UHSAA

FORM A

USE THIS FORM FOR INITIAL PHYSICAL EXAM

Instructions for use of pre-participation (athletic)
Health Examination and Consent Form

Instructions for completing FORM A

COMPLETING THIS FORM.

1. PLEASE TYPE OR PRINT LEGIBLY
2. Parent or Guardian is to complete page I of Form A and the Disclosure and Consent Document. Please note student and parent are to sign both forms.
3. Physician/Provider is to complete and sign the physical examination on page 2.
4. Entire completed form is to be returned to school administration.

SUBMITTING THIS FORM.

I - School personnel should review form to assure it is completed properly.
2. ORIGINAL copy is to be retained in school files,.

A health examination must be performed and the Preparticipation Physical Evaluation (FORM A) must be completed before any student may participate in athletic activities sponsored by this Association. Clearance Form (Form B) must be completed by the Parent each subsequent year. A re-evaluation phycial examination will be required if any changes appear for questions 1-16 on the Clearance Form (Form B). Forms A and B along with the Disclosure and Consent Document must be on file at the school before any participation in athletic activities.

The health examination may be completed and the form signed by any Medical Doctor (MD), Doctor of Osteophathy (DO), Physician's Assistant (PAC), Chiropractic Physcian (DC), or Registered Nurse Practioner (RNP).

PLEASE MAKE ALL NECESSARY COPIES OF THIS FORM FOR YOUR STUDENTS. MULTIPLE COPIES ARE NOT PROVIDED BY THE UTAH HIGH SCHOOL ACTIVITIES ASSOCIATION.

UHSAA

Participant & Parental Disclosure and Consent Document

PLEASE NOTE: IT IS THE RESPONSIBILITY OF THE PARENT OR GUARDIAN TO NOTIFY THE SCHOOL IF THERE ARE ANY UNIQUE INDIVIDUAL PROBLEMS THAT ARE NOT LISTED ON HEALTH EXAMINATION FORM A OR B.

Is the student covered by health/accident insurance? Yes ____ No ____

Name of health insurance provider _____
If none, explain _____
_____
_____

CONSENT FORM
(Parent or Guardian and Student Permission and Approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by health care providers designated by school authorities for any illness or injury resulting from his/her athletic. participation. I recognize that a risk of possible injury is inherent in all sports participation. I further realize that potential injuries may be severe in nature including such conditions as: fractures, brain injuries, paralysis or even death. I also understand that a copy of this form will remain in the student's school.

I agree that if my student's health changes and would alter this evaluation, I will notify the school within 10 days.

PARENT OR GUARDIAN SIGNATURE _____

DATE _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Utah High School Activities Association.

SIGNATURE OF STUDENT _____

DATE _____

THIS FORM MUST BE ON FILE AT THE MEMBER HIGH SCHOOL PRIOR TO PARTICIPATION.

Preparticipation Physical Evaluation

HISTORY

DATE OF EXAM _____

Name _____ Sex_____ Age _____ Date of birth _____

Grade ____ **School** _____ **Sport(s)** _____

Address _____ **Phone** _____

Personal physician _____

In case of emergency, contact

Name _____ **Relationship** _____ **Phone (H)** _____ **(W)** _____

Explain "Yes" answers below.
Circle questions you don't know the answers to.

	Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	☐	☐
Do you have an ongoing or chronic Illness?	☐	☐
2. Have you ever been hospitalized overnight?	☐	☐
Have you ever had surgery?	☐	☐
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pil's or using an Inhaler?	☐	☐
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	☐	☐
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging Insects)?	☐	☐
Have you ever had a rash or hives develop during or after exercise?	☐	☐
5. Have you ever passed out during or after exercise?	☐	☐
Have you ever been dizzy during or after exercise?	☐	☐
Have you ever had chest pain during or after exercise?	☐	☐
Do you get tired more quickly than your friends do during exercise?	☐	☐
Have you ever had racing of your heart or skipped heartbeats?	☐	☐
Have you had high blood pressure or high cholesterol?	☐	☐
Have you ever been told you have a heart murmur?	☐	☐
Has any family member or relative died of heart problems or of sudden death before age 50?	☐	☐
Have you had a severe viral infection **(for example,** myocarditis or mononucleosis) within the last month?	☐	☐
Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	☐	☐
7. Have you ever had a head injury or concussion?	☐	☐
Have you ever been knocked.out, become unconscious, or lost your memory?	☐	☐
Have you ever had a seizure?	☐	☐
Do you have frequent or severe headaches?	☐	☐
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐
Have you ever had a stinger, burner, or pinched nerve?	☐	☐
8. Have you ever become ill from exercising in the heat?	☐	☐
9. Do you cough, wheeze, or have trouble breathing during or after activity?	☐	☐
Do you have asthma?	☐	☐
Do you have seasonal allergies that require medical treatment?	☐	☐

	Yes	No
10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	☐	☐
I 1. Have you had any problems with your eyes or vision?	☐	☐
Do you wear glasses, contacts, or protective eyewear?	☐	☐
12. Have you ever had a sprain, strain, or swelling after injury?	☐	☐
Have you broken or fractured any bones or dislocated any joints?	☐	☐
Have you had any other problems with pain or swelling In muscles, tendons, bones, or joints?	☐	☐

If yes, check appropriate box and explain below

☐ Head	☐ Elbow	☐ Hip
☐ Neck	☐ Forearm	☐ Thigh
☐ Back	☐ Wrist	☐ Knee
☐ Chest	☐ Hand	☐ Shin/calf
☐ Shoulder	☐ Finger	☐ Ankle
☐ Upper arm		☐ Foot

