

Student's Name: _____



Frazier Mountain High School
ATHLETIC
Information Packet

2022-2023
School Year

ATHLETIC INFORMATION PACKET CHECK-OFF LIST

Athlete's Name (print): _____

Sport(s): _____, _____, _____

- ___ Booster Club Sign-up
- ___ General Athletic Rules and Regulations
- ___ Code of Conduct and Eligibility Responsibilities
- ___ CIF Central Section Ethics In Sports
- ___ Equipment Agreement
- ___ Agreement Regarding Steroid Use
- ___ Agreement Regarding Concussion
- ___ Agreement Regarding Heat Illness
- ___ Athlete Proof of Insurance/Emergency Authorization
- ___ Athletic Screening and History
- ___ Medical Clearance

Coaches Signature: _____ Date: _____

Athletic Director's Signature: _____ Date: _____

All forms requiring signatures contained in this athletic packet must be completed and signed by the athlete's parent/guardian and signed off by his/her coach and A.D. prior to attending the first organized practice session.

Frazier Mountain High School Booster Club
PO Box 2288 Frazier Park, CA 93225
Non-Profit Tax ID#77-0307446

The next generation of the Frazier mountain High School athletes and the Booster Club need your help. We are asking that each family with an athlete at FMHS join the Booster Club. However you do not need to have an athlete at the school, or even have a student at the high school to be a member.

All you need to do is fill out and mail the attached form with \$25.00 to the Booster Club; or better yet turn the form in at our next Booster Club meeting a 6:30 PM on the second Monday of each month at Caveman Cave (check our Facebook for possible time and/or location changes).

The FMHS Booster Club needs to raise money to help boost the starting balance for the new board. Since our conception FMHS Booster Club has helped the sports and athletes in many ways. For example, each year the Booster Club hosts a banquet at the end of each sports season to celebrate the athletes in their accomplishments for that season; Boosters help pay for a tournament in each sport, and award scholarships to elected athletes. In the past, the Booster Club has raised funds that resulted in the building of the current snack bar and the guest bleachers on the football field. We have also donated money to teams to help purchase necessary items. There was a time when membership of the Booster Club was plentiful; however somehow membership is now overlooked. If each household with an athlete were to become a member, the rejuvenation would help tremendously.

Please help us to continue the much needed support of our Frazier Mountain High School athletes, and join today!

Sincerely,
Frazier Mountain High School Booster Club Board

Frazier Mountain High School Booster Club
PO Box 876, Lebec, CA 93243-0876
Non-Profit Tax ID# 77-0307446

BOOSTER CLUB MEMBERSHIP FORM
2022-2023

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Email Address: _____

☐ **\$25.00 One-Year Membership Fee for the 2022-2023 School Year**

Includes a free punch-card good for a total of 6 FREE snacks from the snack bar at FMHS home sporting events this academic year. One free item per game.

☐ My child/children participate(s) in _____

☐ I would like to volunteer for _____

☐ Mail membership card to the above listed mailing address.

☐ I will pick up my membership card at the next regular meeting.

☐ I have included a donation to the FMHS Booster Club \$ _____

Please include payment and mail your form to the above listed PO Box **OR** drop it off at the FMHS office **OR** bring it to our regularly scheduled meeting on the 2nd Monday of each month at 7 PM at FMHS. Checks can be made out to FMHS Booster Club.

Thank You for Supporting FMHS Booster Club!

General Athletic Rules and Regulations

Athletes and parents/guardians must sign this page and return it to the coach.

Participation in athletics at Frazier Mountain High School is considered a privilege, not a right. Listed below are rules and regulations to which each potential athlete must adhere:

- Do the right thing!
- Any student who, while on school property or otherwise under the jurisdiction of the school, possesses, uses or is under the influence of alcohol, nonprescription/illegal drugs or paraphernalia, or uses vape pens is immediately suspended from all school activities pending a hearing with the board of trustees.
- Participation in daily practice and contests are subject to school regulations. If a student has been suspended from school, he/she may not participate in athletics until he/she returns to school.
- Hazing, using profanity or obscene language, or an act of vulgarity is positively not acceptable conduct from an athlete. Hazing is defined as any activity expected of someone joining or participating in a group that humiliates, degrades, abuses, or endangers them regardless of a person's willingness to participate. Hazing another student will result in disciplinary action up to and including removal from the team. Any act of, or oral expression that reflects a negative attitude or is given for the purpose of ridicule or defamation of character will not be tolerated and may result in disciplinary actions.
- Any student representing FMHS must exemplify the highest standards of moral integrity and good sportsmanship, both in and out of school. Any such negative conduct may result in disciplinary action.
- Any athlete guilty of stealing may be dismissed from the squad, awards may be forfeited and participation in any athletic activity may be denied for the remainder of the year.
- All athletes must be in attendance at school on the day of a game or practice unless extenuating circumstances prevent this. Legal or permitted excuses qualify. Minimum attendance is four periods, except if previous permission is obtained from the Athletic Director or the Principal.
- Detention is not acceptable. Athletes are expected to behave in an exemplary manner. Should an athlete receive detention, he/she is expected to serve this detention as arranged by the teacher/administrator. Excessive detentions may result in disciplinary action.
- The athlete must take the provided transportation to the athletic contest; He/she may travel home with a parent, legal guardian, or a person listed on the athlete's emergency card, but must notify the coach in advance. Athletes may not travel home with other parents unless the proper authorization is given by the Principal or parental/guardian consent.
- All coaches reserve the right to suspend and/or bench a player from practice and/or contests.
- When an athlete joins an athletic team, they are committed to that team until the last athletic contest and/or banquet, whichever is last. This includes playoffs, if the team qualifies. If the athlete quits the team for whatever reason, or is removed from the team for disciplinary reasons, this athlete may not participate in the next season of sport until the current season is completed. This may be waived by the in-season coach, if he/she deems this appropriate.
- All athletes are expected to attend practice, injured or not, unless previous arrangements have been made with the coach. Failure to make such arrangements will be grounds for dismissal from the team.

