



POWAY UNIFIED SCHOOL DISTRICT
ATHLETIC SCREENING HISTORY & PHYSICAL EXAM

Del Norte HS Mt. Carmel HS Poway HS Rancho Bernardo HS Westview HS

Form with fields: Student Name, Student ID#, Date of Birth, Sport(s), Gender, Grade, Address, City/Zip, Graduating Year, Parent Name/Cell #, Home Phone.

EXPLANATION OF SCREENING PHYSICAL

I realize that the medical evaluations performed are only screens in order to evaluate general health, to disclose existing problems, and to determine my son or daughter's dynamic ability to participate in a given sport so that obvious conditions which might be damaged or aggravated by competitive sports can be found, evaluated and treated so as to prevent further injury. This examination does not guarantee against injury. Parent Initials Student/Athlete Initials

AWARENESS OF RISK

STUDENT AND PARENT: I am aware that playing/practicing sports can be a dangerous activity involving many risks of injury. I understand that the risks of participation include, but are not limited to, death, serious neck and spinal cord injuries that may result in complete or partial paralysis, brain damage, serious internal injury to virtually any internal organs, bones, joints, muscles, tendons, or any other aspect of the skeletal system, and serious injury or impairment to other aspects of my body, general health and well being. I understand that the risks of participation may result not only in serious injury, but in impairment of my future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy a good life. Because of the dangers of participating in sports, I recognize the importance of following coach instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instructions. Parent Initials Student/Athlete Initials

PERMISSION FOR TREATMENT

I hereby grant permission to the team physicians and those professional personnel designated by Poway Unified School District to treat my son or daughter in the event of any injury. In the event of a serious injury, if I am unable to give my consent at that time, this consent is to include any and all emergency procedures deemed necessary by the attending emergency personnel. I also understand that in the event of injury, every reasonable attempt will be made to contact me prior to securing medical treatment beyond basic first aid. Parent Initials Student/Athlete Initials

PROOF OF INSURANCE

In compliance with California Education Code 32221, I certify that there is in effect at this time insurance coverage for medical expenses resulting from bodily injury of at least \$5,000 for my son or daughter, and that this coverage will remain in effect throughout the time that he or she participates in sports. I also give my permission for the above named student to participate in sports, including regularly scheduled trips by supervised school transportation.

NAME of Insurance Carrier Policy/Group # Parent Initials Student/Athlete Initials

MEDIA RELEASE

I understand that my name, picture, and/or grade point average may be released to the media. Parent Initials Student/Athlete Initials

REFER TO ATHLETIC HANDBOOK FOR THIS SECTION LOCATED ON SCHOOL WEBSITE UNDER ATHLETICS

ATHLETIC HANDBOOK

I have reviewed and agree to abide by the guidelines/policies in the Athletic Handbook which is posted on school website. By signing below, I acknowledge that it is my responsibility to read and understand these rules and discuss them with my parent/guardian/athlete. Parent Initials Student/Athlete Initials

CIF CONCUSSION INFORMATION

I agree that the safety of the athletes always come first. I have read the CIF Concussion Information Sheet and am familiar with the signs and symptoms of a concussion. I understand and support the decision that any athlete suspected of suffering a serious head injury may be removed from a game or practice immediately and will not be allowed to return to activity until medically cleared. Parent Initials Student/Athlete Initials

ATHLETIC POLICY AGAINST HAZING

Poway Unified School District strives to maintain a healthy athletic program in which all students feel safe, welcome and proud of the school and the athletic programs that they represent. I understand that hazing of any kind is not allowed on this campus and in the athletic program. This includes mental, verbal and physical acts. I further understand that it is my duty to report any acts of hazing that I see to a coach or administrator on campus. By signing below, I agree to uphold this District policy and understand that any violation will result in my immediate suspension from athletics and further disciplinary action as outlined in District policy and procedures. Parent Initials Student/Athlete Initials

ETHICS IN SPORTS POLICY

I accept and understand the Policy Statement, Code of Ethics, The Pillars and Principles of Pursuing Victory With Honor, and the Violations, Minimum Penalties, and Appeal Process of the CIF- San Diego Section ETHICS IN SPORTS Policy. I agree to abide by this policy while participating and/or spectating at CIFSDS athletic events regardless of contest site or jurisdiction. Parent Initials Student/Athlete Initials

I have read all of the above statements and understand them fully and agree/consent to their contents.

