

# NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

***This is a screening examination for participation in sports. This does not substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.***

**Athlete's Directions:** Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

**Parent's Directions:** Please assure that all questions are answered to the best of your knowledge. If you do not understand or don't know the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

**Physician's Directions:** We recommend carefully reviewing these questions and clarifying any positive or Don't Know answers.

Explain "Yes" answers below	Yes	No	Don't know
1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the athlete ever had a head injury, been knocked out, or had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the athlete had extreme fatigue (been really tired) with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the athlete ever been diagnosed with exercise-induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has a doctor ever ordered an EKG or other test for the athlete's heart, or has the athlete ever been told they have a murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FAMILY HISTORY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Has any family member had unexplained heart attacks, fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Does the athlete have a father, mother or brother with sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Elaborate on any positive (yes) answers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***By signing below I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, I give permission for my child to participate in sports.***

Signature of parent/legal custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Physical Examination (Must be Completed by a Licensed Physician, Nurse Practitioner or Physician Assistant)**

Athlete's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ ( \_\_\_\_\_ % ile) / \_\_\_\_\_ ( \_\_\_\_\_ % ile) Pulse \_\_\_\_\_  
 Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N

These are required elements for all examinations			
	NORMAL	ABNORMAL	ABNORMAL FINDINGS
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
Other Orthopedic Problems			

Optional Examination Elements – Should be done if history indicates			
HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

Clearance\*\*:  
 A. Cleared  
 B. Cleared after completing evaluation/rehabilitation for : \_\_\_\_\_  
 C. Not cleared for:       Collision       Contact  
     Non-contact      \_\_\_\_\_ Strenuous      \_\_\_\_\_ Moderately strenuous      \_\_\_\_\_ Non-strenuous

Due to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional Recommendations/Rehab Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Physician/Extender: \_\_\_\_\_

Signature of Physician/Extender \_\_\_\_\_ MD DO PA NP  
 (Signature and circle of designated degree required)

Date of exam: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

Physician Office Stamp:

(\*\* The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of convulsions or concussions, absence of/ or one kidney, eye, testicle or ovary, etc.)

**GRAMERCY CHRISTIAN SCHOOL – ATHLETIC PARTICIPATION  
RELEASE FORM**

Athlete's Name \_\_\_\_\_ DATE \_\_\_\_\_

As a parent I recognize that there are inherent risks in all athletic events and hereby give my permission to Gramercy Christian School for my son/daughter to participate in interscholastic activities.

In the event that the school is unable to contact me, permission is granted to any emergency medical personnel to proceed with any needed medical care, including surgical and diagnostic treatment, blood transfusions, etc. for the above named individual. If the attending physician is unable to communicate with me, the treatment necessary for the best interest of the above student may be given.

I hereby release Gramercy Christian School and members of its athletic staff including, but not limited to, its coaches, administrators, and all others connected with school athletic activities, and any attending medical personnel from any and all damages for injuries sustained by my son/daughter while participating or traveling in or to a activity connected with Gramercy Christian School.

Travel by carpooling or by school/activity bus is necessary to participate in off campus games and activities. Each designated driver is required to submit proof of a valid North Carolina driver's license as well as up-to-date insurance information. Students are not allowed to transport other student/athletes to and from games. Permission may be granted to a student to drive to a game that is in their resident town. (i.e. a game in New Bern where the student lives). The student/driver would still not be allowed to transport other players.

Allergies of above student \_\_\_\_\_

Medications being taken \_\_\_\_\_

Known medical Conditions: Heart \_\_\_\_\_ Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_  
Epilepsy \_\_\_\_\_ Other \_\_\_\_\_

Family Doctor \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Emergency Contact numbers:

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

I, the undersigned, agree to the above conditions, and allow my son/daughter \_\_\_\_\_ to participate in the Gramercy Athletic Program.

Parent/guardian signature \_\_\_\_\_

Date: \_\_\_\_\_

## TRAVEL LIABILITY WAIVER FORM

I agree to allow my son or daughter to ride by school bus or with a designated driver to off campus games and team activities. I assume any related risk on behalf of my child and agree not to hold Gramercy Christian School, members of its staff, designated drivers, and all others connected with school athletic activities liable for any sum which I/we might claim as a result of injury, or property damage arising out of, or caused by any accident or occurrence during the time said student is being transported to and from games or team activities.

Student \_\_\_\_\_

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

### DESIGNATED DRIVER INFORMATION

Driver Name \_\_\_\_\_

Driver's License # \_\_\_\_\_

Automobile Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_

The liability insurance of a designated driver for team games and activities will be the primary insurance for any injury that may result from an accident involving player transportation.

I agree that my driver's liability insurance meets at least the state of North Carolina minimum coverage.

Designated Driver Signature \_\_\_\_\_ Date \_\_\_\_\_