We as athletes and parents/guardians acknowledge that we have read and understand the above rules and regulations.

➤ Athlete's Signature: _____ Date: _____

➤ Parent/Guardian's Signature: _____ Date: _____

Frazier Mountain High School

Extra-Curricular and Co-Curricular Activities

Code of Conduct

Eligibility Responsibilities

Frazier Mountain High School has developed the Code of conduct to define the expectations of the students in terms of conduct and behavior. The Code will be enforced during the entire school year, that's 24 hours a day, 7 days a week. Participation in extra/co-curricular activities is a privilege extended to all students, not a right, and the school has the authority to deny this privilege. FMHS firmly believes that students who adhere to the Code of Conduct will experience personal growth in character as well as physical performance.

- In order to participate in extra and co-curricular activities, students must maintain a minimum 2.0 GPA with NO MORE than two F's (in all enrolled classes on a 4.0 scale).
- Student eligibility is based on official grades posted each quarter. Eligibility status will be declared 5 school days following the end of each quarter. Make-up work after the grading period ends will not change "eligibility status" unless there is teacher approval. Students who do not meet the eligibility requirements are ineligible until the next grading period. A probationary status can be given once every two years (once during 9th and 10th grade, and once during 11th and 12th) allowing a minimum of 1.80 GPA with no more than 2 F's.
- Students on Independent Study must complete 20 units of core classes each semester to be eligible.
- In order to promote continued positive study habits and good grades FMHS students will not only need to qualify for sports each quarter, but will also be required to turn in a Coaches Grade Check every Monday. If a student-athlete does not maintain a 1.8 with no more than two F's, they will become ineligible for that week (Monday through Friday), until the next Coaches Grade Check on the following Monday. All Athletes will be required to turn in a Grade Check form every Monday to their coach. Without a form they are ineligible for that week. All Student-Athletes need to be responsible to maintain acceptable grades in order to play sports.
- If a player chooses to quit or is removed from a team for disciplinary reasons after the 1st game of the season, that player will not be allowed to participate for the first two contests of another sport. Players cannot quit one team to join another team during the same season. For example, if a player quits the basketball team after the first official game. That player may not join the soccer team. He or She may play a spring sport but will have to sit out of the first two contests. Also, students must complete an entire season to be eligible for an FMHS letter. Students may not practice with another team until the previous season has concluded.
- Extra/Co-Curricular Code Violation that occurs on campus or at any school sponsored activity will be subject to the School Discipline Policy. The use or possession of illegal drugs, alcohol, tobacco, weapons, fighting, violation of the law, breach of school regulations, defiance of school authority, or breaking of rules established by a coach or advisor, will result in appropriate disciplinary actions as determined by the Code of Conduct Board. Suspension or participation in extra/co-curricular activities based on a violation of the Code of Conduct. Additional disciplinary action or conditions of reinstatement will be determined by a hearing panel (Code of Conduct Board) appointed by the principal consisting of an administrator, coach or advisor, athletic director, activities director, and counselor.
- As representatives of Frazier Mountain High School, students shall dress appropriately and display proper citizenship and sportsmanship.
- Students agree to abide by any other rules or requirements, written or verbal, as established by the coach or advisor.

We acknowledge that we have received a copy of the Frazier Mountain High School Code of Conduct. We have read and understand the Code and rules, and agree to be bound by them.

Date: _____ Student Signature: _____

Date: _____ Parent/Guardian Signature: _____

Frazier Mountain High School

Extra/Co-Curricular Code Violations – On and Off Campus Guidelines

Violation	Disciplinary Action		
	1st Violation	2nd Violation	3rd Violation
Sale/Possession or Use of a Controlled Substance (alcohol, drugs, etc)	3-6 weeks	6-18 weeks	ineligible
Possession or use of tobacco	1-2 weeks	2-4 weeks	4-8 weeks
Weapon Possession	3-6 weeks	4-18 weeks	19-36 weeks
Fighting/Assault/Battery	1-2 weeks	2-4 weeks	4-8 weeks
Violation of the Law: Misdemeanor Felony	1-2 weeks 4-12 months	2-4 weeks 13-24 months	4-8 weeks 25-48 months
Defiance of authority/continued willful disobedience and/or disruptive behavior	1-2 weeks	2-4 weeks	4-8 weeks
Breach of school regulation Hazing/Sexual Harassment Hate Violence	1-3 weeks 1-4 weeks	3-6 weeks 4-18 weeks	6-18 weeks 19-36 weeks
Theft/Vandalism/Property Damage	1-3 weeks	3-6 weeks	6-18 weeks

The above chart is intended as a guideline. Offenses of a more serious nature may result in a more severe disciplinary action. All Ed Code offenses are subject to extra disciplinary action.

