PHYSICAL FORM CHECKLIST

Student-Athlete:
Physical Form (All 4 Pages)
Emergency Medical Consent Form (Last page on TSSAA physical form)
HIPPA Form (Vanderbilt Notice of Privacy Practice)
Concussion Form Acknowledgement (1 of 3 pages, sign page 3)
IMPACT Form (Permission to assess a baseline test in case athlete gets a concussion during the season)
Signs of Cardiac Arrest (NEW for 2016) (Coaches, Parents, and Player are aware of the signs for cardiac arrest)

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (technal and nutritional) that you are currently taking Do you have any allergies? Yes No If yos, please identify specific allergy below, Medicines Pollens Pollens Pollens	Date of Exam			B. tre		
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hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.	25. Do you have any history of juvenile arthritis or connective tissue disease?			2 		_
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9-2681/0410

PREPARTICIPATION PHYSICAL EVALUATION

THE ATHLETE WITH SPECIAL NEEDS: This delibert in the special section of the sect

UPPLEMENTAL	HISTORY	FORM	This document is only necessary when the
OI I EEMERTIKE	. , , , , , , , , , , , , , , , , , , ,	1 OIKIM	individual has a documented special need,

Date of Exam	
Name Da	ate of birth
Sex Age School Sport(s)	
1. Type of disability	
2. Date of disability	
3. Classification (if available)	
4. Cause of disability (birth, disease, accident/trauma, other)	
5. List the sports you are interested in playing	
	Yes No
6. Do you regularly use a brace, assistive device, or prosthetic?	
7. Do you use any special brace or assistive device for sports?	
8. Do you have any rashes, pressure sores, or any other skin problems?	
9, Do you have a hearing loss? Do you use a hearing aid?	
10. Do you have a visual impairment?	
11. Do you use any special devices for bowel or bladder function?	
12. Do you have burning or discomfort when urinating?	
13. Have you had autonomic dysreflexia?	
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?	
15. Do you have muscle spasticity?	
16. Do you have frequent seizures that cannot be controlled by medication?	
Explain "yes" answers here	
Please indicate if you have ever had any of the following.	
	Yes
Atlantoaxial instability	
X-ray evaluation for atlantoaxial instability	
Dislocated joints (more than one)	
Easy bleeding	
Enlarged spleen	
Hepatitis	
Osteopenia or osteoporosis	
Difficulty controlling bowel	
Difficulty controlling bladder	
Numbness or lingling in arms or hands	
Numbness or tingling in legs or feel	
Weakness in arms or hands	
Weakness in legs or leet	
Recent change in coordination	
Recent change in ability to walk	
Spina bifida	
Latex allergy	
Explain "yes" answers here	
hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.	
Signature of athleteSignature of parent/guardian	Cate
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Physical 2 of 5

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name __

HE0503

PHYSICIAN REMINDERS

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rdress Phone	ime of physician (print/type) 🗎						Date
							Phone

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_____ Date of birth

PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM This form is for summary use in lieu of the physical exam form and health history form and may be used when HIPAA concerns are present. _____ Sex 🗆 M 🗆 F Age ______ Date of birth _ ☐ Cleared for all sports without restriction ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for ☐ □ Not cleared ☐ Pending further evaluation ☐ For any sports ☐ For certain sports ____ Recommendations ____ I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). Name of physician (print/type) _____ Phone _____ Address ____ Signature of physician_ ____, MD or D0 **EMERGENCY INFORMATION** Allergies _ Other information ___

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Physical Hof5

Athlete Information		
Last Name	First Name	MI
Sex: [] Male [] Female Grade	Age	DOB/
Allergies		
Medications		
Insurance	Policy Number	er
Group Number		ne Number
Emergency Contact Information	1	0
Home Address	(City)	(Zip)
Home Phone Mother's Ce	ell	Father's Cell
Mother's Name	Work	Phone
Father's Name	Work	Phone
Another Person to Contact		
Phone Number	Relationship	
<u>Lega</u>	al/Parent Consent	9.5
I/We hereby give consent for (athlete's name) (name of school) potential for injury. I/We acknowledge that ever strict observation of the rules, injuries are still presult in disability, paralysis, and even death its physicians, athletic trainers, and/or EMT treasonably necessary to the health and we resulting from participation in athletics. By the and his/her parent/guardian(s) do hereby conserduring the course of the pre-participation examine medical history information and the recording of student athlete on the forms attached hereto by legal Guardian, I/We remain fully responsible personal actions taken by the above named services.	in athletic possible. On rare occar to render aid, treatment all being of the stude the execution of this content to screening, examination by those performing that history and the fine those practitioners performing the for any legal response tudent athlete.	cs realizing that such activity involves g, the most advanced equipment, and sions these injuries are severe and ermission to the school and TSSAA, t, medical, or surgical care deemed ant athlete named above during or sent, the student athlete named above tion, and testing of the student athlete ng the evaluation, and to the taking of dings and comments pertaining to the forming the examination. As parent or sibility which may result from any
Signature of Athlete Signatur	re of Parent/Guardian	Date

