

IOWA ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

ARTICLE VII 36.14(1) PHYSICAL EXAMINATION. Every year each student (grades 7-12) shall present to the student's superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, to the effect that the student has been examined and may safely engage in athletic competition. This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or neatly print this information)

Student's Name _____ Male ___ Female ___ Date of Birth _____ Grade _____

Home Address (Street, City, Zip) _____ School District _____

Parent's/Guardian's Name _____ Date _____ Phone # _____

Family Physician _____ Phone # _____

HEALTH HISTORY (The following questions should be completed by the student-athlete with the assistance of a parent or guardian. A parent or guardian is required to sign on the other side of this form after the examination.)

	Yes	No	Does this student have / ever had?		Yes	No	Does this student have / ever had?
1.	_____	_____	Allergies to medication, pollen, stinging insects, food, etc.?	20.	_____	_____	Head injury, concussion, unconsciousness?
2.	_____	_____	Any illness lasting more than one (1) week?	21.	_____	_____	Headache, memory loss, or confusion with contact?
3.	_____	_____	Asthma or difficulty breathing during exercise?	22.	_____	_____	Numbness, tingling or weakness in arms or legs with contact?
4.	_____	_____	Chronic or recurrent illness or injury?	*****			
5.	_____	_____	Diabetes?	23.	_____	_____	Severe muscle cramps or illness when exercising in the heat?
6.	_____	_____	Epilepsy or other seizures?	*****			
7.	_____	_____	Eyeglasses or contacts?	24.	_____	_____	Fracture, stress fracture or dislocated joint(s)?
8.	_____	_____	Herpes or MRSA?	25.	_____	_____	Injuries requiring medical treatment?
9.	_____	_____	Hospitalizations (Overnight or longer)?	26.	_____	_____	Knee injury or surgery?
10.	_____	_____	Marfan Syndrome?	27.	_____	_____	Neck injury?
11.	_____	_____	Missing organ (eye, kidney, testicle)?	28.	_____	_____	Orthotics, braces, protective equipment?
12.	_____	_____	Mononucleosis or Rheumatic fever?	29.	_____	_____	Other serious joint injury?
13.	_____	_____	Seizures or frequent headaches?	30.	_____	_____	Painful bulge or hernia in the groin area?
14.	_____	_____	Surgery?	31.	_____	_____	X-rays, MRI, CT scan, physical therapy?
*****				*****			
15.	_____	_____	Chest pressure, pain, or tightness with exercise?	32.	_____	_____	Has a doctor ever denied or restricted your participation in sports for any reason?
16.	_____	_____	Excessive shortness of breath with exercise?	33.	_____	_____	Do you have any concerns you would like to discuss with your health care provider?
17.	_____	_____	Headaches, dizziness or fainting during, or after, exercise?				
18.	_____	_____	Heart problems (Racing, skipped beats, murmur, infection, etc.?)				
19.	_____	_____	High blood pressure or high cholesterol?				

Family History:

34. Yes ___ No ___ Does anyone in your family have Marfan syndrome?

35. Yes ___ No ___ Has anyone in your family died of heart problems or any unexpected/unexplained reason before the age of 50?

36. Yes ___ No ___ Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?

37. Yes ___ No ___ Has anyone in your family had unexplained fainting, seizures, or near drowning?

38. Yes ___ No ___ Does anyone in your family have asthma?

39. Yes ___ No ___ Do you or someone in your family have sickle cell trait or disease?

Use this space to explain any "YES" answers from above (questions #1-38) or to provide any additional information:

40. Are you allergic to any prescription or over-the-counter medications? If yes, list: _____

41. List all medications you are presently taking (including asthma inhalers & EpiPens) and the condition the medication is for:
 A. _____ B. _____ C. _____

42. Year of last known vaccination: Tetanus: _____ Meningitis: _____ Influenza: _____

43. What is the most and least you have weighed in the past year? Most _____ Least _____

44. Are you happy with your current weight? Yes ___ No ___ If no, how many pounds would you like to lose or gain?
 Lose _____ Gain _____

FOR FEMALES ONLY:

1. How old were you when you had your first menstrual period? _____

2. How many periods have you had in the last 12 months? _____

PHYSICAL EXAMINATION RECORD (To be completed by a licensed medical professional as designated in Article VII 36.14(1). *This evaluation is only to determine readiness for sports participation. It should NOT be used as a substitute for regular health maintenance examinations.*)

Athlete's Name _____ Height _____ Weight _____
 Pulse _____ Blood Pressure _____ / _____ (Repeat, if abnormal _____ / _____) Vision R 20/ _____ L 20/ _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
1. Appearance (esp. Marfan's)			
2. Eyes/Ears/Nose/Throat			
3. Pupil Size (Equal/Unequal)			
4. Mouth & Teeth			
5. Neck			
6. Lymph Nodes			
7. Heart (Standing & Lying)			
8. Pulses (esp. femoral)			
9. Chest & Lungs			
10. Abdomen			
11. Skin			
12. Genitals - Hernia			
13. Musculoskeletal - ROM, strength, etc. (See questions 24-31)			
14. Neurological			