- Simple traffic violations such as parking or speeding are not considered code violations.
- Students MAY be credited for non-privilege time served while waiting for dispensation of a felony case. (The Panel may impose the consequences of a misdemeanor offense for a potential felony matter pending the dispensation of the case in court. If the offense is upheld by the court as a felony conviction, additional consequences may be imposed by the Code of conduct Panel at the time.)
- The Code of Conduct Panel may allow a student to reduce up to one-half of this non-privilege period if the student completes a Panel rehabilitation plan (work back).
- The athlete who violated the code of Conduct or Ed Code will not be allowed to practice during his/her first five days of non-privilege. If the non-privilege time is longer than 10 days, the Code of Conduct panel will determine when the athlete can rejoin his/her team for practice.

Repeat Offenders

- Violations are cumulative throughout a student's high school years.
- When a student has a 2nd or 3rd hearing, even if it is for a different violation, he/she will be facing 2nd or 3rd time consequences.

California Interscholastic Federation - Central Section
764 P Street #105, Fresno, CA 93721
Phone (559) 781-7586

ETHICS IN SPORTS

I. Policy Statement

The Central Section, CIF is committed to the exhibition of sportsmanlike and ethical behaviors in and around all athletic contests. All contests must be safe, courteous, fair, controlled and orderly for all athletes and fans alike.

It is the intent of the CIF that violence, in any form, not be tolerated. In order to enforce this policy, the Central Section has established rules and regulations, which set forth the manner of enforcement and of this policy and the penalties incurred when violation of the policy occurs. The rules and regulations shall focus upon the responsibility of the coach to teach and demand high standards of conduct and to enforce the rules and regulations set forth by CIF.

The Central Section requires the following Code of Ethics be issued each year and requires signing by student athletes, parent/guardian and coaches prior to participation as a guide to govern their behavior.

II. Code of Ethics

- a. To emphasize the proper ideas of sportsmanship, ethical conduct and fair play.
- b. To eliminate all possibilities which tend to destroy the best values of the game.
- c. To stress the values derived from playing the game fairly.
- d. To show cordial courtesy to visiting teams and officials.
- e. To establish a happy relationship between visitors and hosts.
- f. To respect the integrity and judgment of sports officials.
- g. To achieve a thorough understanding and acceptance of the rules of the game and the standards of eligibility.
- h. To encourage leadership, use of initiative and good judgment by the players on a team.
- i. To recognize that the purpose of athletics is to promote the physical, mental, moral, social and emotional well-being of the individual players.
- j. To remember that an athletic contest is only a game, not a matter of life and death for player, coach, school, official, fan, or nation.

I have read and I understand the Policy Statement, the Code of Ethics and the violations and Minimum Penalties of the "Ethics in Sports" policy. I agree to abide by the policy and related consequences while participating in interscholastic athletics, regardless of context, site or jurisdiction.

- Student Signature

Printed Name

Date

- Parent Signature

High School

- Coach's Signature

Athletic Directors Signature

Statewide Sportsmanship and Ejection Policy

Bylaw 503.M.

Player:

A player who is ejected from a contest (for reasons other than fighting or leaving the bench area during a fight) shall be ineligible to participate in the remainder of that contest (event) and his or her team's future contest (s) as outlined below:

1. First Ejection: Player is ineligible to participate in the team's next contest. Player may remain on the bench for the duration of that contest and may be on the bench in street clothes for the team's next contest. If the ejection occurs in the last game of the season, the player would be ineligible for the team's first contest the following season. If the player is a senior, he or she would be ineligible for the first contest of their next season of sport. Note: There is no appeal process for single game ejections.
2. Second Ejection: Player is ineligible to participate in the team's next three (3) contests. Player may remain on the bench for the duration of that contest and may be on the bench in street clothes for the team's next three (3) contests. If the season concludes prior to the player serving the three (3) contests suspension, he or she would be ineligible for the number of contests remaining on the suspension for the team's following season. If the player is a senior, he or she would be ineligible for the number of contests remaining on the suspension for their next season of sport.
3. Third Ejection: Player is ineligible to participate for the remainder of that season. Player may remain on the bench for the duration of that contest and may be on the bench in street clothes for the team's remaining contest that season. If there are six (6) or fewer contests remaining in the season, the player would be ineligible for up to six (6) contests for the team's following season as determined by the CIF Section Commissioner with jurisdiction in the matter. If the player is a senior, he or she would be ineligible for up to six (6) contests for the next season of sport as determined by the CIF Section Commissioner with jurisdiction in the matter.

A player who is ejected from a contest for fighting or leaving the bench area during a fight* shall be ineligible to participate in the remainder of that contest and his or her team's future contests as outlined below:

1. First Ejection: Player (Fighting/Assaultive Behavior/Gross Unsportsmanlike Conduct) is ineligible to participate in the team's next three (3) to six (6) contests as determined by the CIF Section Commissioner with jurisdiction in the matter. Player may remain on the bench for the duration of that contest and may be on the bench in street clothes for the duration of the suspension. If the season concludes prior to the player serving the full suspension, he or she would be ineligible for the number of contests remaining on the suspension for the team's following season. If the player is a senior, he or she would be ineligible for the number of contests remaining on the suspension for their next season of sport. *NFHS Rules indicate automatic one game suspension for leaving the bench.
2. Second Ejection: Player is ineligible to participate for the remainder of that season. Player may remain on the bench for the duration of that contest and may be on the bench in street clothes for the team's remaining contests that season. If there are six (6) or fewer contests remaining in the season, the player would be ineligible for up to six (6) contests for the team's following season as determined by the CIF Section Commissioner with jurisdiction in the matter. If the player is a senior, he or she would be ineligible for up to six (6) contests for their next season of sport as determined by the CIF Section Commissioner with jurisdiction in the matter.