Print Student/Athlete Name
X Student/Athlete Signature

Print Parent/Guardian Name
X Parent/Guardian Signature



PRE-PARTICIPATION PHYSICAL EVALUATION
MEDICAL HISTORY

(This form is to be completed by the patient and parent prior to seeing the physician. Submit original to school Athletics Office. Parents should retain a copy.)

[] Mt. Carmel HS [] Del Norte HS [] Poway HS [] Rancho Bernardo HS [] Westview HS

Student Name: Student ID #: [] Male [] Female
Sport(s): Date of Birth: Grade: Age:

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies? [] Yes [] No If yes, please identify allergy [] Medicines [] Pollens [] Food [] Stinging Insects

GENERAL QUESTIONS MEDICAL QUESTIONS HEART HEALTH QUESTIONS ABOUT YOU HEART HEALTH QUESTIONS ABOUT YOUR FAMILY BONE AND JOINT QUESTIONS FEMALES ONLY
1. Has a doctor ever denied or restricted your participation in sports for any reason?
2. Do you have any ongoing medical conditions? If so please identify: [] Asthma [] Anemia [] Diabetes [] Infections Other:
3. Have you ever spent the night in the hospital?
4. Have you ever had surgery?
5. Do you have any physical or mental impairment which may affect your participation in athletics or may require accommodations?
6. Have you ever passed out or nearly passed out DURING or AFTER exercise?
7. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?
8. Does your heart ever race or skip beats (irregular beats) during exercise?
9. Has a doctor ever told you that you have any heart problems? If so, check all that apply: [] High blood pressure [] High cholesterol [] Kawasaki disease [] A heart murmur [] A heart infection Other:
10. Has a doctor ever ordered a test for your heart? ECG/EKG, echocardiogram?
11. Do you get lightheaded or feel short of breath during exercise?
12. Have you ever had an unexplained seizure?
13. Do you get more tired or short of breath more quickly than your friends during exercise?
14. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?
15. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?
16. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?
17. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?
18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?
19. Have you ever had broken or fractured bones or dislocated joints?
20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?
21. Have you ever had a stress fracture?
22. 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)
23. Do you regularly use a brace, orthotics, or other assistive device?
24. Do you have a bone, muscle, or joint injury that bothers you?
25. Do any of your joints become painful, swollen, feel warm, or look red?
26. Do you have any history of juvenile arthritis or connective tissue disease?
27. Do you cough, wheeze, or have difficulty breathing during or after exercise?
28. Have you ever used an inhaler or taken asthma medicine?
29. Is there anyone in your family who has asthma?
30. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?
31. Do you have groin pain or a painful bulge or hernia in the groin area?
32. Have you had infectious mononucleosis (mono) within the last 3 months?
33. Do you have any rashes, pressure sores, or other skin problems?
34. Have you had a herpes or MRSA skin infection?
35. Have you ever had a head injury or concussion?
36. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?
37. Do you have a history of seizure disorder?
38. Do you have headaches with exercise?
39. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?
40. Have you ever been unable to move your arms or legs after being hit or falling?
41. Have you ever become ill while exercising in the heat?
42. Do you get frequent muscle cramps when exercising?
43. Do you or someone in your family have sickle cell trait or disease?
44. Have you had any problems with your eyes or vision?
45. Have you had any eye injuries?
46. Do you wear glasses or contact lenses?
47. Do you wear protective eyewear, such as goggles or a face shield?
48. Do you worry about your weight?
49. Are you trying to or has anyone recommended that you gain or lose weight?
50. Are you on a special diet or do you avoid certain types of foods?
51. Have you ever had an eating disorder?
52. Do you have any concerns that you would like to discuss with a doctor?
53. Have you ever had a menstrual period?
54. How old were you when you had your first menstrual period?
55. How many periods have you had in the last 12 months?
EXPLAIN "YES" answers here with dates and details: (Attachment ok if necessary)

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

X Student/Athlete Signature Date X Parent/Guardian Signature Date



**PRE-PARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION FORM**

(This form is to be completed by the physician. Submit original to school Athletics Office. Parents should retain a copy.)

