PRE-PARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart).

Sex	Date of E	xam:																		
Medicines and Allargies: Please list all of the precorpion and over-the-counter medicines and supplements (herbal and nathitional) that you are currently lating: Do you have any allergies: Yes No If yes, please identify specific allergy below. Productions: Producti	Name:															irth:				
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15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. Have you ever had any broken or fractured bones or dislocated joints? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) 22. Do you regularly use a brace, or thotics, or other assistive device? 23. Do you have a bone, muscle, or joint injury that bothers you? 24. Do any of your joints become painful, swollen, feel warm, or look red?	syndi	rome, sh	ort QT syndror	me, Br	ugada s	yndrom	e, or												Yes	No
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25. Do you have any history of juvenile arthritis or connective tissue								ok rodo	 	 	-									
gab. Do you have any motory or juvenile arrings or contractive assure [25 Do	ou bave	ur joints becom	ie pail	le arthrit	is or cor	nactive ties	OK TEG?	 	1	4									
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I hereby state that, to the best of my knowledge, my answers to the above questions a	re complete and correct.	
Signature of Athlete:	Signature of Parent(s) or Guardian:	Date:
		L

PRE-PARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name:			Date of Birth:
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 During the past 30 days, did you use chewing tobacco, srough or you drink alcohol or use any other drugs? Have you ever taken anabolic steroids or used any other Have you ever taken any supplements to help you gain or	nuff or dip? performance supplements?	erformance?	
 Do you wear a seat belt, use a helmet, and use condoms 	?		
Consider reviewing questions on cardiovascular symptoms (EXAMINATION	Questions 5-14).	traspersion VI SUCCESS A various to 1 st two a fact	g North en de de Konselle III (n. 1885). De de Konselle (1885) en de la Konselle III en de la Konselle III (n. 1885). En de la Konse
Height:	Weight	ng digang hip of degerately majaranda, jawa 1994	│
BP: / (/)	Pulse:	Vision: R 20/ L 20/	Corrected:
MEDICAL MARKET AND A STATE OF THE STATE OF T	ruise, NORMAL		ABNORMAL FINDINGS
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span>height, hyperlaxity, myopia, MVP, aortic insufficiency)	NORWAL		ADNORWAL FINDINGS
Eyes/Ears/Nose/Throat Pupils equal			
Hearing			
Lymph Nodes			
Heart* Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal pulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)**			
Skin HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic***			
MUSCULOSKELETAL	NORMAL	[17] [18] [[1] [1] [1] [1] [1] [1] [1] [1] [1] [ABNORMAL FINDINGS
Neck	1		
Back			
Shoulder/arm Elbow/forearm			
Hip/thigh			
Knee			
Leg/ankle	······································		
Foot/toes			
Functional			
Duck-walk, single leg hop			
 Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac histo ***Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant 	ry or exam; **Consider GU exam if in priv icant concussion.	rate setting. Having third party present is reco	nmended,
ndeborg Milie abili Negger (doku Ngar bredta ni rominiya) yang melanin kenantan na saan saar saar s	apeteriajenski populacijo praj stobiteg je s	इ.स.स्ट्राइंडिस्ट्रेस्ट्रिस्ट्रास्ट्राइट्ड्रिस्ट्रेस्ट्रेस्ट्रिस्ट्रेस्ट्रे	Barra de la Participa de la Maria de la Carta de la Maria de la Maria de Maria de la Maria del Maria de la Maria del Maria de la Maria del Maria del Maria de la Maria de la Maria del Maria de la Maria de la Maria del Maria de la Maria del Mar
Cleared for all sports without restriction.			
Cleared for all sports without restriction with recommendation	ns for further evaluation or tr	eatment for:	*
☐ Not Cleared ☐ Pending further evaluation			
☐ For any sports			
☐ For certain sports (please list):			
Reason: Recommendations:	·		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
I have examined the above-named student and completed the and participate in the sport(s) as outlined above. A copy of the conditions arise after the athlete has been cleared for partici- completely explained to the athlete (and parents/guardians).	he physical exam is on record	f in my office and can be made a	vailable to the school at the request of the parents.
Name of Physician (type/print):			Date:
Address:			Phone:
Signature of Physician (MD/DO/ARNP/Chiropractor*):			

^{*}NOTE: Please refer to the MSHSAA Sports Medicine Manual, Page 2.