Before a player may return to participate in a contest following a multiple game suspension for any of the above infractions, the school principal must inform the CIF Section Commissioner with jurisdiction in the matter that they have met with the student-athlete, his or her parent/guardian/caregiver and coach to discuss future behavioral expectations.

Coach:

A coach who is ejected from a contest (for reasons other than fighting) shall be disqualified from participating in the remainder of that contest and his or her team's future contest (s) as outlined below:

1. First Ejection: Coach is disqualified from participating in the team's next contest. Coach must immediately vacate the playing area and the vicinity in and around the contest and refrain from having any communication with the team or other coaches for the remainder of that contest and for the team's next contest. If the ejection occurs in the last game of the season, the coach would be ineligible for the team's first contest the following season.
2. Second Ejection: Coach is disqualified from participating in the team's next three (3) to six (6) contests as determined by the CIF Section Commissioner with jurisdiction in the matter. Coach must immediately vacate the playing area and the vicinity in and around the contest and refrain from having any communication with the team or other coaches for the remainder of that contest and for the team's next three (3) to six (6) contests. If the ejection occurs in the last game of the season, the coach would be ineligible for the team's first three (3) to six (6) contests the following season.
3. Third Ejection: Coach is disqualified from participating in the remaining contests of that season. Coach must immediately vacate the playing area and the vicinity in and around the contest and refrain from having any communication with the team or other coaches for the remainder of that contest and for the remaining contests of that season. If there are six (6) or fewer contests remaining in the season, the coach would be disqualified from participating for up to six (6) contests for the team's following season as determined by the CIF Section Commissioner with jurisdiction in the matter.

A coach who is ejected from a contest for (Fighting/Assaultive Behavior/Gross Unsportsmanlike Conduct) shall be disqualified from participating in the remainder of that contest and his or her team's future contests as outlined below:

1. Ejection for (Fighting/Assaultive Behavior/Gross Unsportsmanlike Conduct): Coach is disqualified from participating for the remainder of that season. Coach must immediately vacate the playing area and the vicinity in and around the contest and refrain from having any communication with the team or other coaches for the remainder of that contest and for all of the team's remaining contests that season. If there are fewer than six (6) contests remaining in the season, the coach would be disqualified from participating for up to six (6) contests for the team's following season as determined by the CIF Section Commissioner with jurisdiction in the matter.

Before a coach may return to participate in a contest following a multiple contest disqualification, for any of the above infractions, the school principal must inform the CIF Section Commissioner with jurisdiction in the matter that they have met with the coach to discuss future behavioral expectations.

Appeal Process for All Multi-Game Ejections:

The school principal may appeal the penalties listed above in writing to the League Commissioner/President (for a regular season contest not including the final contest prior to Section playoffs) or CIF Section Commissioner with jurisdiction in the matter (for the final contest prior to Section playoffs and all playoff contests). The appeal must be received by the Section within 48 hours of the date of the ejection. Reasons for the appeal may only include misidentification of the ejected player or a misapplication of the rule. There will be no appeal regarding the judgement of an official.

Note: There is no appeal process for single game ejections.

Spectator:

If a spectator is ejected from a contest, it is the responsibility of the school to ensure that person does not attend that team's next contest. If the same spectator is ejected a second time, it is the responsibility of the school to ensure that person does not attend any of the remaining contests for that season.

Enforcement:

See Bylaw 503. M. and Article 22.C.(1)(2)(3)(4)

1. The Executive Director and/or Executive Committee or Section Commissioner and/or Section Board of Managers shall have power to suspend, to fine or otherwise penalize any member school for the violation of any CIF or Section rules and regulations or for just cause. The period of suspension or other penalty shall be left to the discretion of the CIF governing body that has jurisdiction of the matter where the penalty is not fixed.

(Approved May 2020 Federated Council)

PHYSICAL ASSAULT

CIF State Constitution Bylaw 210: Any student who physically assaults the person of a game or event official shall be banned from interscholastic athletics for the remainder of the student's eligibility. A game or event official is defined as a referee, umpire or any other official assigned to interpret or enforce rules competition at an event. A student may, after a lapse of 18 calendar months from the date of the incident, apply for reinstatement of eligibility to the State CIF Commissioner.

For this document, the Central Section also includes coaches, administrators or other school personnel assigned to the contest or games as a game official.

EL TEJON UNIFIED SCHOOL DISTRICT
Frazier Mountain High School
EQUIPMENT AGREEMENT

We, the undersigned, agree to be solely responsible for any and all athletic equipment issued to us by the Frazier Mountain High School Athletic Department. In the event that the equipment is lost, stolen, destroyed or damaged (outside the realm of normal use) we will pay the full value of the equipment.

We understand that if the issued athletic equipment is not returned to the FMHS Athletic Department within ten (10) school days after the close of the sport season it was issued for we will be charged the full retail price of the equipment issued. We also understand that any and all sports letters, certificates and/or awards will not be issued to the athlete until all equipment has been turned in.

We also understand that if the athlete wears the uniform at any time other than at the athletic contest or practice (unless directed to do so by a school official), the athlete may forfeit the right to retain the use of the uniform.

