



**Nebraska School Activities Association
School Sports Qualifying Screening Evaluation**
Please Complete in Ink

INSTRUCTIONS FOR COMPLETING THE PRE-PARTICIPATION FORM

REASONS FOR RECOMMENDED CHANGES IN PRE-PARTICIPATION PHYSICAL FORMS

The NSAA's Sports Medicine Advisory Committee has recommended that schools utilize a different form and different procedures than have previously been used for activities pre-participation physical examinations. Medical professionals on the NSAA Sports Medicine Advisory Committee expressed concerns that some of the processes of collection of and access to confidential student medical information for athletic participation purposes would likely constitute an infringement of privacy.

In the past, the two-part NSAA pre-participation physical form included (1) a page of student medical history, and (2) a page with the actual examination report. Once the physical examination was completed, both the medical history and examination report were filed with the student's high school, often by the physician or medical clinic—a practice that has been challenged as infringing on privacy.

The attached form is a product of and used with the approval of the American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

This proposed three-part form includes (1) a History Form; (2) the actual Physical Examination Form; and (3) the Clearance Form. It is anticipated that the examining physician would retain on file the History Form and the Physical Examination Form, with only the Clearance Form being returned to the student to be placed on file in the school office.

SCHOOL ENTRY PHYSICAL EXAMINATIONS

This physical examination form and procedures is intended for pre-participation athletic physicals. In the past, some schools have utilized the NSAA physical form for school-entry physicals. This form could be used for that purpose, as well, but it is important to note that there may be important components of the school-entry physical examination requirements that are not included on this form (e.g., vision examination).

SIGNATURE(S)

For the form to be valid, it must be signed by a physician or medical person within the scope of his/her training and within the limits defined by state statutes as to services which can be legally performed by the field of practice to which the individual belongs.

PARENTAL CONSENT FORM

The Parental Consent Form is a form based on current language making sure parents and athletes understand completely there are risks with any athletic activity. This form is very "generic" and can be easily modified to fit the individual school. Since some schools may want to be very specific in their forms, this form may be modified. It is currently designed to refer to a school's specific sets of policies, rules and regulations for athletic participation. The Parental Consent Form should be placed on file for every student who participates in NSAA activities, athletic and non-athletic.

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 | | Yes | No |
|--|------------|-----------|--|------------|-----------|
1. Has a doctor ever denied or restricted your participation in sports for any reason? Yes No
 2. Do you have an ongoing medical condition (like diabetes or asthma)? Yes No
 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? Yes No
 4. Do you have allergies to medicines, pollens, foods, or stinging insects? Yes No
 5. Have you ever passed out or nearly passed out DURING exercise? Yes No
 6. Have you ever passed out or nearly passed out AFTER exercise? Yes No
 7. Have you ever had discomfort, pain, or pressure in your chest during exercise? Yes No
 8. Does your heart race or skip beats during exercise? Yes No
 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) Yes No
 11. Has anyone in your family died for no apparent reason? Yes No
 12. Does anyone in your family have a heart problem? Yes No
 13. Has any family member or relative died of heart problems or of sudden death before age 50? Yes No
 14. Does anyone in your family have Marfan syndrome? Yes No
 15. Have you ever spent the night in a hospital? Yes No
 16. Have you ever had surgery? Yes No
 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: Yes No
 18. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below: Yes No
 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: Yes No
- | | | | | | | | |
|------------|------------|----------|-----------|-------|-----------|--------------|-----------|
| 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? Yes No
 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? Yes No
 22. Do you regularly use a brace or assistive device? Yes No
 23. Has a doctor ever told you that you have asthma or allergies? Yes No
 24. Do you cough, wheeze, or have difficulty breathing during or after exercise? Yes No
 25. Is there anyone in your family who has asthma? Yes No
 26. Have you ever used an inhaler or taken asthma medicine? Yes No
 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? Yes No
 28. Have you had infectious mononucleosis (mono) within the last month? Yes No
 29. Do you have any rashes, pressure sores, or other skin problems? Yes No
 30. Have you had a herpes skin infection? Yes No
 31. Have you ever had a head injury or concussion? Yes No
 32. Have you been hit in the head and been confused or lost your memory? Yes No
 33. Have you ever had a seizure? Yes No
 34. Do you have headaches with exercise? Yes No
 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? Yes No
 36. Have you ever been unable to move your arms or legs after being hit or falling? Yes No
 37. When exercising in the heat, do you have severe muscle cramps or become ill? Yes No
 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? Yes No
 39. Have you had any problems with your eyes or vision? Yes No
 40. Do you wear glasses or contact lenses? Yes No
 41. Do you wear protective eyewear, such as goggles or a face shield? Yes No
 42. Are you happy with your weight? Yes No
 43. Are you trying to gain or lose weight? Yes No
 44. Has anyone recommended you change your weight or eating habits? Yes No
 45. Do you limit or carefully control what you eat? Yes No
 46. Do you have any concerns that you would like to discuss with a doctor? Yes No
- FEMALES ONLY**
47. Have you ever had a menstrual period? Yes No
 48. How old were you when you had your first menstrual period? _____
 49. How many periods have you had in the last year? _____
- 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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I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for the purposes of participation in athletics and activities.

