ATHLETE POLICY FOR TRAINING RULES
Northridge Middle School

A coach and/or athletic director will confront an athlete concerning a training rule violation and its consequences. If it is determined that the athlete has violated the training rules, the athlete will be informed of the punishment for the violation. The athletic director will make written or verbal contact with the athlete's parent or guardian within three days after the student has been notified of the punishment for a training rule violation. The parent or guardian may appeal the disciplinary action to the principal. If the parent or guardian is not satisfied with the principal's decision, they may appeal to the superintendent and school board. For the purposes of these rules a season consists of the scheduled contests for a sport. The I.H.S.A.A. definition of a contest will apply.

A. Punishment for training rule violation follows:

First offense: Any athlete who uses alcoholic beverages, tobacco, or illicit narcotics in or out of season will be suspended from his/her athletic team for 1/3 of the contests. If the violation occurs in the last 1/3 of the sport season, the athlete will be suspended from all remaining contests and will not receive any awards as a result of his/her participation in the sport. If the violation occurs out of season, the athlete will be suspended for 1/3 of the contests of the next sport in which he/she participates. An athlete must sit out 1/3 of the contests and complete that sport season to be reinstated in athletics. An athlete who uses alcohol or illicit narcotics must also submit to a professional drug assessment by an organization approved by the school after notification of the parent or guardian. A copy of the assessment and the recommendations must be submitted to the athletic director. The athlete must follow the recommendations of the assessment. Reinstatement is conditional upon continued compliance with the recommendations of the assessment. An athlete who does not continue with the assessment recommendation will be suspended until he/she completes the recommendations of the assessment.

Second offense: Suspension from all athletics for one calendar year from the date of notification. If the offense involves drugs or alcohol, the athlete must also submit to a professional drug assessment by an organization approved by the school after notification of the parent or guardian. A copy of the assessment and the recommendations must be submitted to the athletic director. The athlete must follow the recommendations of the assessment. Reinstatement is conditional upon continued compliance with the recommendations of the assessment. An athlete who does not continue with the assessment recommendation will be suspended until he/she completes the recommendations of the assessment.

Third offense: Permanent exclusion from athletics.

B. The procedures outlined in rule A will apply to an athlete who is found guilty of a criminal act. (Traffic violations are not considered a criminal act).

C. With the head coaches permission an athlete may be allowed to practice while he/she is suspended from competition.

D. An athlete cannot serve an academic penalty and a training rule penalty simultaneously.

E. An athlete who is academically ineligible may continue to practice with the consent of a parent or guardian and the coach.

F. Coaches are responsible for enforcing all of the rules.
STANDARDS FOR NORTHRIDGE MIDDLE SCHOOL ATHLETICS

I. GRADE and ATTITUDE CHECK:
All extracurricular participants must meet discipline, behavior, and academic requirements. A failing grade or an attitude mark of 5 will be cause for a participant to be ineligible for performances, games, or matches until the next grades are issued, which includes the 4 ½ week mid-term progress report and 9 week grade card. Students become eligible and ineligible as a result of a 4 ½ week mid-term progress and a 9 week report card. When a student receives an “F” or a “5” on two consecutive occasions he/she will be dismissed from the team for the remainder of the season. When the student passes all classes and all attitude marks are 4 or better on a 4 ½ week mid-term progress report or a 9 week grade card, he/she becomes eligible to participate once again. During the period of ineligibility, students may continue to practice only with the consent of both the coach and parent.

Students who receive a failing grade or a “5” attitude on the 4th quarter report card (end of the year) will be held accountable at the beginning of the fall season. Students in this category will be until the 4 ½ week mid-term progress report. Ineligible students may participate in practice only. If passing at the 4 ½ week mid-term progress report, full eligibility will be reinstated; however, if an “F” or “5” is earned on the first 4 ½ week mid-term progress report they will be ineligible for the remainder of the season.

