Pioneer Valley High School

Preparticipation Physical Evaluation

HISTORY FORM

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. Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐
2. Do you have an ongoing medical condition (like diabetes or asthma)?	☐	☐
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills?	☐	☐
4. Do you have any allergies to medicines, pollens, foods, or stinging insects?	☐	☐
5. Have you ever passed out or nearly passed out DURING exercise?	☐	☐
6. Have you ever passed out or nearly passed out AFTER exercise?	☐	☐
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	☐	☐
8. Does your heart race or skip beats during exercise?	☐	☐
9. Has a doctor ever told you that you have (check all that apply): ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection		
10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)	☐	☐
11. Has anyone in your family died for no apparent reason?	☐	☐
12. Does anyone in your family have a heart problem?	☐	☐
13. Has any family member or relative died of heart problems or of sudden death before age 50?	☐	☐
14. Does anyone in your family have Marfan syndrome?	☐	☐
15. Have you ever spent the night in a hospital?	☐	☐
16. Have you ever had surgery?	☐	☐
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:	☐	☐
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	☐	☐
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	☐	☐

Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ fingers	Chest
Upper back	Lower back	Hip	Thigh	Knee	Calf/ shin	Ankle	Foot/ toes

20. Have you ever had a stress fracture?	☐	☐
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	☐	☐
22. Do you regularly use a brace or assistive device?	☐	☐
23. Has a doctor ever told you that you have asthma or allergies?	☐	☐
24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐	☐
25. Is there anyone in your family who as asthma?	☐	☐
26. Have you ever used an inhaler or taken asthma medicine?	☐	☐
27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	☐	☐
28. Have you had infectious mononucleosis (mono) within the last month?	☐	☐
29. Do you have any rashes, pressure sores, or other skin problems?	☐	☐
30. Have you had a herpes skin infection?	☐	☐
31. Have you ever had a head injury or concussion?	☐	☐
32. Have you been hit in the head and been confused or lost your memory?	☐	☐
33. Have you every had a seizure?	☐	☐
34. Do you have headaches with exercise?	☐	☐
35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	☐	☐
36. Have you ever been unable to move your arms or legs after being hit or falling?	☐	☐
37. When exercising in the heat, do you have severe muscle cramps or become ill?	☐	☐
38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	☐	☐
39. Have you had any problems with your eyes or vision?	☐	☐
40. Do you wear glasses or contact lenses?	☐	☐
41. Do you wear protective eyewear, such as goggles or a face shield?	☐	☐
42. Are you happy with your weight?	☐	☐
43. Are you trying to gain or lose weight?	☐	☐
44. Has anyone recommended you change your weight or eating habits?	☐	☐
45. Do you limit or carefully control what you eat?	☐	☐
46. Do you have any concerns that you would like to discuss with a doctor?	☐	☐
FEMALES ONLY		
47. Have you ever had a menstrual period?	☐	☐
48. How old were you when you had your first menstrual period?_____		
49. 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_____

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

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			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)*			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only.
†Having a third party present is recommended for the genitourinary examination.

EMERGENCY INFORMATION

Allergies _____

Other Information _____

☐ Cleared without restriction
☐ Cleared, with recommendations for further evaluation or treatment for:_____

_____

_____

_____

☐ Not Cleared for ☐ All sports ☐ Certain sports: _____ Reason:_____

Recommendations:_____

_____

Name of physician (print/type)_____ Date:_____

Address_____ Phone:_____

Signature of physician_____, MD or DO

PIONEER VALLEY HS ATHLETICS
Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches
- "Pressure in head"
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 5/20/2010

PIONEER VALLEY HS ATHLETICS
Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

> "A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day."
>
> **and**
>
> "A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed heath care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
http://www.cdc.gov/ConcussionInYouthSports/

Student-athlete Name Printed	Student-athlete Signature	Date

Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 5/20/2010

PVHS ATHLETIC AGREEMENT

Print Student-Athletes Name _____ **ID #** _____ **Grade** ____
Sports You Plan to play this year _____

Did you attend a ***different*** High School in the past 12 months (If yes, what H.S.?):_____

1. All athletes must adhere by the rules set forth by C.I.F. and the Santa Maria Joint Union HS District.

2. I realize that I cannot be a member of a Pioneer Valley sport's team and a member of a club team in the same sport during the same season. ***A Violation of this rule will cause your team to forfeit all contests you play in!***

3. I understand that if I quit or am dismissed from a team, I will not be eligible any awards or participation in any other sport during that season, and possibly the next season, without permission from the A.D.

4. I agree to allow my son/daughter to participate in all Athletic Fundraisers for their sport(s). We agree to be fully responsible for all items checked out (lost or stolen).