➤ Athletes Name (Print): _____

➤ Signature of Athlete: _____ Date: _____

➤ Signature of Parent or Guardian: _____ Date: _____

STEROID USE

WARNING: POSSIBLE SIDE EFFECTS OF STEROID USE

Testicular Atrophy	Sterility	Acne
Stroke	Psychosis	Addiction
Withdrawal	Heart Attack	Impotence
Enlarged Breasts (males included)		Hair Loss Kidney
Damage		Cardiovascular Disease
High Blood Pressure		High Blood Cholesterol
Stunted Bone Growth		

These health hazards are in addition to the civil and criminal penalties for unauthorized sale, use, or exchange of anabolic steroids.

AGREEMENT FOR FRAZIER MOUNTAIN HIGH SCHOOL STUDENT ATHLETE AND PARENT/GUARDIAN REGARDING THE USE OF STEROIDS

Name of Parent/Guardian _____

As a condition of membership in the California Interscholastic Federation (CIF), the Governing Board of El Tejon Unified School District has adopted Board Policy 5131:63 prohibiting the use and abuse of androgenic/anabolic steroids. CIF Bylaw 524 requires that all participating students and their parents/guardians sign this agreement.

By signing below, we agree that our student athlete shall not use androgenic/anabolic steroids without the written permission of a fully licensed physician, as recognized by the American Medical Association, to treat a medical condition.

We recognize that under CIF Bylaw 200.D the student athlete may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information in regards to their student athlete and the use of androgenic/anabolic steroids.

We understand that the student athlete's violation of the district's policy regarding steroids may result in discipline against him/her which may include, but not limited to, restricting from athletics, suspensions, or expulsion.

Signature of Student Athlete: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

CIF Concussion Information Sheet

Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. The law requires a student-athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any student-athlete removed for this reason must receive a written note from a physician trained in the management of concussion before returning to practice.
3. Before a student-athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the student-athlete and the parent or guardian.

[Every 2 years all coaches are required to receive training about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2500), and certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR)].

What is a concussion and how would I recognize one?

- A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.
- Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.
- Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a physician trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 for immediate transport to the emergency department of your local hospital.
- On the CIF website is a Graded Concussion Symptom Checklist. If your child fills this out after having had a concussion, it helps the physician, athletic trainer or coach understand how they are feeling and hopefully will show improvement over time. You may have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of their everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, your child can fill out this checklist again. This Graded Symptom Checklist provides a list of symptoms to compare over time to follow your child's recovery from the concussion.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

- Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.
- Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.
- There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of concussion education is to prevent a too early return to play so that serious brain damage can be prevented.

Signs observed by teammates, parents and coaches include:	
<ul style="list-style-type: none">• Looks dizzy• Slurred speech• Looks spaced out• Shows a change in personality or way of acting• Confused about plays• Can't recall events before or after the injury• Forgets plays	<ul style="list-style-type: none">• Seizures or "has a fit"• Is unsure of game, score, or opponent• Any change in typical behavior or personality• Moves clumsily or awkwardly• Passes out• Answers questions slowly

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"> • Headaches • Loss of memory • "Pressure in head" • "Don't feel right" • Nausea or throws up • Tired or low energy • Neck pain • Sadness • Has trouble standing or walking • Nervousness or feeling on edge 	<ul style="list-style-type: none"> • Blurred, double, or fuzzy vision • Irritability • Bothered by light or noise • More emotional • Feeling sluggish or slowed down • Confused • Feeling foggy or groggy • Concentration or memory problems • Drowsiness • Repeating the same question/comment • Change in sleep patterns

What is Return to Learn?

Following a concussion, students may have difficulties with short- and long-term memory, concentration and organization. They may require rest while recovering from injury (e.g., limit texting, video games, loud movies, or reading), and may also need to limit school attendance for a few days. As they return to school, the schedule might need to start with a few classes or a half-day. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or physician can help suggest and make these changes. Students should complete the Return to Learn guidelines, successfully returning to a full school day and normal academic activities, before returning to play (unless your physician makes other recommendations). Go to the CIF website (cifstate.org) for more information on Return to Learn.

How is Return to Play (RTP) determined?

- Concussion symptoms should be completely gone before returning to competition. A RTP progression is a gradual, stepwise increase in physical effort, sports-specific activities and then finally unrestricted activities. If symptoms worsen with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.
- RTP after concussion should occur only with medical clearance from a physician trained in the evaluation and management of concussions, and a stepwise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. [AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be no sooner than 7 days after the concussion diagnosis has been made by a physician.]

Final Thoughts for Parents and Guardians:

It is well known that students will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if they experience such symptoms, or if they suspect that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

I acknowledge that I have received and read the CIF Concussion Information Sheet.

Parent/Guardian Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

Parent/Student CIF Heat Illness Information Sheet

WHY AM I GETTING THIS INFORMATION SHEET?

You are receiving this information sheet about Heat Illness because of California state law AB 2800 (effective January 1, 2019), now Education Code § 35179 and CIF Bylaws 22.B.(9) and 503.K (Approved Federated Council January 31, 2019):

1. CIF rules require a student athlete, who has been removed from practice or play after displaying signs and symptoms associated with heat illness, must receive a written note from a licensed health care provider before returning to practice.
2. Before an athlete can start the season and begin practice in a sport, a Heat Illness information sheet must be signed and returned to the school by the athlete and the parent or guardian.

Every 2 years all coaches are required to receive separate trainings about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2800), as well as certification in First Aid training, CPR, and AEDs (lifesaving electrical devices that can be used during CPR).