Unacceptable behavior may be cause for suspension from athletics at any time. Any student scheduled for an In-School or Out-of-School Suspension will be ineligible for participation in practice or any event that day. In addition, if the athlete is in-season, he/she will receive a one game/match suspension once they return from the Out-of-School Suspension.

II. BEHAVIOR and ELIGIBILITY:
Northridge Middle School athletes are expected to set excellent examples in all athletic contests, within the classrooms and halls of Northridge, in the community, on buses, and at all times. Less than best behavior could be cause for suspension from sports. Athletes may not participate in practice or in a contest on a day(s) he/she has served in-school suspension, after school detention, or suspension from school. Upon returning to school from an out-of-school suspension, the athlete will be suspended from the next athletic contest.

III. ILLNESS or INJURY:
If you are ill five days in succession, you must bring a note from your doctor stating that you are fit to participate again. Athletes must be in attendance for three academic hours on the day of a contest or make arrangements prior to the absence.

IV. PHYSICAL FORM:
An athlete must have had a physical examination between April 1, 2012 and before his/her first practice to be eligible. You must use the IHSAA physical form that can be printed from our school website or picked up in the office.
SUDDEN CARDIAC ARREST
A Fact Sheet for Student Athletes

FACTS
Sudden cardiac arrest can occur even in athletes who are in peak shape. Approximately 500 deaths are attributed to sudden cardiac arrest in athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest. Once a cardiac arrest occurs, there is very little time to save the athlete, so identifying those at risk before the arrest occurs is a key factor in prevention.

WARNING SIGNS
There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:
- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

EMERGENCY SIGNS – Call EMS (911)
If a person experiences any of the following signs, call EMS (911) immediately:
- If an athlete collapses suddenly during competition
- If a blow to the chest from a ball, puck or another player precedes an athlete’s complaints of any of the warning signs of sudden cardiac arrest
- If an athlete does not look or feel right and you are just not sure

How can I help prevent a sudden cardiac arrest?
Daily physical activity, proper nutrition, and adequate sleep are all important aspects of lifelong health. Additionally, you can assist by:
- Knowing if you have a family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Telling your health care provider during your pre-season physical about any unusual symptoms of chest discomfort, shortness of breath, racing or irregular heartbeat, or feeling faint, especially if you feel these symptoms with physical activity
- Taking only prescription drugs that are prescribed to you by your health care provider
- Being aware that the inappropriate use of prescription medications or energy drinks can increase your risk
- Being honest and reporting symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think I am developing warning signs that may lead to sudden cardiac arrest?
1. Tell an adult – your parent or guardian, your coach, your athletic trainer or your school nurse
2. Get checked out by your health care provider
3. Take care of your heart
4. Remember that the most dangerous thing you can do is to do nothing

Developed and Reviewed by the Indiana Department of Education’s Sudden Cardiac Arrest Advisory Board (1-7-15)
SUDDEN CARDIAC ARREST
A Fact Sheet for Parents

FACTS
Sudden cardiac arrest is a rare, but tragic event that claims the lives of approximately 500 athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest.

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- If an athlete collapses suddenly during competition
- If a blow to the chest from a ball, puck or another player precedes an athlete’s complaints of any of the warning signs of sudden cardiac arrest
- If an athlete does not look or feel right and you are just not sure

How can I help my child prevent a sudden cardiac arrest?
Daily physical activity, proper nutrition, and adequate sleep are all important aspects of lifelong health. Additionally, parents can assist student athletes prevent a sudden cardiac arrest by:
- Ensuring your child knows about any family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Ensuring your child has a thorough pre-season screening exam prior to participation in an organized athletic activity
- Asking if your school and the site of competition has an automatic defibrillator (AED) that is close by and properly maintained
- Learning CPR yourself
- Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs
- Being aware that the inappropriate use of prescription medications or energy drinks can increase risk
- Encouraging your child to be honest and report symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think my child has warning signs that may lead to sudden cardiac arrest?
1. Tell your child’s coach about any previous events or family history
2. Keep your child out of play
3. Seek medical attention right away

Developed and Reviewed by the Indiana Department of Education’s Sudden Cardiac Arrest Advisory Board (1-7-15)
Concussion facts:

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven’t been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

What are the symptoms of a concussion?

