

Bettendorf Middle 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 Middle 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 Middle 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) ___7th Grade ___8th Grade

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? | _____ | | |
| 12. ___ | ___ | Any illness lasting over a week? | _____ | | |
| 13. ___ | ___ | Rheumatic fever? | _____ | | |
| 14. ___ | ___ | Asthma? | _____ | | |
| 15. ___ | ___ | Epilepsy? | _____ | | |
| 16. ___ | ___ | Diabetes? | _____ | | |
| 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)? | _____ | | |

31. What is the most and least you have weighed in the last year?
MOST _____ **LEAST** _____

FOR WOMEN ONLY

How old were you when you had your first menstrual period? _____
 In the past year, what is the longest time you have gone between menstrual periods? _____
Use this space to Explain any YES answers above.

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