

ST. CHRIS⁺OPHER



COUGARS

REQUIRED DOCUMENTS FOR REGISTRATION OF STUDENT ATHLETE

REGISTRATION FORM

PARENT CONSENT FORM

IHSA SPORTS PHYSICAL

ATHLETICS FEE

DUE BY: _____



ST CHRISTOPHER ATHLETICS ASSOCIATION REGISTRATION FORM

Every player must have a form filled out. Please read completely and sign at the bottom.
Multiple sports can be indicated on a single form.

Date: _____

Player's Information	Student Info: (check one)	Sports
Name: _____	<input type="checkbox"/> St. Christopher School	<input type="checkbox"/> Girls Basketball
Address: _____	<input type="checkbox"/> Religious Education	<input type="checkbox"/> Girls Volleyball
Address 2: _____	Birthdate: _____	<input type="checkbox"/> Boys Basketball
City: _____ State: _____ ZIP Code: _____	Grade: _____	<input type="checkbox"/> Boys Volleyball
Uniform Size:	Medical Concerns / Allergies	<input type="checkbox"/> Cheerleading
Jersey: _____ Shorts: _____		<input type="checkbox"/> Soccer
Number: (choose 3)		

Parent/ Gaurdian:	Relationship:
Name _____	Relationship: _____
Cell _____	Email _____

Parent/ Gaurdian:	Relationship:
Name _____	Relationship: _____
Cell _____	Email _____

Emergency Contact:	Relationship:
Name _____	Relationship: _____
Cell _____	Email _____

IMPORTANT RULES PLEASE READ:

Abusive language and/or actions by players, coaches, parents, or fans will not be tolerated during practice or games at any location. Offenses may result in dismissal of the student or coach and enforcement will be at the discretion of the athletic board. All athletic association rules and regulations are dictated by the Office of Catholic Schools Handbook for Athletics.

All families and players are required to read and sign the Athletic Association's Code of Conduct for the current school year.

I AGREE TO SIGN AND ABIDE BY THE ATHLETIC ASSOCIATION'S CODE OF CONDUCT Parent's Initials _____

During the year all parents are expected to actively participate in the operational activities of home games. Activities include but are not limited to: concessions, door, score board and cleaning. Head coaches/Athletics association will co-ordinate these activities.

I AGREE TO VOLUNTEER MY TIME DURING HOME GAMES Parent's Initials _____

The Athletics Association hosts a number of fund raisers each year in order to keep athletic fees down and maintain the St. Chris gym. Successful operation of these fund raisers requires parent involvement.

I AGREE TO VOLUNTEER MY TIME DURING ATHLETIC ASSOCIATION FUNDRAISERS Parent's Initials _____

I agree that images containing my child may be shared on the Athletic or School website, via social media or in print at the discretion of St. Christopher Athletics.

PICTURE/IMAGE WAIVER Parent's Initials _____

Signature below indicates willingness to pay all outstanding Athletic fees by the middle of each respective sport season that your child is participating in. Violators may be subject to late fees, eligibility restrictions, or a combination of both.

I AGREE TO PAY MY ATHLETIC FEES Parent's Initials _____

The St. Christopher Athletic Association is not responsible for claims resulting from injuries that occur during athletic events. It is highly recommended that each player be covered with their own health insurance.

I ACKNOWLEDGE THE RISK INVOLVED FOR MY CHILD AND INDEMNIFY ST. CHRISTOPHER ATHLETIC ASSOCIATION OF ANY COSTS DUE TO ANY HARM OR INJURY TO MY CHILD DURING PARTICIPATION IN ANY ATHLETIC ACTIVITY. Parent's Initials _____

Any questions, problems, or issues should be dealt with initially through your team coach. Call and set up an appointment with the coach. If resolution is not met, the issue will be escalated to the Athletic Board. The board's decision shall be final. Play at the 4th & 5th grade levels is considered instructional and given attendance at games, practices, participation, and behavior, playing time should be equal for all players throughout the season. In the upper grades (6th, 7th, and 8th), given attendance at games, practices, participation, and behavior, playing time is expected for each player throughout the season "with the exception of play-off games and tournaments".

Parent or Guardian Signature _____

FOR OFFICE USE ONLY

CASH:

Amount Received: _____

CHECK:

CHECK #: _____

Received by _____



CODE OF CONDUCT

The purpose of the following Sports Code of Conduct is to help define appropriate parental/guardian actions that support the mission of the athletic program. Parents/guardians should read, understand, and sign this form prior to participation.

Any parent/guardian who does not follow the guidelines below will be asked to leave the sports facility and be suspended from the privilege of attending games.

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these pillars of character.