5. I understand that it is my responsibility to contact the school or coach if I will be late to any team functions or if I cannot attend a practice or a game.

6. As a parent, I understand that such local game sites as Santa Maria, Righetti, Nipomo, St. Joseph, and Orcutt Academy, may require the parent to take and/or pick up our son or daughter to and from the athletic contest.

7. I understand that I must maintain **a minimum of a 2.0 GPA each grading period as required by C.I.F. in order to be eligible for interscholastic athletics**. I understand that grading periods are at the end of each term.

8. I understand that my presence at school the entire day (every class period) is expected on days of competition unless accompanied by a valid parent note excusing the absence.

9. I understand that smoking, drinking and the use of other illegal drugs will be considered a violation of the PVHS Athletic Contract and may result in **suspension/expulsion** from the PVHS Athletics program. Violations outside the season of sport will be reviewed by a committee made up of the A.D., A.P., and the Head Coach.

10. I understand that I am responsible for all equipment checked out to me, and agree to return it immediately following the last contest. I understand I will be billed for any lost, stolen or damaged gear.

11. I understand that travel with the **TEAM** is required unless prior approval has been accepted by the coach. Coaches will only release an athlete to travel home with the **parent (athlete must be signed out by the coach)**.

12. I understand that the coach has the sole responsibility to decide who will play in a game, match or contest and there is no minimum number of minutes or games that C.I.F. H.S. student-athletes are required to play in.

13. I understand that ***the A.D. is in charge of all aspects of each athletic event and practice.*** Improper conduct by parents/fans may result in removal from the event and **NON-ATTENDANCE AT FUTURE EVENTS.**

I realize that it is a privilege, not a right, to participate in all athletic activities. I understand that I must have a current physical, complete the consent for medical treatment (emergency card), and provide insurance information in order to participate. I willfully agree to live by the Agreements noted above:

_____ _____

Student/Athletes Signature **Date** **Parent/Guardian Signature** **Date**

10932 Pine Street
Los Alamitos, California 90720

Telephone: 562-493-9500
Fax: 562-493-6266

Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the _____ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

_____
Printed Name of Student Athlete

_____
Signature of Student Athlete Date

_____
Signature of Parent/Caregiver Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.

Revised 7/11

*RETURN **COMPLETED PAPER** TO THE ATHLETIC TRAINING OFFICE OR A.D. OFFICE*

This card must be signed by a parent or guardian for both consent for medical attention, risk acknowledgement and insurance coverage. *If you **do not have insurance coverage** or would like to acquire additional coverage, it may be purchased through the school district.*

CONSENT OF PARENT FOR MEDICAL ATTENTION

I hereby give my consent for _____ to compete in sports and to go with a representative of the school on any trips. In case of accident, or injury, when medical attention is required for my son/daughter/ward and you are unable to locate me, I authorize the school to engage at my expense the service or a qualified doctor or hospital.

DOCTOR: _____ Doctor's Telephone#:_____ Hospital_____
If neither of the above is available, I authorize the school to secure the services of a qualified doctor, hospital or emergency services.
SIGNATURE OF PARENT OR GUARDIAN: _____ Date: _____

INSURANCE COVERAGE

California Law (Education Code-Section 32220, 32224) requires every member of an athletic team to have accidental bodily injury Insurance providing at least $1,500 of scheduled medical and hospital benefits. If you have insurance please complete the following: I, the undersigned, certify that _____ is insured in the amount of no less than $1,500 for medical/hospital expenses resulting from accidental bodily injuries, as required by sections 32220, 32224 of the California Education Code.

_____	_____	_____	_____
Carrier or Insurance Company	Policy Number	Type (i.e. PPO)	Signature of Parent or Guardian

I would like to purchase school insurance _____yes _____no
I would like to purchase tackle football insurance (ONLY for football athletes) _____yes _____no

STUDENT/PARENT RISK ACKNOWLEDGEMENT AND CONSENT FOR PARTICIPATION

_____ wishes to participate in the Pioneer Valley High School Athletic program. We realize that there are risks involved in participation that includes a full range of injuries, from minor to severe. We recognize the possibility that the athlete might die, become paralyzed, or suffer other permanent disability as a result of participation in this sports program. We agree to accept this risk as a condition of participation.

_____ _____
Parent/Guardian Signature Date

_____ _____
Student Signature Date

EMERGENCY CONTACT

_____	_____	_____	_____
Student's Name	Birth Date	Gender	Grade

_____	_____
Student's Residence	Allergies/Medication

_____	_____	_____
Guardian's Name	Cell Phone No.	Home Phone No.

_____	_____
Guardian's Place of Employment	Telephone

_____	_____	_____
Guardian's Name	Cell Phone No.	Home Phone No.

_____	_____
Guardian's Place of Employment	Telephone