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or “down”
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

What should I do if I think I have a concussion?

DON’T HIDE IT. REPORT IT. Ignoring your symptoms and trying to “tough it out” often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don’t let anyone pressure you into continuing to practice or play with a concussion.

GET CHECKED OUT. Only a health care professional can tell if you have a concussion and when it’s OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

TAKE CARE OF YOUR BRAIN. A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

How can I help prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach’s rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:
Don’t hide it. Report it. Take time to recover.
What is a concussion?
A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

What are the signs and symptoms of a concussion?
If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

<table>
<thead>
<tr>
<th>SYMPTOMS REPORTED BY ATHLETE</th>
<th>SIGNS OBSERVED BY PARENTS/GUARDIANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Headache or “pressure” in head</td>
<td>• Appears dazed or stunned</td>
</tr>
<tr>
<td>• Nausea or vomiting</td>
<td>• Is confused about assignment or position</td>
</tr>
<tr>
<td>• Balance problems or dizziness</td>
<td>• Forgets an instruction</td>
</tr>
<tr>
<td>• Double or blurry vision</td>
<td>• Is unsure of game, score, or opponent</td>
</tr>
<tr>
<td>• Sensitivity to light</td>
<td>• Moves clumsily</td>
</tr>
<tr>
<td>• Sensitivity to noise</td>
<td>• Answers questions slowly</td>
</tr>
<tr>
<td>• Feeling sluggish, hazy, foggy, or groggy</td>
<td>• Loses consciousness (even briefly)</td>
</tr>
<tr>
<td>• Concentration or memory problems</td>
<td>• Shows mood, behavior, or personality changes</td>
</tr>
<tr>
<td>• Confusion</td>
<td></td>
</tr>
<tr>
<td>• Just “not feeling right” or “feeling down”</td>
<td></td>
</tr>
</tbody>
</table>

How can you help your child prevent a concussion or other serious brain injury?
• Ensure that they follow their coach’s rules for safety and the rules of the sport.
• Encourage them to practice good sportsmanship at all times.
• Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
• Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  − However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

What should you do if you think your child has a concussion?
SEEK MEDICAL ATTENTION RIGHT AWAY. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

If you think your teen has a concussion:
Don’t assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

It’s better to miss one game than the whole season.
For more information, visit www.cdc.gov/Concussion.
CONCUSSION and SUDDEN CARDIAC ARREST
ACKNOWLEDGEMENT AND SIGNATURE FORM FOR PARENTS AND STUDENT ATHLETES

Student Athlete’s Name (Please Print): __________________________________________________________

Sport Participating In (Current and Potential): __________________________________________________

School: ____________________________________________ Grade: _________________

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic sport, a student athlete and the student athlete’s parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete’s coach.

IC 20-34-7 states that an interscholastic student athlete, in grades 5-12, who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries, and at least twenty-four hours have passed since the injury occurred.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian for the student athlete to return to play. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian - please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete sign this form, and have your student athlete return this form to his/her coach.

As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

__________________________________________________________________________________________
(Signature of Student Athlete) (Date)

I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

__________________________________________________________________________________________
(Signature of Parent or Guardian) (Date)
Northridge Middle School Extracurricular Permission Form

Please complete all three sections below.

Students must return the IHSAA Physical Evaluation Form along with this page, dated and signed by both student and parent or guardian, before they are eligible for practice.

Section 1: Permission

Student Name _______________________________  Grade ______  School Year ______________

has my permission to participate in all sports with the exception of ___________________________.