13. Do you want to weigh more or less than you do now?	☐	☐
Do you lose weight regularly to meet weight requirements for your sport?	☐	☐
14. Do you feel stressed out?	☐	☐

1 5. Record the dates of your most recent immunizations (shots) for:

Tetanus _____ Measles _____

Hepatitis B _____ Chickenpox _____

FEMALES ONLY

16. When was your first menstrual period? _____

When was your most recent menstrual period? _____

How much time do you usually have from the start of one period to the start of another? _____

How many periods have you had in the last year? _____

What was the longest time between periods in the last year? _____

Explain "Yes" answers here: _____

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION

Name _____ Date of birth _____

Height _____ Weight _____ %Body fat (optional) _____ Pulse _____ BP _____/_____ (_____/_____) _____

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
HipJthigh			
Knee			
Leg/ankle			
Foot			

*Stabon-based examination only

CLEARANCE

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: _____

_____

_____

_____

☐ Not cleared for: _____ Reason: _____

Recommendations: _____

_____

_____

_____

Name of physician (prInt/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____) MD, DO, PAC, RNP, or DC

FORM B

USE THIS FORM WHEN PREVIOUS PRE-PARTICIPATION

(Athletics) EXAM IS ON FILE

Instructions for completing FORM B

1 PLEASE TYPE OR PRINT FIRMLY and LEGIBLY
2. Parent or Guardian is to complete back page of Form B and sign it every year.
3. Entire completed form is to be returned to school administration every year.
4, **School Personnel** should review the form to assure it is completed properly,
A recommendation to clear a student for participation or require a re-evaluation phycial exam is made and based upon this form. Every year the back page of this form (Form B) must be completed by parent and if there are any changes on any answers from the original examination then CLEARANCE FORM B (below) must be completed and signed by an MD(Medical Doctor), DO(Doctor of Osteophathy), PAC(Physician's Assistant), RNP(Registered Nurse Practioner), or DC(Chiropractic Physician),
5. ORIGINAL copy is to be retained in school files,

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Preparticipation Physical Evaluation

CLEARANCE FORM

☐ Cleared
☐ Cleared after completing evaluation/rehabilitation for:_____

_____

_____

_____

☐ Not cleared for_____ Reason:_____

_____

_____

_____

Name of physician (print/type)_____ Date _____

Address_____ Phone_____

Sianature of MD. DO, PAC, DC, or RNP_____

Preparticipation Physical Evaluation

HISTORY

DATE OF EXAM _____

Name _____ Sax_____ **Age** _____ **Date of birth** _____

Grade ____ **School** _____ **Sport(s)** _____

Address _____ **Phone** _____

Personal physician _____

In case of emergency, contact

Name _____ **Relationship** _____ **Phone (H)** _____ **(W)** _____

Explain "Yes" answers below.
Circle questions you don't know the answers to.

	Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	☐	☐
Dc you have an ongoing or chronic Illness?	☐	☐
2. Have you ever been hospitalized overnight?	☐	☐
Have you ever had surgery?	☐	☐
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an Inhaler?	☐	☐
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	☐	☐
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging Insects)?	☐	☐
Have you ever had a rash or hives develop during or after exercise?	☐	☐
5. Have you ever passed out during or after exercise?	☐	☐
Have you ever been dizzy during or after exercise?	☐	☐
Have you ever had chest pain during or after exercise?	☐	☐
Do you get tired more quickly than your friends do during exercise?	☐	☐
Have you ever had racing of your heart or skipped heartbeats?	☐	☐
Have you had high blood pressure or high cholesterol?	☐	☐
Have you ever been told you have a heart murmur?	☐	☐
Has any family member or relative died of heart problems or of sudden death before age 50?	☐	☐
Have you had a severe viral Infection **(for example,** myocarditis or mononucleosis) within the last month?	☐	☐
Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	☐	☐
7. Have you ever had a head injury or concussion?	☐	☐
Have you ever been knocked.out, become unconscious, or lost your memory?	☐	☐
Have you ever had a seizure?	☐	☐
Do you have frequent or severe headaches?	☐	☐
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐
Have you ever had a stinger, burner, or pinched nerve?	☐	☐
8. Have you ever become ill from exercising in the heat?	☐	☐
9. Do you cough, wheeze, or have trouble breathing during or after activity?	☐	☐
Do you have asthma?	☐	☐
Do you have seasonal allergies that require medical treatment?	☐	☐

	Yes	No
I 0. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	☐	☐
1 1. Have you had any problems with your eyes or vision?	☐	☐
Do you wear glasses, contacts, or protective eyewear?	☐	☐
12. Have you ever had a sprain, strain, or swelling after injury?	☐	☐
Have you broken or fractured any bones or dislocated any joints?	☐	☐
Have you had any other problems with pain or swelling In muscles, tendons, bones, or joints?	☐	☐

If yes, *check appropriate box and explain below*

☐ Head	☐ Elbow	☐ Hip
☐ Neck	☐ Forearm	☐ Thigh
☐ Back	☐ Wrist	☐ Knee
☐ Chest	☐ Hand	☐ Shin/calf
☐ Shoulder	☐ Finger	☐ Ankle
☐ Upper arm		☐ Foot

13. Do you want to weigh more or less than you do now?	☐	☐
Do you lose weight regularly to meet weight requirements for your sport?	☐	☐
14. Do you feel stressed out?	☐	☐

1 5. Record the dates of your most recent Immunizations (shots) for:

Tetanus _____ Measles _____

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FEMALES ONLY

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How much time do you usually have from the start of one period to the start of another? _____

How many periods have you had in the last year? _____

What was the longest time between periods in the last year? _____

Explain "Yes" answers here: _____

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____