THE SCHOOL DISTRICT OF MARTIN COUNTY, FLORIDA

Martin County School District Pre-Participation Physical Evaluation For Middle Schools Only

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

Part 1. Student Information (to be completed by student or parent).

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: _____/_____/_____

School: _____ Grade in School: _____ Sport(s): _____

Home Address: _____ Home Phone: (____) _____

Name of Parent/Guardian: _____

Person to Contact in Case of Emergency: _____

Relationship to Student: _____ Home Phone Number: (____) _____ Work Phone Number: (____) _____

Personal/Family Physician: _____ City/State: _____ Office Phone: (____) _____

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?		
2. Do you have an ongoing chronic illness?		
3. Have you ever been hospitalized overnight?		
4. Have you ever had surgery?		
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?		
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?		
7. Do you have any allergies (i.e. to pollen, medicine, food, latex or stinging insects)?		
8. Have you ever had a rash or hives develop during or after exercise?		
9. Have you ever passed out during or after exercise?		
10. Have you ever been dizzy during or after exercise?		
11. Have you ever had chest pain during or after exercise?		
12. Do you get tired more quickly than your friends do during exercise?		
13. Have you ever had racing of your heart or skipped heartbeats?		
14. Have you had high blood pressure or high cholesterol?		
15. Have you ever been told you have a heart murmur?		
16. Has any family member or relative died of heart problems or sudden death before age 50?		
17. Have you had a severe viral infection (i.e. myocarditis, or mononucleosis) within the last month?		
18. Has a physician ever denied or restricted your participation in sports for any heart problems?		
19. Do you have any current skin problems (i.e. itching, rashes, acne, warts, fungus, or blisters or pressure sores?)		
20. Have you ever had a head injury or concussion?		
21. Have you ever been knocked out, become unconscious, or lost your memory?		
22. Have you ever had a seizure?		
23. Do you have frequent or severe headaches?		
24. Have you ever had numbness or tingling in your arms, hands, legs, or feet?		
25. Have you ever had a stinger, burner, or pinched nerve?		
26. Have you ever become ill from exercising in the heat?		
27. Do you cough, wheeze, or have trouble breathing during or after activity?		
28. Do you have asthma?		
29. Do you have seasonal allergies that require medical treatment?		
30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (i.e., knee brace, special neck roll, foot orthotics,shunt, retainer on your teeth, hearing aid)?		
31. Have you had any problems with your eyes or vision?		
32. Do you wear glasses, contacts or protective eyewear?		
33. Have you ever had a sprain, strain or swelling after injury?		
34. Have you broken or fractured any bones or dislocated any joints?		
35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?		
36. Do you want to weigh more or less than you do now?		
37. Do you lose weight regularly to meet weight requirement for your sport?		
38. Do you feel stressed out?		
39. Have you ever been diagnosed with Sickle Cell Anemia?		
40. Have you ever been diagnosed with having sickle cell trait?		

If yes, check appropriate blank and explain below:

___ Head	___ Elbow	___ Hip
___ Neck	___ Forearm	___ Thigh
___ Back	___ Wrist	___ Knee
___ Chest	___ Hand	___ Shin/Calf
___ Ankle	___ Finger	___ Shoulder
___ Foot	___ Upper Arm	

41. Record the dates of your most recent immunizations for:
Tetanus: _____ Measles_____Hepatitis B_____Chickenpox _____

FEMALES ONLY (Optional)

42. When was your first menstrual period? _____
43. When was your most recent menstrual period? _____
44. How much time do you usually have from the start of one period to the start of another? _____
45. How many periods have you had in the last year? _____
46. What was the longest time between periods in the last year? _____

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: _____ Date: _____ Signature of Parent/Guardian: _____ Date: _____

White: School Athletic Office Yellow: Coach Pink: Parent

Martin County School District Pre-Participation Physical Evaluation

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written below.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ____/____/____

Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____, ____/____)

Visual Acuity: Right 20/_____ Left 20/_____ Corrected: Yes No Pupils: Equal _____ Unequal _____

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
1. Appearance	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Lymph Nodes	_____	_____	_____
4. Heart	_____	_____	_____
5. Pulses	_____	_____	_____
6. Lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Genitalia (males only)	_____	_____	_____
9. Skin	_____	_____	_____
MUSCULOSKELETAL			
10. Neck	_____	_____	_____
11. Back	_____	_____	_____
12. Shoulder/Arm	_____	_____	_____
13. Elbow/Forearm	_____	_____	_____
14. Wrist/Hand	_____	_____	_____
15. Hip/Thigh	_____	_____	_____
16. Knee	_____	_____	_____
17. Leg/Ankle	_____	_____	_____
18. Foot	_____	_____	_____

• - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

Cleared without limitation

Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

□ Referred to: _____

Recommendations: _____

_____

Name of Physician/ Physician Assistant/ Nurse Practitioner (print or type): _____ Date: _____

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (IF APPLICABLE)

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

Cleared without limitation

Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Physician (print or type): _____ Date: _____

Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN PURSUANT TO §744.301, FLORIDA STATUTES:

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE MARTIN COUNTY SCHOOL DISTRICT USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE SCHOOL BOARD OF MARTIN COUNTY, FLORIDA, IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE MARTIN COUNTY SCHOOL DISTRICT THE MARTIN COUNTY SCHOOL DISTRICT HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Part 1. Student Acknowledgement and Release (to be signed by student).
I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics. **I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.**

Name of Student (Printed)	Signature of Parent	Date

Part 2. Parental/Guardian Consent, Acknowledgement and Release of Liability
(to be completed and signed by all parents/guardians; if divorced or separated, parent/guardian with legal custody must sign).

A. I/we hereby give consent for child/ward to participate in the following interscholastic sports that I/we have ***not marked out***:

Boys Sports: Baseball, Basketball, Bowling, Cross Country, 11-Man Tackle Football, Golf, Lacrosse, Soccer, Swimming & Diving, Tennis, Track & Field, Volleyball, Water Polo, Weightlifting, Wrestling

Other sports added to this form by school _____

Girls Sports: Basketball, Bowling, Cross Country, Flag Football, Golf, Lacrosse, Soccer, Fast-Pitch Softball, Swimming & Diving, Tennis, Track & Field, Volleyball, Water Polo, Weightlifting

Other sports added to this form by school: _____

B. I/we understand that participation may necessitate an early dismissal from classes.

C. I/we know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With the full understanding of the risks involved, I/we, for ourselves and for our child/ward, HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANTS NOT TO SUE the Martin County School Board, its members, officers, employees, agents, representatives, insurers and assigns (referred to as "releases"), from all liability to the undersigned, his/her, parents, child, personal representatives, assigns, heirs, and next of kin for any and all damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise which is in any way related to the athletic participation of the child/ward. I/we, for ourselves and for our child/ward, HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releases or otherwise which is in any way related to the athletic participation of the child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I/we further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. **I/we consent to the disclosure, by my child's/ward's school, to the FHSAA, upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness.** In addition, I/we grant the releases the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

D. I/we understand that the authorizations and rights granted herein are voluntary and that I/we may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I/we understand that my/our child/ward will no longer be eligible for participation in interscholastic athletics.

E. Please check the appropriate box(es):

- ☐ My/our child/ward is covered under our family health insurance plan which has coverage limits of not less than $25,000.
  Company: _____ Policy Number: _____
- ☐ My/our child is covered by his/her school's activities medical base insurance plan.
- ☐ I/we have purchased supplemental football insurance through my/our child's/ward's school.

I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

_____ _____ _____
Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

_____ _____ _____
Name of Parent/Guardian (printed) Signature of Parent/Guardian Date