ever been unable to move your arms or legs after being hit or falling? | Y | N |
| 13 | Has any family member or relative died of heart problems or of sudden death before age 50? | Y | N | 34 | When exercising in the heat, do you have severe muscle cramps or become ill? | Y | N |
| 14 | Does anyone in your family have Marfan syndrome? | Y | N | 35 | Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | Y | N |
| 15 | Have you ever spent the night in a hospital? | Y | N | 36 | Have you had any problems with your eyes or vision? | Y | N |
| 16 | Have you ever had surgery? | Y | N | 37 | Do you wear glasses or contact lenses? | Y | N |
| 17 | Have you ever had an injury, like a sprain, muscle or ligament tear or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below: | | | 38 | Do you wear protective eyewear, such as goggles or a face shield? | Y | N |
| 18 | Have you had any broken or fractured bones, or dislocated joints? If yes, circle below: | | | 39 | Do you have any concerns that you would like to discuss with a doctor? | Y | N |
| 19 | 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 below: | | | | | | |

FEMALES ONLY

- 40 Have you ever had a menstrual period? Y N
41 How old were you when you had your first menstrual period? _____
42 How many periods have you had in the last year? _____
Explain "Yes" answers here: _____

| | | | | | | | |
|------------|------------|----------|-----------|-------|-----------|-------------|----------|
| Head | Neck | Shoulder | Upper arm | Elbow | Fore-arm | Hand/finger | Chest |
| Upper back | Lower back | Hip | Thigh | Knee | Calf/Shin | Ankle | Foot/toe |

- 20 Have you ever had a stress fracture? Y N
21 Do you regularly use a brace or assistive device? Y N

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

Athlete Signature _____ Parent/Guardian Signature _____ Date _____

SPORTS PHYSICAL EVALUATION FORM

To Be Filled Out By the Medical Professional:

Name _____ Date of Birth _____

Height _____ Weight _____ Pulse _____ BP ____/____ (____/____, ____/____)

Vision R 20/ ____ L 20/ ____ Corrected: Y N Pupils: Equal ____ Unequal ____

| | NORMAL | ABNORMAL FINDINGS | INITIALS* |
|------------------------|--------|-------------------|-----------|
| MEDICAL | | | |
| Appearance | | | |
| Eyes/ears/nose/throat | | | |
| Hearing | | | |
| Lymph nodes | | | |
| Heart | | | |
| Murmurs | | | |
| Pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Skin | | | |
| Hernia | | | |
| MUSCULOSKELETAL | | | |
| Neck | | | |
| Back/Scoliosis | | | |
| Shoulder/arm | | | |
| Elbow/forearm | | | |
| Wrist/hand/fingers | | | |
| Hip/thigh | | | |
| Knee | | | |
| Leg/ankle | | | |
| Foot/toes | | | |

*Multiple-examiner set-up only.

Notes:

EMERGENCY INFORMATION

Allergies _____

Other Information _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

CLEARED FOR SPORTS YES NO