Comments regarding abnormal findings: _____

LICENSED MEDICAL PROFESSIONAL'S ATHLETIC PARTICIPATION RECOMMENDATIONS

FULL & UNLIMITED PARTICIPATION

LIMITED PARTICIPATION - May NOT participate in the following (checked):

Baseball Basketball Bowling Cross Country Football Golf Soccer
 Softball Swimming Tennis Track Volleyball Wrestling

CLEARANCE PENDING DOCUMENTED FOLLOW UP OF

NOT CLEARED FOR ATHLETIC PARTICIPATION DUE TO

Licensed Medical Professional's Name (Printed)

Date of PPE

Licensed Medical Professional's Signature

Phone

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I hereby verify the accuracy of the information on the opposite side of this form and give my consent for the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated above by the licensed professional. I also give my permission for the team's physician, certified athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

Name of Parent or Guardian (Printed)

Signature of Parent or Guardian

Address (Street/PO Box, City, State, Zip)

Phone Number

This form has been developed with the assistance of the Committee on Sports Medicine of the Iowa Medical Society and has been approved for use by the Iowa Department of Education, Iowa High School Athletic Association, and Iowa Girls High School Athletic Union. Schools are encouraged NOT to change this form from its published format. Additional school forms can be attached to this form.

A FACT SHEET FOR PARENTS AND STUDENTS

HEADS UP: Concussion in High School Sports

The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:

- (1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
- (2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
- (3) Key definitions:
 - “Licensed health care provider” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
 - “Extracurricular interscholastic activity” means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

What parents/guardians should do if they think their child has a concussion?

1. **OBEY THE NEW LAW.**
 - a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
 - b. Seek medical attention right away.
2. Teach your child that it's not smart to play with a concussion.
3. Tell all of your child's coaches and the student's school nurse about ANY concussion.

What are the signs and symptoms of a concussion?

You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

STUDENTS:

If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

Signs Reported by Students:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

PARENTS:

How can you help your child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

Signs Observed by Parents or Guardians:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Information on concussions provided by the Centers for Disease Control and Prevention.

For more information visit: www.cdc.gov/Concussion

IT'S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.

Le Mars Middle School Activity/Athletic Expectations

Insurance and Physical Examinations

Before any athlete will be allowed to start practice, they must have the following:

- A recent physical examination from the doctor supplied by the school or by your family physician, at your own expense. Completed physicals may be turned in to your coach or the middle school office.
- Take out accident insurance from the school or have a waiver form from the school signed by a parent or guardian.
- If an athlete should be injured while at practice, they must report to their coach the nature of the injury and how it happened.

Attendance in school

- A participant will be ineligible to practice or participate in his/her activity on days that they are absent due to illness.
- Participants who are absent for any other reason are ineligible on that day, unless it has been cleared in advance with the Assistant Principal or Activities Director.
- An unexcused absence from ANY class during a particular school day will make that person ineligible for that day.
- It is the expectation that students participate fully in school physical education classes if the student is participating in athletic functions before or after school.

General Conduct

- Participants will be considered as "good-will" ambassadors of Le Mars and will conduct themselves as ladies and gentlemen at all times.
- Rules listed under conduct are not intended to be all-inclusive. We expect our students to behave properly. This includes showing respect for others and for the property belonging to others. Students shall conduct themselves in a manner consistent with the policies of the school and/or the school district handbook. Any student conduct, which endangers the property, health or safety of others or self, impedes the opportunity for that student and others to learn. Violations of school rules will not be tolerated. Police assistance will be requested when local, state or federal laws are violated.

After School Practice Guidelines

- Students should leave the building when practice has concluded and not return without permission of the coach.

Personal Appearance

- It is the coach's/sponsor's discretion to establish reasonable guidelines at the beginning of each sport's season to protect the health and safety of each participant.

Bus Behavior

- Participants will be expected to behave as young adults at all times on bus trips.
- When food or drink is consumed on trips, participants will be responsible for their garbage and dispose of it properly.
- Students may return from an event with their parents or other chaperone only if proper arrangements have been made. This may include but is not limited to parental contact with the coach, written notes from parents/guardians, written notes from both sets of parents (if riding home with another student's parents)

Academic Eligibility

- To be eligible to participate in activities, students must have passing grades in four major subjects. Teachers report all failing grades to the office at the end of each quarter. If a student is not passing the required number of subjects, that student will not be permitted to participate in events until the report deficiencies are satisfied. If students are not passing in four core subjects at the end of the quarter, they are ineligible for the entire next quarter.

If not passing 4 core classes during:

Quarter 1
Semester 1
Quarter 3
Semester 2

The student will be ineligible during:

Quarter 2
Semester 2
Quarter 4
Semester 1 – next year

Eligibility During Disciplinary Situations

- A student may not, under any circumstances, participate in activities when he/she is under suspension or expulsion. Should disciplinary action under Policies 502.3, 502.3.1 or 502.3.2 result in loss of eligibility greater than that outlined above, the more severe loss of eligibility shall prevail.

