



■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex: M/F _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)
 Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

| | Not at all | Several days | Over half the days | Nearly every day |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| Feeling nervous, anxious, or on edge | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Not being able to stop or control worrying | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Little interest or pleasure in doing things | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Feeling down, depressed, or hopeless | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

| GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.) | | | Yes | No |
|---|--------------------------|--------------------------|-----|----|
| 1. Do you have any concerns that you would like to discuss with your provider? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2. Has a provider ever denied or restricted your participation in sports for any reason? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3. Do you have any ongoing medical issues or recent illness? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| HEART HEALTH QUESTIONS ABOUT YOU | | | Yes | No |
| 4. Have you ever passed out or nearly passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7. Has a doctor ever told you that you have any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography. | <input type="checkbox"/> | <input type="checkbox"/> | | |

| HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED) | | | Yes | No |
|---|--------------------------|--------------------------|-----|----|
| 9. Do you get light-headed or feel shorter of breath than your friends during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | | | Yes | No |
| 11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35? | <input type="checkbox"/> | <input type="checkbox"/> | | |



| BONE AND JOINT QUESTIONS | | Yes | No |
|--------------------------|---|--------------------------|--------------------------|
| 14. | Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Do you have a bone, muscle, ligament, or joint injury that bothers you? | <input type="checkbox"/> | <input type="checkbox"/> |
| MEDICAL QUESTIONS | | Yes | No |
| 16. | Do you cough, wheeze, or have difficulty breathing during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | Do you have groin or testicle pain or a painful bulge or hernia in the groin area? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. | Have you ever become ill while exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. | Do you or does someone in your family have sickle cell trait or disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. | Have you ever had or do you have any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |

| MEDICAL QUESTIONS (CONTINUED) | | Yes | No |
|-------------------------------|--|--------------------------|--------------------------|
| 25. | Do you worry about your weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. | Are you trying to or has anyone recommended that you gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. | Are you on a special diet or do you avoid certain types of foods or food groups? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. | Have you ever had an eating disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| FEMALES ONLY | | Yes | No |
| 29. | Have you ever had a menstrual period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. | How old were you when you had your first menstrual period? | | |
| 31. | When was your most recent menstrual period? | | |
| 32. | How many periods have you had in the past 12 months? | | |

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- 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, e-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-enhancing 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 condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

| EXAMINATION | | |
|---|--------------------------|--|
| Height: _____ | Weight: _____ | |
| BP: _____ / _____ (_____ / _____) | Pulse: _____ | Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N |
| MEDICAL | NORMAL | ABNORMAL FINDINGS |
| Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) | <input type="checkbox"/> | |
| Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing | <input type="checkbox"/> | |
| Lymph nodes | <input type="checkbox"/> | |
| Heart ^o <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) | <input type="checkbox"/> | |
| Lungs | <input type="checkbox"/> | |
| Abdomen | <input type="checkbox"/> | |
| Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis | <input type="checkbox"/> | |
| Neurological | <input type="checkbox"/> | |
| MUSCULOSKELETAL | NORMAL | ABNORMAL FINDINGS |
| Neck | <input type="checkbox"/> | |
| Back | <input type="checkbox"/> | |
| Shoulder and arm | <input type="checkbox"/> | |
| Elbow and forearm | <input type="checkbox"/> | |
| Wrist, hand, and fingers | <input type="checkbox"/> | |
| Hip and thigh | <input type="checkbox"/> | |
| Knee | <input type="checkbox"/> | |
| Leg and ankle | <input type="checkbox"/> | |
| Foot and toes | <input type="checkbox"/> | |
| Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test | <input type="checkbox"/> | |

^o Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA



■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

 Medically eligible for certain sports

 Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____



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 _____

GENERAL RELEASE OF LIABILITY FOR STUDENTS DRIVING TO EXTRACURRICULAR ACTIVITIES

I, _____, a parent or authorized guardian (Hereinafter the "Releasor"), of _____, a student at Gramercy Christian School, am requesting the above-named student be authorized to drive his or her personal vehicle to Gramercy Extracurricular Events (e.g., sports games). I agree to the below general release of liability and will not hold Gramercy Christian School liable for any accident or injury suffered by my student while driving himself or herself to and from such events.

In addition, the above-named student may drive his/her siblings to and from the same events in his or her vehicle. The following listed siblings are covered by this release of liability:

Names: _____

I understand that Gramercy provides either an activity bus or has parent volunteers to drive youth to these events and I am consciously choosing to allow my student, who is a properly licensed driver, to drive himself or herself to these events as well as any siblings who are attending the event.

THEREFORE under the terms of this Agreement, which is hereby acknowledged, I do hereby release and forever discharge Gramercy Christian School (Hereinafter the "Releasee") including their agents, employees, successors, and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms, or corporations liable or who might be liable, whether or not herein named, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which I now have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person(s) and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the following: Any injuries or damages resulting from an automobile or other mode of transportation related accident occurring during any time a student is driving to or from a Gramercy Extracurricular Event (e.g., soccer game, basketball game, volleyball game, etc.).

I understand and agree that this Agreement is made and received in full and complete settlement and satisfaction of the causes of action claims, and demands mentioned herein; that this Release contains the entire Agreement between the parties with regard to a student driving to extracurricular activities; and that the terms of this Agreement are contractual and not merely a recital. Furthermore, this Release shall be binding upon the undersigned, and his respective heirs, executors, administrators, personal representatives, successors, and assigns. This Release shall be subject to and governed by the laws of the State of North Carolina.

This Release has been read and fully understood by the undersigned.

Executed this _____ day of _____, 20_____.

Releasor's Signature: _____

Releasor's Printed Name: _____

COVID-19 WAIVER

North Carolina Christian Athletic Association

Due to the COVID-19 pandemic, the NCCAA has been exploring different and reasonable ways to provide A safe environment for our student athletes to compete in interscholastic sports for the 2020-2021 school year. As such, despite reasonable mitigation efforts on behalf of the NCCAA, physical interaction with the public at large may pose some unavoidable risks to you, your child, and your family due to the COVID-19 pandemic. With that, you further acknowledge and agree to the following:

1. Waiver and Release. You hereby release and forever discharge and hold harmless the NCCAA and its agents (any employee, client, agent, owner, shareholder, board member, or any other representative of member schools) from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from your child's return to campus and/or participation in activities associated with the NCCAA. You understand that this release discharges the NCCAA from any liability or claim that you may have against the NCCAA with respect to COVID-19.

2. Assumption of Risk. You further understand that your child's return and/or participation may expose him/her and others to unavoidable COVID-19 community spread. As such, you hereby expressly and specifically assume the risk of injury or other harm, and also expressly release the NCCAA and its agents (any employee, client, agent, owner, shareholder, board member, or any other representative of its member schools) from all liability for injury, illness, or other issue resulting from or in any way related to your child's return or participation.

BY EXECUTING BELOW, YOU ACKNOWLEDGE HAVING READ AND UNDERSTOOD ALL OF THE ABOVE-TERMS AND CONDITIONS.

Your Child's Printed Full Name* Your Printed Full Name

____/____/2020

Your Signature Date of Signing