

# Bettendorf High School Athletic Pre-Participation Physical

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 nursed 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 the Following Notices

### **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.

## 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)

HAVE YOUR PARENTS/GUARDIANS READ & SIGNED THE NOTICES AND RELEASE ABOVE?  Yes  No  
IF NO PLEASE STOP HERE AND GIVE THIS FORM TO YOUR PARENTS/GUARDIANS FOR REVIEW.  
IF YES, CONTINUE THE QUESTIONNAIRE

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ STUDENT ID # \_\_\_\_\_

GRADE (Please Check the Grade you will be in for the 2014/2015 school year.)  
 Freshmen  Sophomore  Junior  Senior

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER  Male  Female

PLEASE CIRCLE SPORTS IN WHICH YOU ARE INTERESETED IN PARTICIPATING

Football	Volleyball	Golf	Bowling	Cross Country	Swimming	Basketball
Wrestling	Soccer	Tennis	Track	Baseball	Softball	Cheer/Dance

HOME/STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ PHONE # (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

PARENT/GUARDIAN NAME(S) \_\_\_\_\_ WORK # (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_ EMERGENCY # (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

FAMILY PHYSCIAN \_\_\_\_\_ PHYSCIAN OFFICE # (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

FULL NAME \_\_\_\_\_ DATE OF PHYSICAL EXAM \_\_\_\_/\_\_\_\_/\_\_\_\_

HEIGHT in Inches \_\_\_\_\_ WEIGHT in Pounds \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_ RESTING PULSE \_\_\_\_\_

**HEALTH HISTORY**

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

- |            |           |   |   |  |
|------------|-----------|---|---|--|
| <b>Yes</b> | <b>No</b> | <b>Has this student had any?</b>                        |   |  |
| 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?                        | <b>MOST</b> _____ <b>LEAST</b> _____  |  |
| 13. ___    | ___       | Rheumatic fever?  | <b>FOR WOMEN ONLY</b>   |  |
| 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?   | <b>Use this space to Explain any YES answers above.</b>                                   |  |
| 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:** \_\_\_\_\_

\*\*This date must be provided and be within the last 10 years for your patient to engage in competition.\*\*

**PARTICIPATION RECOMMENDATIONS**

\_\_\_\_\_ Full and Unlimited Participation in Sport of Choice  
 \_\_\_\_\_ CLEARANCE PENDING DOCUMENTED FOLLOW-UP OF

\_\_\_\_\_ **NO ATHLETIC PARTICIPATION IN :** \_\_\_\_\_

\_\_\_\_\_  
 Licensed Professional's Name Printed or Stamped

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Licensed Professional

\_\_\_\_\_  
 Office Phone