Physical 5 of 5 Consent Form



NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT

I have received a copy of the VUMC Notice of Privacy Practices. I understand that VUMC has the right to change its *Notice of Privacy Practices* from time to time and that I may contact VUMC at any time to obtain a current copy of the Notice of Privacy Practices.

Patient name (print)

Signature of Patient/	
Relationship to Patient	
Date	
FOR OFFICE	E USE ONLY
PRINT PLEASE	
I have attempted to obtain the patient's signa following reason:	ture on this form, but was not able to for the
Date:	Please document the reasons you were unable to obtain the signature.
Initials:	
	MC 2832 (3/2002)

Hippa Form lof1





Dear Parent/Guardian,

Independence High School is currently implementing an innovative program for our student-athletes. This program will assist our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and postinjury test data is given to a local doctor or, to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when returnto-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

I wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The Independence High School administration, coaching, and athletic training staffs are striving to keep your child's health and safety at the forefront of the student athletic experience. Please return the attached page with the appropriate signatures. If you have any further questions regarding this program please feel free to contact me at brandim@wcs.cdu

Sincerely,

Brandi Mangrum, MS, ATC/L Independence High School Certified Athletic Trainer brandim@wcs.edu

Impact loft





Consent Form

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read the attached information. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program.

Printed Name of Athlete	
Sport	
X	
Signature of Athlete	Date
X	
Signature of Parent	Date
Impact	

CONCUSSION

INFORMATION AND SIGNATURE FORM FOR STUDENT-ATHLETES & PARENTS/LEGAL GUARDIANS

(Adapted from CDC "Heads Up Concussion in Youth Sports")

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion/head injury.

Read and keep this page. Sign and return the signature page.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung" or what seems to be a mild bump or blow to the head can be serious.

Did You Know?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care provider* says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness, even briefly	Feeling sluggish, hazy, foggy or groggy
Shows mood, behavior or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events after hit or fall	Just not "feeling right" or "feeling down"

^{*}Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

Concussion 10+3

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention after a bump, blow or jolt to the head or body if s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness or decreased coordination
- · Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHY SHOULD AN ATHLETE REPORT HIS OR HER SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brains. They can even be fatal.

Remember:

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care provider* says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration such as studying, working on the computer or playing video games may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

Concusion 2013

^{*} Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.

Student-athlete & Parent/Legal Guardian Concussion Statement

Student-At	thlete Name:	5
Parent/Leg	gal Guardian Name(s):	
	After reading the information sheet, I am aware of the following informat	ion.
Student-	/	Parent/Lega
Athlete initials		Guardian initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.	
ě	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a health care provider* to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion Information Sheet.	
	e provider means a Tennessee licensed medical doctor, osteopathic physiciar ologist with concussion training	or a clinical
Signature or	f Student-Athlete Date	 -
Signature of	f Parent/Legal guardian Date	

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Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It is the #1 cause of death for student athletes.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath;
- dizziness;
- extreme fatigue;
- chest pains; or
- racing heart.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act

The act is intended to keep youth athletes safe while practicing or playing. The requirements of the act are:

All youth athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.

Adapted from PA Department of Health: Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form. 7/2013

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- The immediate removal of any youth athlete who passes out or faints while participating
 in an athletic activity, or who exhibits any of the following symptoms:
 - (i) Unexplained shortness of breath;
 - (ii) Chest pains;
 - (iii) Dizziness
 - (iv) Racing heart rate; or
 - (v) Extreme fatigue; and
- Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to full or graduated return to practice or play must be in writing.

I have reviewed and understand the symptoms and warning signs of SCA.

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Signature of Student-Athlete	Print Student-Athlete's Name Date
of Breeze and	
Signature of Parent/Guardian	Print Parent/Guardian's Name Date

New for 2016 Hof 2 Cardiac Arrest