

Bettendorf High School Athletic Pre-Participation Physical

ATHLETE NAME

Date of Exam / /

Article VII 36.14(1) Physical Exam. Every year each student shall present to the student's superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon or osteopath, qualified chiropractor, physicians assistant, or advanced registered nurse practitioner to the effect that the student has been examined and may safely engage in athletic competition. This certificate of physical examination is valid for the purpose of this rule for one calendar year. A grace period not to exceed 30 days is allowed for expired certifications of physical examination.

Parents/Guardians -- Please Read, Complete, and Sign the Following

Treatment and Services Notice

By granting permission of a student athlete under your care to engage in approved athletic activities as a representative of Bettendorf High School, you also give your permission for the Team Physicians and Certified Athletic Trainers, or other qualified personnel to give first aid treatment to your student athlete at athletic events or practices. You also give permission for your student athlete to receive Rehabilitation Services from the Team Physicians and the Certified Athletic Trainers that are employed by the school district.

Insurance Notice

The school district does NOT purchase an insurance policy for student athletes. School time insurance is offered at a nominal fee and partially covers all sports **EXCEPT** Football. Football players who purchase school time insurance may also purchase a policy for football at their own additional expense. If you as a parent/guardian are interested in this insurance please see the activities office for more information.

Assumption of Risk Notice

It is agreed that the cost of any and all treatment for injury or injuries sustained by student athletes shall be the responsibility of the parents/guardians of those student athletes. All such costs will be paid by the parents/guardians of the injured student athlete, thus releasing the schools from all financial obligations. Participation in athletic competition may result in serious or fatal injuries.

Cardiac Screening – Assessment of Risk – Circle Yes/No as it pertains to your child.

- | | | |
|--|-----|--------|
| 1. Has your child fainted or passed out during or after exercise, emotion, or startle? | Yes | No |
| 2. Has your child ever had extreme shortness of breath and/or discomfort, pain or pressure in their chest during exercise? | Yes | No |
| 3. Has your child had extreme fatigue associated with exercise? | Yes | No |
| 4. Has a doctor ever ordered a test for your child's heart? | Yes | No |
| 5. Has your child ever been diagnosed with an unexplained seizure disorder and/or exercise induced asthma that is not well controlled with medication? | | Yes No |

Family History -

- | | | |
|--|-----|----|
| 6. Are there any family members who had a sudden, unexpected, unexplained death before age 50? (including SIDS, car crash, drowning, or near drowning) | Yes | No |
| 7. Are there any family members who died suddenly of "Heart Problems" before age 50? | Yes | No |
| 8. Are there any family members who have had unexplained fainting or seizures? | Yes | No |
| 9. Are there any relatives with certain conditions such as | | |
| a. Enlarged Heart | Yes | No |
| b. Dilated Cardiomyopathy | Yes | No |
| c. Heart Rhythm Problems | Yes | No |
| d. Short QT Syndrome | Yes | No |
| e. Brugada Syndrome | Yes | No |
| f. Catecholaminergics Ventricular Tachycardia | Yes | No |
| g. Arrhythmogenic Right Ventricular Cardiomyopathy | Yes | No |
| h. Marfan Syndrome (aortic rupture) | Yes | No |
| i. Heart Attack, age 50 or younger | Yes | No |
| j. Pacemaker or implanted defibrillator | Yes | No |
| k. Deaf at birth (congenital deafness) | Yes | No |
| 10. Please explain more about your "YES" answers. | | |

Parent/Guardian Permission and Release - PLEASE SIGN BELOW

I hereby give my permission for the below named student to engage in approved athletic activities as a representative of his/her school. I have read the above notices and fully understand the meaning and implications of my student athlete participating in approved athletic activities at Bettendorf High School. I fully understand the risks involved with such activities.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Athlete Questionnaire for Athletic Participation (PLEASE PRINT or TYPE)

FIRST NAME _____ LAST NAME _____ STUDENT ID # _____

GRADE: (FOR THE NEXT YEAR) ___ Freshmen ___ Sophomore ___ Junior ___ Senior

DATE OF BIRTH ____/____/____ GENDER ___ Male ___ Female

HOME/STREET ADDRESS _____ CITY _____ STATE _____

ZIP CODE _____ PRIMARY PHONE # (____) - ____ - _____

PARENT/GUARDIAN NAME(S) _____ WORK # (____) - ____ - _____

EMERGENCY CONTACT PERSON _____ EMERGENCY # (____) - ____ - _____

FAMILY PHYSICIAN _____ PHYSICIAN OFFICE # (____) - ____ - _____

HEIGHT in Inches _____ WEIGHT in Pounds _____ BLOOD PRESSURE _____ RESTING PULSE _____

Please check Yes or No as it pertains to the student athlete.

Yes	No	Has this student had any?		
1. ___	___	Chronic or recurrent illness?	26. ___	Is there any history of family or genetic disease?
2. ___	___	Hospitalizations?	27. ___	Has any family member died suddenly at less than 40 years of age of causes other than an accident?
3. ___	___	Surgery, other than tonsillectomy?	28. ___	Has any family member had a heart attack at less than 55 years of age?
4. ___	___	Missing organs (eye, kidney, testicle)?	29. ___	Are you uncomfortably short of breath after running 1/2 mile (2 times around the track with out stopping)?
5. ___	___	Allergy to medications?	30.	List all Medications you are currently taking and for what conditions.
6. ___	___	Problems with heart or blood pressure?	_____	
7. ___	___	Chest pain with exercise?	_____	
8. ___	___	Dizziness or fainting with exercise?	_____	
9. ___	___	Frequent headaches, convulsions, dizziness or fainting?	_____	
10. ___	___	Concussion or unconsciousness?	_____	
11. ___	___	Heat exhaustion, heat stroke, or other heat problems?	31. What is the most and least you have weighed in the last year?	
12. ___	___	Any illness lasting over a week?	MOST _____ LEAST _____	
13. ___	___	Rheumatic fever?	FOR WOMEN ONLY	
14. ___	___	Asthma?	How old were you when you had your first menstrual period? _____	
15. ___	___	Epilepsy?	In the past year, what is the longest time you have gone between menstrual periods? _____	
16. ___	___	Diabetes?	Use this space to Explain any YES answers above.	
17. ___	___	Eyeglasses or Contact Lenses?	_____	
18. ___	___	Dental braces, bridges, plates?	_____	
19. ___	___	Injuries requiring medical treatment?	_____	
20. ___	___	Neck Injury?	_____	
21. ___	___	Knee Injury?	_____	
22. ___	___	Knee Surgery?	_____	
23. ___	___	Ankle Injury?	_____	
24. ___	___	Other serious joint injury?	_____	
25. ___	___	Broken bones (fractures)?	_____	

EXAM	NORMAL	ABNORMAL FINDINGS	INITIALS
1. Eyes			
2. Ears, Nose and Throat			
3. Mouth and Teeth			
4. Neck			
5. Cardiovascular			
6. Chest and Lungs			
7. Abdomen			
8. Skin			
9. Musculoskeletal: ROM			
10. Neurological			
11. Genital Hernia			

DATE OF LAST KNOWN TETANUS SHOT: _____ (Must be within the last 10 years.)

PARTICIPATION RECOMMENDATIONS

_____ Full and Unlimited Participation in Sport of Choice
 _____ CLEARANCE PENDING DOCUMENTED FOLLOW-UP – Please Explain Reason/Condition

_____ **NO ATHLETIC PARTICIPATION IN :** _____

 Licensed Professional's Name Printed or Stamped

_____/_____/_____
 Date

 Signature of Licensed Professional

 Office Phone