

**Hope Christian School
Physical Exam Form**

Athletic

Non-Athletic

Physical exams are required for all 6th-12th grade students attending Hope Christian School, and must be dated after April 1st and prior to the first day of Fall sports practice or the first day of school, which ever applies, to be valid for the following school year. These forms must be turned in to the Health Office which is located in the High School Office. Students participating in HCS athletics must also include a \$5.00 catastrophic insurance premium. Details regarding catastrophic insurance are found on Hope Christian School's website.

Student Information (Please print legibly)

Student Name _____ Grade: _____ D.O.B. _____

Address _____ City _____ Zip _____

Parents or Guardians Names _____

Address (if different from student) _____

City _____ Zip _____

Parents or Guardians Phone Numbers: Home _____ Work _____

Cell(s) _____

Family Physician _____ Physician's Phone Number _____

PRIMARY INSURANCE

Co. Name _____ Phone # _____

Co. Address _____

City _____ State _____ Zip Code _____

Group # _____ Policy # _____

Please check any sport in which student may be participating:

() Baseball () Drill () Softball () Other _____

() Basketball () Football () Swim

() Cheer () Golf () Tennis

() Cross-Country () Soccer () Track

PARENTAL CONSENT/RELEASE OF LIABILITY:

As the parent or legal guardian of the student, I give my permission for him/her to participate in school activities and the sports activities indicated on the previous page. I understand that there is a risk of injury in participating in school activities and athletic activities. I confirm that my child is covered by an accident insurance policy. I will be responsible for any injury incurred by my child. I hereby agree to indemnify, release, defend, and hold harmless Hope Christian Schools, Inc., and its staff for any expenses or for any injury suffered by my child while participating in school or sports activities, unless such injury is due to gross negligence on the part of any of those entities or individuals. I hereby give my consent for _____ to engage in school activities and if indicated, interscholastic athletics, as are approved by Hope Christian Schools, Inc., and represent Hope Christian School as a team member on trips. I have reviewed the Medical History form with my child and, to the best of my knowledge, the information provided is accurate.

Signature of Parent or Guardian: _____ *Date:* _____

CONCUSSIONS:

A concussion is a disturbance in the function of the brain caused by a blow to the body or head and may occur in any sport or activity. Effects of a concussion may include a variety of symptoms (headache, nausea, dizziness, memory or balance problems) with or without loss of consciousness. I (we) understand that there is a concussion protocol established by the school and the State of New Mexico that includes care and return to play guidelines and will follow the guidelines set for return to play if such an injury occurs. We, the student-athlete and parent (or court-appointed guardian) acknowledge and agree that we have read, understand, and will abide by the above stated conditions.

Student Signature: _____ *Parent/Guardian Signature:* _____

RELEASE OF INFORMATION:

In order to protect the student/athlete at all times, the HCS athletic trainer, Health Office, and/or school health providers will share information with the treating physician, team physician, athletic trainer, coaches, and/or team representative as it relates to the student-athlete's ability to participate or care for his/her injuries/illness. Any information to be released to a third party by school health providers will be done only with permission of the parent/legal guardian and student.

Signature of Parent or Guardian: _____ *Date:* _____

PARENT/GUARDIAN CONSENT TO TREATMENT:

I/We hereby authorize the HCS athletic trainer or school representative on my behalf to consent to any medical treatment deemed necessary by any licensed physician/surgeon in the event of illness or injury. If, in the judgment of any representative of the school the student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and hold harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. If at all possible without prolonging care for the student, every reasonable attempt will be made by school representatives to make contact with the parents or legal guardians prior to consenting to medical treatment.

Signature of Parent or Guardian: _____ *Date:* _____

Medical History

(To be completed prior to medical examination by student and parent/legal guardian)

Student Name: _____ Grade: _____

List Current Medications: _____

List Any Allergies (i.e. insects, food, medication): _____

Surgical Procedures: _____

Known Medical Conditions: _____

Explain "YES" Answers at the End of the Section

	YES	NO
1. Has a doctor ever denied or restricted your participation in sports for any reason?	_____	_____
2. Do you have an ongoing medical condition(s) (like asthma or diabetes)?	_____	_____
3. Have you ever become dizzy or passed out during or after exercise?	_____	_____
4. Have you ever had chest discomfort, pain, or pressure during or after exercise?	_____	_____
5. Has a doctor ever told you that you have: (check all that apply) High Blood Pressure _____ Heart Murmur _____ Heart Infection _____ High Cholesterol _____		
6. Has a doctor ever ordered a test for your heart? (ECG, echocardiogram)?	_____	_____
7. Has anyone in your family ever died for no apparent reason?	_____	_____
8. Does anyone in your family have a heart condition starting under the age of 50?	_____	_____
9. Has a family member or relative died of heart problems or sudden death before the age of 50?	_____	_____
10. Have any of your relatives ever had one of the following conditions? (list relationship) Hypertrophic Cardiomyopathy _____ Marfan's Syndrome _____ Long QT Syndrome _____ Significant Heart Arrhythmia _____		
11. Have you ever had racing of your heart or skipped a heartbeat?	_____	_____
12. Have you ever spent the night in a hospital?	_____	_____
13. Have you ever had a sprain, muscle/ligament tear, or tendonitis that caused you to miss a practice or game? (location and explanation) _____ _____		
14. Have you had any broken or fractured bones or dislocated joints? (body part involved and explanation) _____		
15. Have you ever had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? (body part involved and explanation) _____ _____		
16. Have you ever had a stress fracture?	_____	_____
17. Do you regularly use a brace or assistive device?	_____	_____

