PRE-PARTICIPATION PHYSICAL EVALUATION HISTORY FORM

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Explain "Yes" answers below. Circle questions you do not know the answer to. GENERAL QUESTIONS 1. Has a actouter were derived or restricted your participation in sports for any reason? 2. Do you have any ongoing medical conditions? It is, opease identify below: "Rather Mannia" [Alleania Tolkselbes Infections 28. Have you were very spert the night in the hospital? 4. Have you ever were spert the night in the hospital? 5. Have you ever we spert the night in the hospital? 6. Have you ever the discognifity, pain, fightness, or pressure in your chest during sexercise? 7. Does you have any one or passed out or nearly passed out DURNG or AFTER 8. Have you ever the discognifity, pain, fightness, or pressure in your chest during sexercise? 9. Does you have any descriptions ABOUT YOU 9. Have you ever the discognifity, pain, fightness, or pressure in your chest during sexercise? 9. Does you have any own store you have any heart problems? If so, chock all that apply. 1. High blood pressure 1. Have you ever had of sever had on unexplained sections? 9. Has a solution were and an instruction of breath more quested during sexercise? 1. Have you ever had on unexplained sections? 1. Have you ever had an unexplained section or your family have a heart problems or had an unexplained section of protects more chest of breath than expected during sexercise? 1. Have you ever had an unexplained section or your family have a heart problems or had an unexplained section of protects more or your family have a heart problems or had not unexplained sections. 1. Have you ever had an unexplained section or your family have a heart problems or your section. 1. Have you ever had an unexplained section or your family have a heart problems or had an unexplained section or your family have a heart problems or had an unexplained section or your family have a heart problems or had your great had not your your great had not not or your family have a heart problems or had your your family have a heart problems or had your your	M	edicines and Allergies: Please list all of the prescription and over-the-cour	nter medi	icines and	d supplements (herbal and nutritional) that you are currently taking:		_	
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	25.							

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(s) or Guardian:	Date:			

PRE-PARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM-VALID FOR 2 YEARS

Name:		Date of Bi	rth:		
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 Have you ever taken any supplements to help you gain o 		erformance?			
 Do you wear a seat belt, use a helmet, and use condoms 	?				
Consider reviewing questions on cardiovascular symptoms EXAMINATION	(Questions 4-13).				
Height:	Weight:		Male ☐ Female		
BP: /	Pulse:	Vision: R 20/ L 20/ Corrected			
MEDICAL	NORMAL	ABNORMAL FINDINGS			
Appearance					
 Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span>height, hyperlaxity, myopia, MVP, aortic insufficiency) 					
Eyes/Ears/Nose/Throat Pupils equal Hearing					
Lymph Nodes Heart* • Murmurs (auscultation standing,auscultation supine and +/- Valsalva maneuver)					
Lungs					
Abdomen					
Herpes simplex virus (HSV), lesions suggestive of methicillin- resistant Staphylococcus aureus (MRSA) or tinea corporis					
Neurological	MODIMA	ARMORNAL FINDINGS			
MUSCULOSKELETAL Neck	NORMAL	ABNORMAL FINDINGS			
Back					
Shoulder/arm					
Elbow/forearm					
Hip/thigh Knee					
Leg/ankle					
Foot/toes					
Functional Double-leg squat test, single-squat test and box drop or step drop test.			7//		
* Consider electrocardiography (ECG), echocardiogram, referral to cardiology for abnor	mal cardiac history or examination finding	s, or a combination of those.			
☐ Cleared for all sports without restriction for two (2) years unles	ss otherwise noted below under	"Recommendations."			
☐ Cleared for all sports without restriction with recommendatio					
□ Not Cleared					
□ Pending further evaluation □ For any sports □ For certain sports (please list): Reason:					
Recommendations:					
I have examined the above-named student and completed the pre-participation 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).					
Name of healthcare professional (type/print):			Date of Issue:		
Address:					
Signature of healthcare professional (MD/DO/ARNP/Chiropractor):					

PRE-PARTICIPATION PHYSICAL EVALUATION Missouri State High School Activity Association (MSHSAA) Eligibility and Authorization Statement

STUDENT AGREEMENT (Regarding Conditions for Participation)

This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them.

I have read, understand, and acknowledge receipt of the MSHSAA brochure entitled "How to Maintain and Protect Your High School Eligibility," which contains a summary of the eligibility rules of the MSHSAA. (I understand that a copy of the MSHSAA Handbook is on file with the principal and athletic administrator and that I may review it in its entirety, if I so choose. All MSHSAA by-laws and regulations from the Handbook are also posted on the MSHSAA website at www.mshsaa.org).

I understand that a MSHSAA member school must adhere to all rules and regulations that pertain to school-sponsored, interscholastic athletics programs, and I acknowledge that local rules may be more stringent than MSHSAA rules.

I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I understand that if I drop a class, take course work through Post -Secondary Enrollment Option, Credit Flexibility, or other educational options, this action could affect compliance with MSHSAA economic standards and my eligibility.

I understand that participation in interscholastic athletics is a privilege and not a right. As a student athlete, I understand and accept the following responsibilities:

- I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
- I will be fully responsible for my own actions and the consequences of my actions.
- I will respect the property of others.
- I will respect and obey the rules of my school and laws of my community, state, and country.
- I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state, and country.

I have completed and/or verified that part of this certificate which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance in so representing my school, and I verify that it is correct and complete.

Signature of Athlete:	Date:	
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PARENT PERMISSION (Authorization for Treatment, Release of Medical Information, and Insurance Information)

Informed Consent: By its nature, participation in interscholastic athletics includes risk of serious bodily injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. PARENTS, GUARDIANS, OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN MSHSAA- SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN/S SIGNATURE.

I understand that in the case of injury or illness requiring transportation to a health care facility, a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be en route to or from another school or during practice or an interscholastic contest; and we hereby agree to hold the school district of which this school is a part and the MSHSAA, their employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.

If we cannot be reached and in the event of an emergency, we also give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities. We authorize the release of necessary medical information to the physician, athletic trainer, and/or school personnel related to such treatment/care. We understand that the school may not provide transportation to all events, and permit / do not permit (CIRCLE ONE) my child to drive his/her vehicle in such a case.

To enable the MSHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in the MSHSAA member school, I consent to the release of the MSHSAA any and all portions of school record files, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received, and attendance data.

We confirm that this application for the above student to represent his/her school in interscholastic athletics is made with the understanding that we have studied and understand the eligibility standards that our son/daughter must meet to represent his/her school and that he/she has not violated any of them. We also understand that if our son/daughter does not meet the citizenship standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in him/her not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I consent to the MSHSAA's use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment and we certify that it is correct and complete.

The MSHSAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic health/accident insurance coverage, which includes athletics. Our son/daughter is covered by basic health/accident insurance for the current school year as indicated below:

Policy Number:

Date:

Date:

Name of Insurance Company:

Signature of Athlete:

Signature of Parent(s) or Guardian:

Signature of Parent(s) or Guardian:

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PARENT AND STUDENT SIGNATURE (Concussion Materials)							
We have received and read the MSHSAA materials on Concussion, which includes information on the definition of a concussion, symptoms of a concussion, what to do if you have a concussion, and how to prevent a concussion.							

EMERGENCY CONTACT INFORMATION					
Parent(s)/Guardian(s)	Address	Phone Number			
Name of Contact	Relationship to Athlete	Phone Number			
Name of Contact	Relationship to Athlete	Phone Number			