WHAT IS HEAT ILLNESS AND HOW WOULD I RECOGNIZE IT?

- Intense and prolonged exercise, hot and humid weather and dehydration can seriously compromise athlete performance and increase the risk of exertional heat injury. Exercise produces heat within the body and when performed on a hot or humid day with additional barriers to heat loss, such as padding and equipment, the athlete's core body temperature can become dangerously high. If left untreated, this elevation of core body temperature can cause organ systems to shut down in the body.
- Young athletes should be pre-screened at their pre-participation physical evaluation for heat illness risk factors including medication/supplement use, cardiac disease, history of sickle cell trait, febrile or gastrointestinal illness, obesity, and previous heat injury. Athletes with non-modifiable risk factors should be closely supervised during strenuous activities in a hot or humid climate.
- Sweating is one way the body tries to reduce an elevated core temperature. Once sweat (salt and water) leaves the body, it must be replaced. Water is the best hydration replacement, but for those athletes exercising for long periods of time where electrolytes may be lost, commercial sports drinks with electrolytes are available. Energy drinks that contain caffeine or other "natural" stimulants are not adequate or appropriate hydration for athletes and can even be dangerous by causing abnormal heart rhythms.

PREVENTION There are several ways to try to prevent heat illness:

ADEQUATE HYDRATION

Arrive well-hydrated at practices, games and in between exercise sessions. Urine appears clear or light yellow (like lemonade) in well-hydrated individuals and dark (like apple juice) in dehydrated individuals. Water/sports drinks should be readily available and served chilled in containers that allow adequate volumes of fluid to be ingested. Water breaks should occur at least every 15-20 minutes and should be long enough to allow athletes to ingest adequate fluid volumes (4-8 ounces).

GRADUAL ACCLIMATIZATION

Intensity and duration of exercise should be gradually increased over a period of 7-14 days to give athletes time to build fitness levels and become accustomed to practicing in the heat. Protective equipment should be introduced in phases (start with helmet, progress to helmet and shoulder pads, and finally fully equipped).

ADDITIONAL PREVENTION MEASURES

Wear light-colored, light-weight synthetic clothing, when possible, to aid heat loss. Allow for adequate rest breaks in the shade if available. Avoid drinks containing stimulants such as ephedrine or high doses of caffeine. Be ready to alter practice or game plans in extreme environmental conditions. Eat a well-balanced diet which aids in replacing lost electrolytes.

A FREE online course "Heat Illness Prevention" is available through the CIF and NFHS at <https://nfhslearn.com/courses/61140/heat-illness-prevention>.

HEAT EXHAUSTION

Inability to continue exercise due to heat-induced symptoms. Occurs with an elevated core body temperature between 97 and 104 degrees Fahrenheit.

- Dizziness, lightheadedness, weakness
- Headache
- Nausea
- Diarrhea, urge to defecate
- Pallor, chills

- Profuse sweating
- Cool, clammy skin
- Hyperventilation
- Decreased urine output

TREATMENT OF HEAT EXHAUSTION

Stop exercising, move the player to a cool place, remove excess clothing, give fluids if conscious, COOL BODY: fans, cold water, ice towels, ice bath or ice packs. Fluid replacement should occur as soon as possible. The Emergency Medical System (EMS) should be activated if recovery is not rapid. When in doubt, CALL 911. Athletes with heat exhaustion should be assessed by a physician as soon as possible in all cases.

FINAL THOUGHTS FOR PARENTS AND GUARDIANS

Heat stress should be considered when planning and preparing for any sports activity. Summer and fall sports are conducted in very hot and humid weather across regions of California. While exertional heat illness can affect any athlete, the incidence is consistently highest among football athletes due to additional protective equipment which hinders heat dissipation. Several heatstroke deaths continue to occur in high school sports each season in the United States. Heatstroke deaths are preventable, if the proper precautions are taken. You should also feel comfortable talking to the coaches or athletic trainer about preventative measures and potential signs and symptoms of heat illness that you may be seeing in your child.

I acknowledge that I have received and read the CIF Heat Illness Information Sheet.

Athlete Name: _____

Parent/Guardian Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

FRAZIER MOUNTAIN HIGH SCHOOL

ATHLETIC INJURY AUTHORIZATION AND INSURANCE VERIFICATION

In case of an accident or serious illness to my son/daughter, _____, I request the school contact me. If the school or other authorized personnel are unable to reach me, I hereby authorize the school to call the physician indicated below and follow his/her instructions. If it is impossible to contact this physician, the school, and/or authorized school personnel may make whatever arrangements they deem necessary.

Signature of Parent/Guardian: _____ Date _____

Home Address: _____

Home Phone #: _____

Work Phone #: _____

Allergies or other medical conditions: _____

Health Plan/Insurance: _____

Group/Policy #: _____

Physician's Name: _____

Address: _____

Phone #: _____

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MEDICAL AUTHORIZATION

To Whom It May Concern:

I, the undersigned being the parent or legal guardian of (Print Name) _____, do hereby grant to any hospital, emergency center, doctor, nurse and/or paramedic authorization to grant treatment to my child when accompanied by or escorted to the treating facility by any authorized school personnel.

Further, should the attending physician determine after examination that life-saving surgery or other life-saving procedure might be necessary; permission is hereby extended to the above parties to grant the same.

Additionally, I agree to hold harmless such personnel and the El Tejon School District Board of Education by my action granting said permission.