Name: _____ Grade: _____

- | | YES | NO |
|---|-------|-------|
| 18. Has a doctor ever told you that you have asthma or allergies? | _____ | _____ |
| 19. Have you ever used an inhaler or taken asthma medication? | _____ | _____ |
| 20. Do you cough, wheeze, or have difficulty breathing during or after exercise? | _____ | _____ |
| 21. Have you had a severe viral infection such as infectious mononucleosis (mono) or myocarditis within the last month? | _____ | _____ |
| 22. Have you had a head injury or concussion? | _____ | _____ |
| 23. Have you ever had a seizure? | _____ | _____ |
| 24. Do you have frequent or severe headaches? | _____ | _____ |
| 25. Have you ever had numbness or tingling in your arms or legs? | _____ | _____ |
| 27. Have you ever had a pinched nerve? | _____ | _____ |
| 28. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | _____ | _____ |
| 29. Do you wear glasses or contacts? | _____ | _____ |
| 30. Have you ever become ill from exercising in the heat? | _____ | _____ |

List your last Immunizations

Tetanus ____ (month) ____ (year) MMR ____ (month) ____ (year) Hepatitis Vac ____ (month) ____ (year)

Explain "YES" Answers Here:

I hereby certify that the above information is valid and correct.

Parent/Legal Guardian Signature

Date

Physical Examination

Student's Name _____ Birth Date _____
 Height: _____ Weight: _____ Pulse: _____ Blood Pressure: _____
 Date of Last Tetanus Booster: _____

	Normal	Abnormal	Comments
MEDICAL			
Appearance <i>(any physical finding of Marfan's Syndrome)</i>			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart <i>(murmurs)</i>			
Pulses			
Lungs			
Abdomen			
Genitourinary <i>(hernia) Athletes Only</i>			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

NOTES: _____

Clearance

I verify that I have reviewed the Medical History information provided and after exam clear student for the following:

Student-Athlete MAY participate in the following types of sports (CHECK ALL THAT APPLY):

- ALL FORMS OF SPORTS/ACTIVITIES
 Contact/Collision (Football, Soccer)
 Non-Contact/Strenuous (Baseball, Basketball, Cheer, High Jump, Pole Vault, Softball, Volleyball)
 Limited Contact/Non-Contact (Cross-Country, Track, Drill, Swim, Tennis, Golf)
 STUDENT CLEARED FOR PARTICIPATION PENDING (explanation)
 STUDENT **NOT** CLEARED FOR PARTICIPATION (explanation)

Name, Address, Phone of Physician/Provider _____

Signature of Provider _____ Date _____



NMAA

New Mexico Activities Association

CONCUSSION IN SPORTS

A Fact Sheet for Athletes and Parents

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Observed by the Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not “feel right”

Observed by the Parent / Guardian

- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events after hit or fall
- Appears dazed or stunned

WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE PRESENT

Athlete

- TELL YOUR COACH IMMEDIATELY!
- Inform Parents
- Seek Medical Attention
- Give Yourself Time to Recover

Parent / Guardian

- Seek Medical Attention
- Keep Your Child Out of Play
- Discuss Plan to Return with the Coach

It’s better to miss one game than the whole season.

Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

RETURN TO PLAY GUIDELINES UNDER THE SB1

1. Remove immediately from activity when signs/symptoms are present.
2. Must not return to full activity prior to a minimum of one week..
3. Release from medical professional required for return.
4. Follow school district's return to play guidelines.
5. Coaches continue to monitor for signs/symptoms once athletes return to activity.

REFERENCES ON SENATE BILL 1 AND BRAIN INJURIES

Senate Bill 1:

www.nmact.org

-or-

<http://legis.state.nm.us/Sessions/10%20Regular/final/SB0001.pdf>

For more information on brain injuries check the following websites:

<http://www.nfhs.org/sportsmed.aspx>

www.cdc.gov/ConcussionInYouthSports

www.stopsportsinjuries.org/concussion

<http://www.ncaa.org>



SIGNATURES

By signing below, I acknowledge that I have received and reviewed the attached NMAA's *Concussion in Sports Fact Sheet for Athletes and Parents*. I also acknowledge and I understand the risks of brain injuries associated with participation in school athletic activity, and I am aware of the State of New Mexico's Senate Bill 1; Concussion Law.

Athlete's Signature

Print Name

Date

Parent/Guardian's Signature

Print Name

Date