PRE-PARTICIPATION PHYSICAL EVALUATION Missouri State High School Activity Association (MSHSAA) Eligibility and Authorization Statement

STUDENT AGREEMENT (Regarding Conditions for Participation)

This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have sholled and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them.

I have read, understand, and acknowledge receipt of the MSHSAA brochure entitled "How to Maintain and Protect Your High School Eligibility," which contains a summary of the eligibility rules of the MSHSAA. (I understand that a copy of the MSHSAA Handbook is on file with the principal and aithletic administrator and that I may review it in its entirety, if I so choose. All MSHSAA by-laws and regulations from the Handbook are also posted on the MSHSAA website at www.mshsaa.org).

I understand that a MSHSAA member school must adhere to all rules and regulations that pertain to school-sponsored, interscholastic athletics programs, and I acknowledge that local rules may be more stringent than MSHSAA rules.

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 unsportsmantike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or nermanently.

I understand that if I drop a class, take course work through Post -Secondary Enrollment Option, Credit Flexibility, or other educational options, this action could affect compliance with MSHSAA economic standards and my eligibility.

Lunderstand that participation in interscholastic athletics is a privilege and not a right. As a student athlete, I understand and accept the following

- responsibilities:

 I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
- I will be fully responsible for my own actions and the consequences of my actions.
- I will respect the property of others.
- I will respect and obey the rules of my school and laws of my community, state, and country.
- I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state, and country.

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.

Signature of Athlete:	
0000	73.45

PARENT PERMISSION (Authorization for Treatment, Release of Medical Information, and Insurance Information)

Informed Consent: By its nature, participation in interscholastic athletics includes risk of serious bodily injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. PARENITS, GUARDIANS, OR STUDENTS WHO MAY NOT WISH TO ACCEPT NISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN WISHSAA- SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIANS SIGNATURE.

I understand that in the case of injury or illness requiring transportation to a health care facility, that a reasonable attempt will be made to contact the parent or grantian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

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 en route 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 and the MSHSAA, their 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 intercholastic noverant 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 wellare of the student, if heisthe is injured in the course of school school athletic activities. We authorize the release of necessary medical information to the physician, athletic trainer, and/or school personnal related to such treatment/care. We understand that the school may not provide transportation to all events, and permit (CIRCLE ONE) my child to drive his/her vehicle in such a case. *North Harrison's policy is to provide transportation to all events.

To enable the MSHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in the MSHSAA may and all portions of school record files, beginning with seventh grade, of the member school, consent to the release of the MSHSAA any and all portions of school record files, beginning with 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, academic work completed, grades received, and attendance data.

We confirm that this application for the above student to represent his/her school in interscholastic athletics is made with the understanding that we have studied and understand the eligibility standards that our sonidaughter must meet to represent his/her school and that heishe has not violated any of them. We also understand that if our sonidaughter does not meet the citizenship standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in him/her not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I consent to the MSHSAA's use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

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 adhlete's performance or treatment and 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 helshe has basic healthfaccident insurance coverage, which includes athletics. Our sonidaughter is covered by basic healthfaccident insurance for the current school year as indicated below.

Date:	Signature of Parent(s) or Guardian:
Policy Number:	Name of Insurance Company:

PAREW AND STUDENT SIGNATURE (Concussion Materials)

We have received and read the MSHSAA materials on Concussion, which includes information on the definition of a concussion, symptoms of a concussion, what to do if you have a concussion, and how to prevent a concussion.