Code of Conduct (Code 502.1.1)

- Students are expected to conduct themselves in accordance with the policies, rules and regulations of the Le Mars Community School District and its member schools as well as in compliance with all federal, state and municipal laws. Student eligibility to participate in activities, performances or contests as representatives of the school or school district is dependent upon the student's conduct throughout the calendar year in relation to this code.
- Violations of this Code that will impact participation eligibility include but are not necessarily limited to any of the following.
 1. An admission, a finding of violation by school administration officials based on a preponderance of the evidence, a plea of guilty in court or a court finding of guilty for possession, consumption, sale or distribution of alcoholic beverages;
 2. An admission, a finding of violation by school administration officials based on a preponderance of the evidence, a plea of guilty in court, or a court finding of guilty for the possession, use, distribution or sale of illicit drug paraphernalia, substances represented to be illicit drugs or actual illicit drugs to include identifiable illicit drug residue;
 3. An admission, a finding of violation by school administration officials based on a preponderance of the evidence, a plea of guilty in court or a court finding of guilty for the possession, use, distribution or sale of tobacco products;
 4. An admission, a plea of guilty in court or a court finding of guilty for the commission of any crime with the exception of a citation for minor traffic law violations;
 5. Infractions concerning school rules to include, but not necessarily be limited to, intentional damage to school property, excessive unexcused absence, flagrant and/or repeated insubordination, harassment or assaultive behavior directed toward other students or school personnel or other actions which significantly disrupt the educational process
 - In the event that a student finds himself/herself in the company of others where conduct prohibited under this Code is taking place, and he/she fails to leave the vicinity as soon as is practical under the circumstances, said student shall be deemed to be in violation of this Code.
 - In the event that a student transfers to the Le Mars Community Schools for any reason and school officials are, or become aware that the student would be ineligible under his/her prior school's Code of Conduct Policy or similar policy, then the provisions of this Code of Conduct Policy shall be applied.
 - An infraction shall result in loss of eligibility for seven days and a minimum of one event (public appearance). A second offense shall result in loss of eligibility for 28 days and a minimum of four events (public appearances). In the instance of infractions involving alcohol, illicit drugs or assaultive behavior, a student must agree to an immediate assessment from a school-approved treatment/counseling agency and agree to follow the recommendations of the assessment counselor. All assessment and treatments shall be at no cost to the school district. A student with a third offense will be declared ineligible for a period of twelve calendar months. Any subsequent violations of the code will result in permanent ineligibility for as long as the student attends Le Mars Community Schools.

NOTE: If the code of conduct has been violated, students may be kept out of graded performances and given an alternative assignment to complete.

PLEASE PRINT

Athlete's Name _____

Sex _____

Address _____

Grade _____

ATHLETIC INSURANCE WAIVER

All participants in Junior and Senior High School Athletics must either purchase insurance made available by the school to cover the sport(s) they are going to participate in or have their own insurance that will cover the participant.

Please sign the waiver below **ONLY IF YOU DO NOT WISH TO PURCHASE THE SCHOOL'S INSURANCE**. This will tell us that you have some other form of insurance to cover your son/daughter in case of an injury.

WAIVER: We, the undersigned parents, DO NOT wish to purchase school offered insurance to provide protection for our son/daughter in every sport that he/she is going to participate in during the school year. Furthermore, we understand that there is no school insurance should our son/daughter be injured in an athletic activity for which we did not purchase such protection.

Parent/Guardian Signature

PARENT OR LEGAL GUARDIAN PERMISSION

By its nature, participation in interscholastic athletics includes risk of injury which may range in severity from minor to disabling to eve death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the change of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

By signing this Permission Form, we acknowledge that we have read the above information. **PARENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THE WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

"I hereby give my consent for _____

1. To represent his/her school in approved athletic activities except those listed.
2. To accompany any school team of which he/she is a member on its local and out of town trips.
3. To receive, through a medical doctor of the school's choice, emergency medical care which may become reasonably necessary in the course of such athletic activities or such travel.

I further agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the above name student in the proper course of such athletic activities or travel.

(Parent/Legal Guardian Signature)

Date: _____

(Student Signature)

Date: _____

HEADS UP: Concussion in High School Sports

We have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High School Sports."

Student's Signature

Date

Student's Printed Name

Parent's/Guardian's Signature

Date

Student's School

LCMS Activity/Athletic Expectations

I agree, acknowledge and authorize the participation of my child, and my child's participation in the student activities/athletics of the Le Mars Community School District shall be in accordance with the rules and regulations set out in the expectation sheets.

Parent/Guardian Signature: _____

I, a student of the Le Mars Community School District, do hereby acknowledge that I have read, examined and have had explained to me the behavior guidelines and policies outline in the expectation sheets. I agree to abide by the expectations listed on those sheets.

Student Signature: _____

Date: _____

IMPORTANT: Students who participant in interscholastic athletics, cheerleading and dance and their parents/guardians; must sign these acknowledgements and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.