As a parent/guardian, I therefore agree to the following:

1. I will not force my child to participate in sports.
2. I will remember that the game is for youth, not adults.
3. I will learn the rules of the game and the policies of the league.
4. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy towards all players, coaches, officials, and spectators at all games and practices.
5. I (and my guests) will not engage in any kind of unsportsmanlike conduct (booing, taunting, etc.) or any other form of harassment towards any official, coach, player, or parent.
6. I (and my guests) will not use any profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials, and spectators with respect.
10. I will teach my child the importance of hustle, playing fairly, and doing one's best.
11. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
12. I will emphasize the importance of skill development over winning and losing.
13. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my own child.
14. I will respect the officials and their authority during games, and will never publicly question their decisions.
15. I will respect the coaches for the time they donate, and I will never publicly confront, question, or criticize them.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches for the team.
18. I will not post any defamatory, negative, or false comments, on any social media about players, coaches, officials, and spectators. This includes direct and/or implied comments.
19. I will keep my account current for all sport costs and fees and I will properly maintain any borrowed school and athletic equipment.



RULES OF ELIGIBILITY AND PARTICIPATION FOR A STUDENT-ATHLETE

The following is a guideline to provide a formal standard of a student-athlete's eligibility to participate in any St. Christopher School Athletics' event. These events include, but are not limited to , playing the regular season and/or playoffs with a sports team, practicing with a team, playing in an in-house or external tournament, attending any in-house sporting event, participating in fundraisers, and attendance at banquets or team gatherings.

Review of Eligibility

- All Student-Athletes are required to submit a current Sports Physical prior to the start of the first practice.
- Only active students of St Christopher School and of St. Christopher Religious Education are allowed to participate in St. Christopher School Athletics.
- All Student-Athlete up to 7th grade must participate in practices for their team and may not miss all practices for the week because of, but not limited to, practicing with club teams, other school teams, etc. The minimum requirement is one day a week, with penalty of limited and/or no playing time up to removal of athlete. Coaches are not required to accommodate the schedules for parents or student/athletes.
- All Student-Athlete in an 8th grade team must participate in All practices for their team and may not miss practices because of, but not limited to, practicing with club teams, other school teams, etc. The requirement is 100% commitment to the team, with penalty of limited and/or no playing time up to removal of athlete. Coaches are not required to accommodate the schedules for parents or student/athletes.
- All Student Athletes, of all grade levels, must participate in All scheduled playoff / championship games with penalty of removal of athlete from the program, no pictures, no participation at end of year open gym day, must return uniforms, and suspension from registering for other sports for a minimum of one year.
- The principal/official representative of your school is responsible to see that only eligible students represent the school in interscholastic competition.
- The eligibility status will be determined on a variety of factors, including attendance to school/classroom, scholastic standing, and behavioral review. The severity of the penalty will be set forth by the principal/official representative based on his/her own guidelines.
 - Any question concerning your eligibility status set by this individual should be referred to your principal/official representative.
- No St Christopher Athletics board member, coordinator, coach, or volunteer of St. Christopher School is authorized to make any changes to the condition of eligibility that has been set forth by the principal/official representative.



(continued) - RULES OF ELIGIBILITY AND PARTICIPATION FOR A STUDENT-ATHLETE

- St. Christopher Athletics Board may also set penalties which can include in order of warnings, suspensions, and removal from participation, without refund of any fees. These penalties can be assessed to both the student-athlete and his/her parents or guardians.
 - Factors for which penalties can be assessed will be based on the following, but not limited to, failure to abide by the code of conduct, refusal to participate with team practices/games and events, refusal to following directions of a person in authority, damage to equipment or building, and unsportsmanlike conduct. This list is not comprehensive and will be supplemented at the discretion of the St. Christopher Athletics Board.
- Once a penalty has been given to an athlete, the case is considered closed. The choice to appeal the penalty will reopen the case and will result in the immediate withdrawal of the athlete from participation in practices, games, and any team event until the case is resolved and reclosed. The timing of resolution will be at the next availability of the principal, official representative, and/or St. Christopher Athletics Board.
- St. Christopher School, St. Christopher School Athletics, Religious Ed program, St. Christopher Parish, the principal/official representative of your school, or your school shall not be monetarily, financially, nor commercially liable for an ineligible status. An ineligible status will not constitute a refund, reduction in sport fee, or credit to the amount owed to St Christopher School Athletics. St. Christopher School Athletics reserves the right to pursue payment of an outstanding balance. This includes adding a fee and interest to your tuition and/or by any commercially available means.



GUIDELINES FOR RETURN TO LEARN AFTER A HEAD INJURY

After an athlete has been evaluated by an athletic trainer or physician and it has been determined that the athlete has sustained a concussion, the following protocol will be used to safely progress their return to learn. Under no circumstances will this protocol be accelerated. Should the athlete not be fully symptom free, they may progress through the RTL Protocol under parent or guardian direction. However, the athlete **MUST** be fully symptom free to progress through the RTP Protocol under Physician direction. Each athlete's return to learn guideline will be different and will not be compared to one another. The teaching staff and concussion management team will handle every case differently in order to provide the student-athletes with the best care. In opposition, it is strongly encouraged to be completely open and honest in regards to symptoms and triggers of symptoms during this process.