________________________________________________________________

SIGNATURE OF PARENT OR GUARDIAN

Section 2: Insurance Declaration

Northridge Middle School (Middlebury Community Schools) offers a supplemental insurance policy which includes coverage of middle school-aged athletes. The application is available under the “Parent Links” section of the Middlebury Community Schools webpage (“Student Accident Insurance”). Your student must have either the School Insurance Program or a signed Insurance Waiver on file in the school office before he/she will be allowed to participate. Please read the following statements carefully.

Please check and complete ONLY ONE insurance option:

☐ School Insurance Program
   I have enrolled my child in the student accident insurance program offered by the school. I understand the coverage offered is not complete coverage. I have returned all the necessary insurance enrollment materials to the student insurance vendor provider.

____________________________________________________     ______________  
SIGNATURE OF PARENT OR GUARDIAN                          DATE

☐ Insurance Waiver
   After reviewing the School Insurance coverage, I believe my family insurance will adequately protect my student. I decline the coverage offered through the School Insurance Program.

____________________________________________________     ______________  
SIGNATURE OF PARENT OR GUARDIAN                          DATE

Section 3: Acknowledgment of Standards for N.M.S. Athletes

My child and I have read the Standards and Policy for Training Rules for Northridge Middle School athletes. We understand the disciplinary procedures for misconduct and/or poor academic performance.

________________________________  ______________  ________________________________
SIGNATURE OF STUDENT                          DATE                          SIGNATURE OF PARENT OR GUARDIAN

☐ A doctor’s signature is required on the IHSAA Physical Evaluation Form.
☐ BOTH the student and a parent or guardian must sign the IHSAA Physical Evaluation Form.
The IHSAA Pre-participation Physical Evaluation (PPE) is the first and most important step in providing for the well-being of Indiana’s high school athletes. The form is designed to identify risk factors prior to athletic participation by way of a thorough medical history and physical examination. The IHSAA, under the guidance of the Indiana State Medical Association’s Committee on Sports Medicine, requires that the PPE Form be signed by a physician (MD or DO) holding an unlimited license to practice medicine, a nurse practitioner (NP) or a physician assistant (PA). In order to assure that these rigorous standards are met, both organizations endorse the following requirements for completion of the PPE Form:

1. The most current version of the IHSAA PPE Form must be used and may not be altered or modified in any way.
   (available for download at www.ihsaa.org<http://www.ihsaa.org/>)

2. The PPE Form must be signed by a physician (MD or DO) holding an unlimited license to practice medicine, a nurse practitioner (NP) or a physician assistant (PA) only after the medical history is reviewed, the examination performed, and the PPE Form completed in its entirety. No pre-signed or pre-stamped forms will be accepted.

3. **SIGNATURES**
   - The signature must be hand-written. No signature stamps will be accepted.
   - The signature and license number must be affixed on page two (2).
   - The parent signatures must be affixed to the form on pages one (1) and four (4).
   - The student-athlete signature must be affixed to pages one (1) and four (4).

Your cooperation will help ensure the best medical screening for Indiana’s high school athletes.
HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to examination. The examiner should keep a copy of this form in the chart.)

Date of Exam __________________________
Name __________________________ Date of birth __________________________
Sex ___________________ Age _____ Grade _____ School ________________ Sport(s) __________

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 specific allergy below: □ Medicines □ Pollens □ Food □ Stinging Insects

Explain “Yes” answers below. Circle questions you don’t know the answers to.

GENERAL QUESTIONS

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 below: □ Asthma □ Anemia □ Diabetes □ Infections (Other: __________________________)
3. Have you ever spent the night in the hospital? __________ 
4. Have you ever had surgery? __________

HEART HEALTH QUESTIONS ABOUT YOU

5. Have you ever passed out or nearly passed out DURING or AFTER exercise? __________ 
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? __________
7. Does your heart ever race or skip beats (irregular beats) during exercise? __________
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: □ High blood pressure □ A heart murmur □ High cholesterol □ A heart infection □ Kawasaki disease (Other: __________________________)
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) __________
10. Do you get lightheaded or feel more short of breath than expected during exercise? __________
11. Have you ever had an unexplained seizure? __________
12. Do you get more tired or short of breath more quickly than your friends during exercise? __________