Signature of Parent/Guardian: _____ Date: _____

**Additional Insurance Coverage is needed if participating in football.

EL TEJON UNIFIED SCHOOL DISTRICT

FRAZIER MOUNTAIN HIGH SCHOOL

Athletic Screening History & Physical Exam

Student Name: _____ Student ID# _____
Address: _____ Date of Birth: _____
City/Zip: _____ Grade: _____ Date: _____
Parent/Guardian Name: _____ Phone # _____
Emergency Contact & Phone# _____

EXPLANATION OF SCREENING PHYSICAL

I realize that the medical evaluations performed are only screens in order to evaluate general health, to disclose existing problems, and to determine my son/daughter's dynamic ability to participate in a given sport so that obvious conditions which might be damaged or aggravated by competitive sports can be found, evaluated and treated so as to prevent further injury. This examination does not guarantee against injury.

Parent Initials: _____

AWARENESS OF RISK

STUDENT AND PARENT – I am aware that playing/practicing sports can be a dangerous activity involving many risks of injury. I understand that the risks of participation include but are not limited to, death, serious neck and spinal cord injuries that may result in complete or partial paralysis, brain damage, serious internal injury to virtually any internal organs, bones, joints, muscles, tendons, or any other aspect of the skeletal system, and serious injury or impairment to other aspects of my body, general health and wellbeing. I understand that the risks of participation may result not only in serious injury, but in impairment of my future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy a good life. Because of the dangers of participating in sports, I recognize the importance of the following coaches' instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instructions.

Parent Initials: _____

PERMISSION FOR TREATMENT

I hereby grant permission to the team physicians and those professional personnel designated by El Tejon Unified School District to treat my son/daughter in the event of an injury. In the event of a serious injury, if I am unable to give my consent at the time, this consent is to include any and all emergency procedures deemed necessary by the attending emergency personnel. I also understand that in the event of an injury, every reasonable attempt will be made to contact me prior to securing medical treatment beyond basic first-aid.

Parent Initials: _____

PROOF OF INSURANCE

In compliance with California Education Code 32221, I certify that there is in effect at this time insurance coverage for medical expenses resulting from bodily injury of at least \$5,000 for my son/daughter, and that this coverage will remain in effect throughout the time that he/she participates in sports. I also give my permission for the above named student to participate in sports, including regularly scheduled trips by supervised school transportation.

Parent Initials: _____

Insurance Carrier _____

Insurance Carrier Policy # _____

I have read the above statements, EXPLANATION OF SCREENING PHYSICAL, AWARENESS OF RISK, and PERMISSION FOR TREATMENT, and understand them fully and agree/consent to their contents.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

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 assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

Have you had COVID-19? (check one): ☐ Y ☐ N

Have you been immunized for COVID-19? (check one): ☐ Y ☐ N If yes, have you had: ☐ One shot ☐ Two shots
☐ Three shots ☐ Booster date(s) _____

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? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	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?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
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)?		
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)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

Este formulario debe colocarse en el expediente médico del atleta y no debe compartirse con escuelas u organizaciones deportivas. El formulario de elegibilidad médica es el único formulario que debe enviarse a una escuela u organización deportiva.

Aviso legal: Los atletas que tengan una evaluación física de preparticipación vigente en el archivo (según los lineamientos generales estatales y locales) no necesitan completar otro formulario de antecedentes.

■ EVALUACIÓN FÍSICA PREVIA A LA PARTICIPACIÓN (orientación provisional)

FORMULARIO DE HISTORIAL CLÍNICO

Nota: Complete y firme este formulario (con la supervisión de sus padres si es menor de 18 años) antes de acudir a su cita.

Nombre: _____ Fecha de nacimiento: _____

Fecha del examen médico: _____ Deporte(s): _____

Sexo que se le asignó al nacer (F, M o intersexual): _____ ¿Con cuál género se identifica? (F, M u otro): _____

¿Ha tenido COVID-19? (elija una opción) ☐ Sí ☐ No

¿Ha recibido la vacuna contra el COVID-19? (elija una opción): ☐ Sí ☐ No Si la respuesta es sí, usted recibió: ☐ Una dosis ☐ Dos dosis
☐ Tres dosis ☐ Fecha de la dosis de refuerzo _____

Mencione los padecimientos médicos pasados y actuales que haya tenido. _____

¿Alguna vez se le practicó una cirugía? Si la respuesta es afirmativa, haga una lista de todas sus cirugías previas. _____

Medicamentos y suplementos: Enumere todos los medicamentos recetados, medicamentos de venta libre y suplementos (herbolarios y nutricionales) que consume. _____

¿Sufre de algún tipo de alergia? Si la respuesta es afirmativa, haga una lista de todas sus alergias (por ejemplo, a algún medicamento, al polen, a los alimentos, a las picaduras de insectos). _____

Cuestionario sobre la salud del paciente versión 4 (PHQ-4)

Durante las últimas dos semanas, ¿con qué frecuencia experimentó alguno de los siguientes problemas de salud? (Encierre en un círculo la respuesta)

	Ningún día	Varios días	Más de la mitad de los días	Casi todos los días
Se siente nervioso, ansioso o inquieto	0	1	2	3
No es capaz de detener o controlar la preocupación	0	1	2	3
Siente poco interés o satisfacción por hacer cosas	0	1	2	3
Se siente triste, deprimido o desesperado	0	1	2	3

(Una suma ≥ 3 se considera positiva en cualquiera de las subescalas, [preguntas 1 y 2 o preguntas 3 y 4] a fin de obtener un diagnóstico).