Student Name:	Date of Birth:	Age:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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EXAMINATION

Height:	Weight:	BMI:	BP: /	Pulse:	Vision: R 20/	L 20/	Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No
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MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyper		
Eyes/Ears/Nose/ThroatPupils EqualHearing		
Lymph Nodes		
Heart (auscultation standing, supine, +/- Valsalva Location of point of maximal impulse (PMI)		
Pulses Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Angle		
Foot/Toes		
Functional • walk, single leg hop Duck-		

- CLEARED for all sports WITHOUT restriction.**
 - Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
 - NOT CLEARED:** Pending further evaluation For any sports For certain sport _____
- REASON: _____
- Recommendations _____

(Student's name) _____ was examined by me on (date) _____ for a pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete and parents/guardians.

Print Physician's Name: _____ Phone Number: _____

Physician's Signature: **X** _____ Date _____ Physician's Office Stamp **HERE**



**CIF-SAN DIEGO SECTION
RESIDENCE & ELIGIBILITY VERIFICATION
Athletic/Extracurricular Participation**

** To be completed by individual with whom student resides**

Student Name:	Grade:	Sport(s):
Address:	DOB:	Parent Cell #:
Home Phone #:	Age:	Parent Cell #:

I am the one with whom this student-athlete resides: (check one box)

- Parent Legal Guardian Relative Caretaker Foster Parent Emancipated Minor

I AFFIRM THAT THIS STUDENT RESIDES AT THE FOLLOWING ADDRESS:

Street Address _____
 City/State/Zip _____ (_____) Telephone _____

PARENTS' ADDRESS (if different than listed in #2)

Mother's Street Address _____ City/State/Zip _____
 Father's Street Address _____ City/State/Zip _____

Student Status:

- Continuing Student Incoming 9th Grader New Resident Administrative Placement Intra-District Transfer Inter-District Transfer

School(s) Attended Last Year

_____ Name of School	_____ Address	_____ City/State/Zip	_____ Sports(s) Played
_____ Name of School	_____ Address	_____ City/State/Zip	_____ Sports(s) Played

I understand that this street address is within the High School boundaries and/or I have followed the District transfer procedures.
I also understand that falsifying this information will cause team forfeiture and immediate ineligibility.

Print Name of Person Checked on Line 1

X _____ **X** _____
 Signature of Person with Whom Student/Athlete Date Student/Athlete Signature Date

Pursuing Victory with Honor

**THIS SECTION IS TO BE COMPLETED BY ALL
NEW STUDENTS, INCOMING 9th GRADERS AND ALL TRANSFER STUDENTS**

State CIF Bylaws require that all information provided in regard to any aspect of student eligibility to participate in athletics must be true, correct, accurate, and complete. State CIF Bylaws also require that parents, students, coaches and schools must disclose any pre-enrollment contact of any kind whatsoever with the parent or student during the 24 months prior to enrollment in the school.

I understand that it is my responsibility to see the Athletic Director to receive the CIF San Diego Section Transfer Student Eligibility forms prior to athletic participation. Check one:

- There has been no pre-enrollment contact of any kind whatsoever during the previous 24 months with anyone at or associated with the school or its athletic programs.
 There has been pre-enrollment contact during the previous 24 months with individuals at or associated with the school and its athletic programs by: (check all that apply) Clubs Camps 8th Grade Parent Night Conversation with High School Coach.

A true, correct, and complete disclosure of that contact is written on the back or attached to this form.