Parent or Legal Guardian Signature _____ 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 _____

Follow-Up Questions on More Sensitive Issues

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you feel stressed out or under a lot of pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you feel safe? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever tried cigarette smoking, even 1 or 2 puffs? Do you currently smoke? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. During the past 30 days, did you use chewing tobacco, snuff, or dip? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. During the past 30 days, have you had at least 1 drink of alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever taken steroid pills or shots without a doctor's prescription? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever taken any supplements to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Questions from the Youth Risk Behavior Survey (http://www.cdc.gov/HealthyYouth/yrbs/index.htm) on guns, seatbelts, unprotected sex, domestic violence, drugs, etc | <input type="checkbox"/> | <input type="checkbox"/> |

Notes: _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary [†]			
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.

Notes: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

Preparticipation Physical Evaluation

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of birth _____

Cleared without restriction

Cleared, with recommendations for further evaluation or treatment for: _____

Not cleared for All sports Certain sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

IMMUNIZATIONS (eg, tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

Up to date (see attached documentation) Not up to date Specify _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

Sterling School/NSAA Student and Parent Consent Form – School Year 20__ - 20__

Please Complete in Ink - X means a signature is required

Name of Student: _____ Birth Date: _____

Birth Place: _____

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
- (2) Understand and agree that (a) by this Consent Form the NSAA has provided notification to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; and, (d) even with the best coaching, use of the best protective equipment, and strict observance of rules, injuries are still a possibility;
- (3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,
- (4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video taped, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.
- (5) We, the parents/guardians, of _____, give the Sterling Public Schools our permission to release his/her name or picture in activities, rosters, honor rolls, and other school related publications. This is in compliance with the Federal Privacy Act regulations.

I acknowledge that I have read paragraphs (1) through (5) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

DATED this _____ day of _____, _____.

Name of Student (Print Name)

Student Signature

(I am)(We are) the Student's (circle appropriate choice) (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (5) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (3) above and understanding the potential risk of injury to my Student, (I)(We) hereby give (my)(our) permission for _____ (insert students name) to practice and compete for the above named high school in activities approved by the NSAA, except those crossed out below:

Basketball	Football	Tennis	Golf	Play Production	Journalism
Softball	Swimming	Track	Soccer	Speech	Debate
Cross Country	Baseball	Volleyball	Wrestling	Music	

My athlete _____ has insurance with the following company for the 20__ -20__ school year.

Name

Insurance Co. _____ Policy Number _____

DATED this _____ day of _____, _____.

X Signature of Parent/Guardian

X Signature of Parent/Guardian