

The **California Interscholastic Federation** requires an annual Pre-Participation Physical Examination (PPE) by a health practitioner for all student-athletes before the student engages in a tryout, practice, or actual competition (CIF Bylaw 308). This certificate of physical examination is valid for one (1) calendar year.

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION
(To be completed by the parent. Please type or print this information.)

Name _____ Male _____ Female _____ Date of Birth _____ Grade _____
 Home Address _____ City _____ Zip Code _____
 Parent's/Guardian's Name _____ Home Phone # _____
 Family Physician _____ Phone # _____
 Hospital Preference _____ Address _____
 Person to contact if parents/guardian cannot be located _____
 Address _____ City/State/Zip Code _____
 Phone: Work _____ Home _____ Date _____

INSURANCE: _____ *My child is covered by a family health/accident insurance plan.*
 _____ *I will purchase an alternative health/accident insurance policy.*

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 the 2nd page of this form after the physical examination is completed.)

	Yes	No	Has this student had any?		Yes	No	Has this student had any?
1.			Chronic or recurrent illness or injury?	16.			Asthma?
2.			Any illness lasting more than one (1) week?	17.			Epilepsy or other seizures?
3.			Rheumatic fever, mononucleosis?	18.			Diabetes?
4.			Hospitalizations (Overnight or longer)?	19.			Eye glasses or contact lenses?
5.			Surgery, other than tonsillectomy?	20.			Dental braces, bridges, plates?
6.			Missing organs (eye, kidney, testicle)?				
7.			Allergy to medications, insects, food?		Yes	No	Is there a history of?
8.			Seasonal allergies (hay fever)?	21.			Injuries requiring medical treatment?
9.			Problems with heart, blood pressure, cholesterol?	22.			Neck injury?
10.			Racing of your heart or skipped heart beats?	23.			Knee injury?
11.			Chest pain with exercise?	24.			Knee surgery?
12.			Frequent headaches, convulsions, dizziness, fainting?	25.			Ankle injury?
13.			Dizziness or fainting with exercise?	26.			Broken bones (fractures)?
14.			Concussion, unconsciousness, extremity numbness?	27.			Other serious joint injuries?
15.			Heat exhaustion, heat stroke, or other heat related problems?	28.			Use of protective equipment or braces?
	Yes	No	Further History				
29.			Is there a history of family or genetic disease?				
30.			Has any family member died suddenly at less than 40 years of age of causes other than an accident?				
31.			Has any family member had a heart attack at less than 55 years of age?				
32.			Are you uncomfortably short of breath after running ½ mile (2 times around a track) without stopping?				
33.			List all medications you are presently taking, including asthma inhalers, and the condition the medication is for:				
34.			What is the most and least you have weighed in the past year?		Most:		Least:
			Date of last known tetanus (lockjaw) shot:				Date of Hepatitis B Series:

FOR WOMEN ONLY:

1. How old were you when you had your first menstrual period? _____
 2. In the past year, what is the longest time you have gone between menstrual periods? _____
- Use this space to explain any of the above numbered YES answers or to provide additional information: _____

PHYSICAL EXAMINATION RECORD

To be completed by a licensed medical doctor (no chiropractors.) 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 _____ Vision: R 20/ _____ L 20/ _____

Table with 4 columns: NORMAL, ABNORMAL FINDINGS, INITIALS. Rows include: Appearance (esp. Marfan's), Eyes/Ears/Nose/Throat, Mouth & Teeth, Neck, Lymph Nodes, Heart (Standing & Lying), Pulses (esp. Femoral), Chest & Lungs, Abdomen, Skin, Genitals - Hernia, Musculoskeletal - ROM, strength, etc. (See questions 21-27), Neurological, Scoliosis.

Clearance Recommendations:

- Full & Unlimited Participation
Limited Participation - May NOT participate in the following (checked):
Baseball, Basketball, Cross Country, Football, Golf, Soccer, Softball, Swimming, Tennis, Track, Volleyball, Wrestling, Water Polo, Other

Clearance Pending Documented Follow up of

NOT CLEARED FOR ATHLETIC PARTICIPATION

Comments regarding abnormal findings: _____

Licensed Professional's Name (Printed): _____ Exam Date: _____

Licensed Professional's Signature: _____ Phone: _____

To be completed by parent/guardian. By signing below, I state that I have read and understand the following:

- 1. I hereby give my permission to an authorized athletic trainer to give medical attention for my child in case of injury or illness.
2. I give my consent for my child to engage in state association approved athletic activities as a representative of his/her school.
3. I give my consent for my child to accompany his/her team as a member on school sponsored transportation to both in and out of town contests.
4. I give my consent for my child to travel to or from a school athletic event by means other than a school vehicle when school transportation is unavailable or impractical.
5. I have read the "CIF/DEL RIO LEAGUE CODE OF ETHICS" that contains regulations for behavior both in and out of school, and health rules that forbid the use or possession of steroids, alcohol, tobacco, and drugs.
6. ACKNOWLEDGEMENT OF RISK: I realize that there is a risk of being injured that is inherent in all sports.
7. EQUIPMENT: In certain sports, practice and game equipment is issued to athletes. As a member of this squad it is expected:
- All equipment will be checked in by your son/daughter immediately after a sport is finished.
- He/she will pay for any equipment lost.
- This equipment is to be worn only at school athletic events and practices.

Typed or printed Name of Parent or Guardian

Signature of Parent or Guardian

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

Phone Number

Date