PREGUNTAS GENERALES			
(Dé una explicación para las preguntas en las que contestó "Sí", en la parte final de este formulario. Encierre en un círculo las preguntas si no sabe la respuesta).		Sí	No
1.	¿Tiene alguna preocupación que le gustaría discutir con su proveedor de servicios médicos?		
2.	¿Alguna vez un proveedor de servicios médicos le prohibió o restringió practicar deportes por algún motivo?		
3.	¿Padece algún problema médico o enfermedad reciente?		
PREGUNTAS SOBRE SU SALUD CARDIOVASCULAR		Sí	No
4.	¿Alguna vez se desmayó o estuvo a punto de desmayarse mientras hacía, o después de hacer, ejercicio?		

PREGUNTAS SOBRE SU SALUD CARDIOVASCULAR (CONTINUACIÓN)		Sí	No
5.	¿Alguna vez sintió molestias, dolor, compresión o presión en el pecho mientras hacía ejercicio?		
6.	¿Alguna vez sintió que su corazón se aceleraba, palpitaba en su pecho o latía intermitentemente (con latidos irregulares) mientras hacía ejercicio?		
7.	¿Alguna vez un médico le dijo que tiene problemas cardíacos?		
8.	¿Alguna vez un médico le pidió que se hiciera un examen del corazón? Por ejemplo, electrocardiografía (ECG) o ecocardiografía.		
9.	Cuando hace ejercicio, ¿se siente mareado o siente que le falta el aire más que a sus amigos?		
10.	¿Alguna vez tuvo convulsiones?		

PREGUNTAS SOBRE LA SALUD CARDIOVASCULAR DE SU FAMILIA		Si	No
11.	¿Alguno de los miembros de su familia o pariente murió debido a problemas cardíacos o tuvo una muerte súbita e inesperada o inexplicable antes de los 35 años de edad (incluyendo muerte por ahogamiento o un accidente automovilístico inexplicable)?		
12.	¿Alguno de los miembros de su familia padece un problema cardíaco genético como la miocardiopatía hipertrófica (HCM), el síndrome de Marfan, la miocardiopatía arritmogénica del ventrículo derecho (ARVC), el síndrome del QT largo (LQTS), el síndrome del QT corto (SQTS), el síndrome de Brugada o la taquicardia ventricular polimórfica catecolaminérgica (CPVT)?		
13.	¿Alguno de los miembros de su familia utilizó un marcapasos o se le implantó un desfibrilador antes de los 35 años?		
PREGUNTAS SOBRE LOS HUESOS Y LAS ARTICULACIONES		Si	No
14.	¿Alguna vez sufrió una fractura por estrés o una lesión en un hueso, músculo, ligamento, articulación o tendón que le hizo faltar a una práctica o juego?		
15.	¿Sufre alguna lesión ósea, muscular, de los ligamentos o de las articulaciones que le causa molestia?		
PREGUNTAS SOBRE CONDICIONES MÉDICAS		Si	No
16.	¿Tose, sibila o experimenta alguna dificultad para respirar durante o después de hacer ejercicio?		
17.	¿Le falta un riñón, un ojo, un testículo (en el caso de los hombres), el bazo o cualquier otro órgano?		
18.	¿Sufre dolor en la ingle o en los testículos, o tiene alguna protuberancia o hernia dolorosa en la zona inguinal?		
19.	¿Padece erupciones cutáneas recurrentes o que aparecen y desaparecen, incluyendo el herpes o Staphylococcus aureus resistente a la meticilina (MRSA)?		

PREGUNTAS SOBRE CONDICIONES MÉDICAS (CONTINUACIÓN)		Si	No
20.	¿Alguna vez sufrió un traumatismo craneoencefálico o una lesión en la cabeza que le causó confusión, un dolor de cabeza prolongado o problemas de memoria?		
21.	¿Alguna vez sintió adormecimiento, hormigueo, debilidad en los brazos o piernas, o fue incapaz de mover los brazos o las piernas después de sufrir un golpe o una caída?		
22.	¿Alguna vez se enfermó al realizar ejercicio cuando hacía calor?		
23.	¿Usted o algún miembro de su familia tiene el rasgo drepanocítico o padece una enfermedad drepanocítica?		
24.	¿Alguna vez tuvo o tiene algún problema con sus ojos o su visión?		
25.	¿Le preocupa su peso?		
26.	¿Está tratando de bajar o subir de peso, o alguien le recomendó que baje o suba de peso?		
27.	¿Sigue alguna dieta especial o evita ciertos tipos o grupos de alimentos?		
28.	¿Alguna vez sufrió un desorden alimenticio?		
UNICAMENTE MUJERES		Si	No
29.	¿Ha tenido al menos un periodo menstrual?		
30.	¿A los cuántos años tuvo su primer periodo menstrual?		
31.	¿Cuándo fue su periodo menstrual más reciente?		
32.	¿Cuántos periodos menstruales ha tenido en los últimos 12 meses?		

Proporcione una explicación aquí para las preguntas en las que contestó "Si".

Por la presente declaro que, según mis conocimientos, mis respuestas a las preguntas de este formulario están completas y son correctas.

Firma del atleta: _____

Firma del padre o tutor: _____

Fecha: _____

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

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
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose <input type="checkbox"/> Third dose <input type="checkbox"/> Booster date(s) _____		
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) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a 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

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

■ 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: _____