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

13. 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)? __________
14. 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? __________
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? __________
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? __________

BONE AND JOINT QUESTIONS

17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? __________
18. Have you ever had any broken or fractured bones or dislocated joints? __________
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? __________
20. Have you ever had a stress fracture? __________
21. Have you ever been told that you have or you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) __________
22. Do you regularly use a brace, orthotics, or other assistive device? __________
23. Do you have a bone, muscle, or joint injury that bothers you? __________
24. Do any of your joints become painful, swollen, feel warm, or look red? __________
25. Do you have any history of juvenile arthritis or connective tissue disease? __________

MEDICAL QUESTIONS

26. Do you cough, wheeze, or have difficulty breathing during or after exercise? __________
27. Have you ever used an inhaler or taken asthma medicine? __________
28. Is there anyone in your family who has asthma? __________
29. Were you born without or are you missing a kidney, an eye, a testicle (meat), your spleen, or any other organ? __________
30. Do you have groin pain or a painful bulge or hemi in the groin area? __________
31. Have you had infectious mononucleosis (mono) within the last month? __________
32. Do you have any rashes, pressure sores, or other skin problems? __________
33. Have you had a herpes or MRSA skin infection? __________
34. Have you ever had a head injury or concussion? __________
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? __________
36. Do you have a history of seizure disorder? __________
37. Do you have headaches with exercise? __________
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? __________
39. Have you ever been unable to move your arms or legs after being hit or falling? __________
40. Have you ever become ill while exercising in the heat? __________
41. Do you get frequent muscle cramps when exercising? __________
42. Do you or someone in your family have sickle cell trait or disease? __________
43. Have you had any problems with your eyes or vision? __________
44. Have you had any eye injuries? __________
45. Do you wear glasses or contact lenses? __________
46. Do you wear protective eyewear, such as goggles or a face shield? __________
47. Do you worry about your weight? __________
48. Are you trying to or have anyone recommended that you gain or lose weight? __________
49. Are you on a special diet or do you avoid certain types of foods? __________
50. Have you ever had an eating disorder? __________
51. Do you have any concerns that you would like to discuss with a doctor? __________

FEMALES ONLY

52. Have you ever had a menstrual period? __________
53. How old were you when you had your first menstrual period? __________
54. How many periods have you had in the last 12 months? __________

Explain “yes” answers here __________

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

Signature of athlete __________________________ Signature of parent/guardian __________________________ Date __________

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(The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

**PHYSICIAN REMINDERS**

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use coveralls?

2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

---

### PHYSICAL EXAMINATION FORM

**EXAMINATION**

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Male</th>
<th>Female</th>
<th>Pulse</th>
<th>Vision R 20/</th>
<th>L 20/</th>
<th>Corrected</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>69</td>
<td>(</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**MEDICAL**

- **Appearance**
  - Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperelasticity, myopia, MVP, aortic insufficiency)

- **Eyes/ears/neck/throat**
  - Pupils equal
  - Hearing

- **Lymph nodes**

- **Heart**
  - Murmurs (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, linea corporis

- **Neurologic**

**MUSCULOSKELETAL**

- **Neck**

- **Back**

- **Shoulder/arm**

- **Elbow/forearm**

- **Wrist/hand/fingers**

- **Hip/thigh**

- **Knee**

- **Leg/ankle**

- **Foot/foot**

- **Functional**
  - Duck-walk, single leg hop

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*Consider ECG, echocardiogram, and referral to cardiologist for abnormal cardiac history or exam.

*Consider OU exam if in private setting. Having third party present is recommended.

*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- [ ] 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 sports

**Reason**

**Recommendations**

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I have examined the above-named student and completed the preparticipation 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).

(Preparticipation physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

Name of physician (gender/sex) [MD, DO, NP, or PA]

Address

Signature of physician (MD, DO, NP, or PA)

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