Rehabilitation Stage	Cognitive Activity at Each Stage of Rehabilitation	Success Goal of Each Stage
1. Controlled Cognitive activities	The student athlete should be exposed to normalcy until symptoms increase. The athlete is then encouraged to take note of different triggers of symptoms before the next stage.	Athlete can manage 35-45 minutes of cognitive function or activities of daily living without exacerbating symptoms.
2. Begin educational sessions in school with permission of parent or guardian	The student athlete should attempt to carry out a normal school day until symptoms increase. Accommodations may include: having a reader, prepared notes from a teacher, delaying tests/quizzes, 15 minute breaks. The Parent may decide for the athlete to report to school later or the Nurse may decide to leave school earlier.	Increase the amount of classes each day until one full day of class can be completed with controlled symptoms using any accommodation necessary.
3. Full class day symptom free	The student athlete can complete all and any school work given to him/her without symptoms of a concussion.	Completed RTL protocol
4. Begin RTP protocol	The RTP 6 day protocol begins. (B.R.A.I.N.G)	Complete the RTP protocol without symptoms of a concussion.



(continued) - GUIDELINES FOR RETURN TO LEARN AFTER A HEAD INJURY

After an athlete has been evaluated by an athletic trainer or physician and it has been determined that the athlete has sustained a concussion, the following protocol will be used to safely progress their return to play. Under no circumstances will this protocol be accelerated. There should be approximately 24 hours (or longer) for each stage, and the athlete should return to previous stages if symptoms recur. Resistance training should only be added in later stages.

Rehabilitation Stage	Functional Exercise at each Stage of Rehabilitation	Success Goal of Each Stage
1. No activity	Complete physical rest	Recovery (symptom free at rest)
2. Biking	Stationary cycling keeping intensity <70% maximum predicted heart rate (30 min. max)	Increase heart rate without symptoms
3. Running	Running while keeping intensity <70% maximum predicted heart rate (30 min. max)	Add movement without symptoms
4. Agility Exercises	Sport-specific exercises. No head-impact activities.	Add coordination and cognition without symptoms
5. Non-contact practice	Full practice without contact May start progressive resistance training	Increase exercise, coordination, and cognitive load without symptoms
6. Full contact practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff without symptoms
7. Return to play	Normal game play	Normal game play

Protocol established from: "Consensus statement on concussion in sport – The 3rd International Conference on concussion in sport, held in Zurich, November 2008." Journal of Clinical Neuroscience. (2009) 16:755–763



(continued) - GUIDELINES FOR RETURN TO LEARN AFTER A HEAD INJURY

Return to Participation: It is determined that an athlete is able to return to play when they are symptom free at rest and at exertion, and have returned to a baseline state of any of the tests they were administered. An athlete will not return to participation the same day as a concussive event. When returning athletes to play, they will follow the stepwise symptom-limited program outlined above. Once the athlete has received clearance from a physician licensed in all branches, and/or the athletic trainer, they may return to play. If an athlete receives clearance from a physician, the athletic trainer still reserves the right to hold the athlete out of participation. A parent's consent is not a sufficient means for an athlete to return to participation. A written script from a physician stating that the athlete is cleared to return to play is required.

Athletes who have not been cleared to participate cannot be in uniform for any games.

This protocol is implemented to promote compliance with: IHSA Return to Play Policy, IHSA Protocol for Implementation of NFHS Sports Playing Rule for Concussions, Illinois HB 0200, and City of Chicago Ordinance –Concussion Injuries in Student Athletes in Chicago Schools (Ch. 7-22 Municipal Code of Chicago) which outline that athletes exhibiting symptoms of a concussion cannot return to play until cleared by an appropriate health care professional.



(continued) - GUIDELINES FOR RETURN TO LEARN AFTER A HEAD INJURY

RETURN TO LEARN PROTOCOL

A. Concussion Management team will be notified of the student athlete's concussion.

- a. Management team includes
 - i. The Principal
 - ii. Athletic Director
 - iii. Coach
 - iv. Parent or Guardian

B. Returning to classroom

- a. The School's Principal will contact the individual student athlete's teacher via e-mail and will primarily oversee that proper academic accommodations are being made.
 - i. This e-mail will include the student's name, degree of concussion, and each symptom that the student has reported to the Physician or the Principal.
- b. The student should be able to maintain 35-45 minutes of normal mental activity or cognitive function before returning to the classroom.
 - i. The parent may decide when this is appropriate, unless the overseeing physician decides otherwise.
 - ii. If any days of absence are required, they will be considered excused absences.
- c. Once the student has resumed classes, appropriate accommodations will be established by the teachers with the assistance of the guidance counselor and school social worker.
 - i. Teachers are aware that no two concussions are ever the same and each student will have different accommodations for different triggers of symptoms.
 - ii. The teacher is to utilize the two pieces of literature given to them by the Athletic Director. These will be used to properly integrate the student athlete into their normal classroom activities as best as possible. Both Sources will be available on the School at <http://www.stchrisschool.org>.
 - 1. "Supporting the Student-Athlete's Return to the Classroom After a Sport-Related Concussion", By: Neal McGrath, PhD.
 - 2. CDC Guidelines and Informational Packets
- d. The final goal is to allow the student-athlete to complete one full day of school without the needs of any academic accommodation and free of symptoms.
- e. When all of the above guidelines are met, the Physician will communicate to the Principal and the athlete may begin the return to play protocol for St. Christopher School.



WAIVER AND RELEASE OF LIABILITY RELATING TO CORONA-VIRUS/COVID-19

I, for myself and on behalf of my child(ren) willingly agree with the following statements and agree to comply with all policies and procedures implemented by St. Christopher School ("School") and St. Christopher Athletics ("Athletics"):

- COVID-19 is contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state, health agencies have recommended wearing masks and maintain social distancing.
- The School and Athletics has put in place Operating Policies and Procedures, approved by the Archdiocese of Chicago, as a means to reduce the spread of COVID-19 during the re-opening of its facilities and programs.
- I understand that participation in activities and programs with Athletics includes possible exposure to and illness from infectious diseases, including COVID-19, even when these policies and procedures are followed.
- In consideration of being permitted to enter School facilities or allowed to participate in Athletics programming, I acknowledge the contagious nature of COVID-19 and the risk of injury that may result from exposure or infection to the same.
- I voluntarily agree to assume these risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my children) may experience or incur in connection with my child(ren)'s attendance at facilities operated by the School and Athletics or participation in programming at the School and Athletics ("Claims").
- On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the School and Athletics, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Park District, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Athletics program.
- I further expressly agree that the foregoing assumption of risk, release and waiver of liability, and indemnity agreement is intended to be as broad and inclusive as is permitted by the Laws of the State of Illinois and that if any portion thereof is held invalid, it is agreed that to balance shall, notwithstanding, continue in full legal force and effect.
- I have carefully read, I fully understand, and voluntarily sign this assumption of risk, release and waiver of liability, and indemnity agreement and further agree that no oral representations, statements or inducement apart from the foregoing written agreement has been made.



PARENT CONSENT FORM

Failure to provide this completed form will result in immediate withdrawal of the student-athlete from participation in practices, games, and team events.

By signing this form, I acknowledge I have been provided, understand, agree, and will abide by the Policy and Procedures regarding:

- CODE OF CONDUCT**
- RULES OF ELIGIBILITY AND PARTICIPATION FOR A STUDENT-ATHLETE**
- GUIDELINES FOR RETURN TO LEARN AFTER A HEAD INJURY**
- WAIVER AND RELEASE OF LIABILITY RELATING TO CORONA-VIRUS/COVID-19**

I agree to fulfill my responsibilities set forth by these policies and agree that deliberate violation of these policies can result in my suspension from participating as a spectator, coach, and/or official and may include suspension of my child from participating in the athletic program, based on recommendation from the St. Christopher Athletic Board, St. Christopher School, and/or St. Christopher Parish.

I agree to fulfill my financial responsibility as parent/guardian of my child(ren)'s participation in the St. Christopher Athletics program

I agree to provide a completed and current Sports Physical

Where applicable, I also acknowledge that I understand that these procedures are in accordance with current practices in the field of sports medicine and the current IHSA and State of Illinois legal requirements.

Circle One: St. Christopher Student Religious Ed Student

STUDENT

Student Name (Print): _____

Student Signature: _____

(If more than one student, please add names to back of this page)

PARENT OR LEGAL GUARDIAN

Name (Print): _____

Signature: _____

Date: _____ **Relationship to student:** _____



Pre-participation Examination



To be completed by athlete or parent prior to examination.

Name _____ School Year _____
Last First Middle

Address _____ City/State _____

Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____ Phone No. _____

Address _____ City/State _____

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____



Pre-participation Examination



PHYSICAL EXAMINATION FORM

Name _____

Last

First

Middle

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/Ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes _____ No _____ Limited _____ Examination Date _____

Additional Comments:

Physician's Signature _____ Physician's Name _____

Physician's Assistant Signature* _____ PA's Name _____

Advanced Nurse Practitioner's Signature* _____ ANP's Name _____

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.