



PREPARTICIPATION PHYSICAL EVALUATION 2018-2019

HISTORY FORM - Please be advised that this paper form is no longer the OHSAA standard.

(Note: This form is to be filled out by the student and parent prior to seeing the medical examiner.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Address _____

Emergency Contact: _____ Relationship _____

Phone (H) _____ (W) _____ (Cell) _____ (Email) _____

Medicines and Allergies: Please list the prescription and over-the-counter medicines and supplements (herbal and nutritional-including energy drinks/ protein supplements) 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.

Table with columns: Question, Yes, No. Includes sections: GENERAL QUESTIONS, HEART HEALTH QUESTIONS ABOUT YOU, HEART HEALTH QUESTIONS ABOUT YOUR FAMILY, BONE AND JOINT QUESTIONS.

Table with columns: Question, Yes, No. Section: BONE AND JOINT QUESTIONS - CONTINUED.

Table with columns: Question, Yes, No. Section: MEDICAL QUESTIONS, FEMALE ONLY.

Explain "yes" answers here

Blank lines for explaining "yes" answers.

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

Signature of Student _____ Signature of parent/guardian _____ Date: _____

The student has family insurance Yes No If yes, family insurance company name and policy number: _____



Ohio High School Athletic Association



PREPARTICIPATION PHYSICAL EVALUATION 2018-2019

THE ATHLETE WITH SPECIAL NEEDS - SUPPLEMENTAL HISTORY FORM

PLEASE COMPLETE ONLY IF YOUR STUDENT HAS SPECIAL NEEDS OR A DISABILITY.

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ 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 a 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 have 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	No
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 tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

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 Student _____ Signature of parent/guardian _____ Date: _____



PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- 1. 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, 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 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 or use condoms?
• Do you consume energy drinks?
2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).

Table with columns for EXAMINATION, DATE OF EXAMINATION, and ABNORMAL FINDINGS. Rows include Height, Weight, BP, Pulse, Vision, and various medical and musculoskeletal categories.

ªConsider ECG, echocardiogram, or referral to cardiology for abnormal cardiac history or exam.
ºConsider GU exam if in private setting. Having third part present is recommended.
ºConsider cognitive or baseline neuropsychiatric testing if a history of significant concussion.

CLEARANCE FORM

Note: Authorization forms (pages 5 and 6) must be signed by both the parent/guardian and the student.

Name _____ 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 _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the pre-participation physical evaluation. The student 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. In the event that the examination is conducted en masse at the school, the school administrator shall retain a copy of the PPE. If conditions arise after the student 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 or medical examiner (print/type) _____ Date of Exam _____

Address _____ Phone _____

Signature of physician/medical examiner _____, MD, DO, D.C., P.A. or A.N.P.

EMERGENCY INFORMATION

Personal Physician _____ Phone _____

In case of Emergency, contact _____ Phone _____

Allergies _____

Other Information _____

Ohio Department of Health Concussion Information Sheet

For Interscholastic Athletics

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

Signs and Symptoms of a Concussion

Athletes do not have to be “knocked out” to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child’s health at risk!

Signs Observed by Parents of Guardians

- ◆ *Appears dazed or stunned.*
- ◆ *Is confused about assignment or position.*
- ◆ *Forgets plays.*
- ◆ *Is unsure of game, score or opponent.*
- ◆ *Moves clumsily.*
- ◆ *Answers questions slowly.*
- ◆ *Loses consciousness (even briefly).*
- ◆ *Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).*
- ◆ *Can’t recall events before or after hit or fall.*

Symptoms Reported by Athlete

- ◆ *Any headache or “pressure” in head. (How badly it hurts does not matter.)*
- ◆ *Nausea or vomiting.*
- ◆ *Balance problems or dizziness.*
- ◆ *Double or blurry vision.*
- ◆ *Sensitivity to light and/or noise*
- ◆ *Feeling sluggish, hazy, foggy or groggy.*
- ◆ *Concentration or memory problems.*
- ◆ *Confusion.*
- ◆ *Does not “feel right.”*
- ◆ *Trouble falling asleep.*
- ◆ *Sleeping more or less than usual.*

Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season... or risk permanent damage!

Seek Medical Attention Right Away

Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- ◆ *No athlete should return to activity on the same day he/she gets a concussion.*
- ◆ *Athletes should NEVER return to practices/games if they still have ANY symptoms.*
- ◆ *Parents and coaches should never pressure any athlete to return to play.*

The Dangers of Returning Too Soon

Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified healthcare professional.

Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete’s injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children’s brains take several weeks to heal following a concussion.



Returning to Daily Activities

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

Returning to Learn (School)

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
 - a. Increased problems paying attention.
 - b. Increased problems remembering or learning new information.
 - c. Longer time needed to complete tasks or assignments.
 - d. Greater irritability and decreased ability to cope with stress.
 - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.
5. For more information, please refer to Return to Learn on [the ODH website](#).

Resources

ODH Violence and Injury Prevention Program
<http://www.healthy.ohio.gov/vipp/child/returntoplay/>

Centers for Disease Control and Prevention
<http://www.cdc.gov/headsup/basics/index.html>

National Federation of State High School Associations
www.nfhs.org

Brain Injury Association of America
www.biausa.org/

Returning to Play

1. Returning to play is specific for each person, depending on the sport. *Starting 4/26/13, Ohio law requires written permission from a health care provider before an athlete can return to play.* Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Ohio law prohibits your child from returning to a game or practice on the same day he/she was removed.
4. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
5. Your athlete should complete a step-by-step exercise -based progression, under the direction of a qualified healthcare professional.
6. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child's full recovery would take about one week once they have no symptoms at rest and with moderate exercise.*

Sample Activity Progression*

Step 1: Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).

Step 2: Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).

Step 3: Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).

Step 4: Full contact in controlled practice or scrimmage.

Step 5: Full contact in game play.

*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.

Ohio Department of Health Concussion Information Sheet

For Interscholastic Athletics

I have read the Ohio Department of Health's Concussion Information Sheet and understand that I have a responsibility to report my/my child's symptoms to coaches, administrators and healthcare provider.

I also understand that I/my child must have no symptoms before return to play can occur.

Athlete

Date

Athlete *Please Print Name*

Parent/Guardian

Date



Norwalk Catholic School - Emergency Medical Authorization Form

Student Name _____

Address _____

_____ Zip _____

Telephone (____) _____

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who became ill or injured while under school authority, when parents or guardians cannot be reached.

Student can be given Tylenol _____yes _____no

Residential Parent or Guardian

Mother's Name _____ Daytime Phone (____) _____

Father's Name _____ Daytime Phone (____) _____

Name of Relative or Childcare Provider

_____ Relationship _____

Address _____ Daytime Phone (____) _____

Part 1: To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called.

Physician _____ Phone (____) _____

Dentist _____ Phone (____) _____

Hospital _____ Phone (____) _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available; by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date _____ Signature of Parent/Guardian _____

Address _____

Part 2: Refusal to Consent

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date _____ Signature of Parent/Guardian _____

Address _____

PARENT PERMISSION FORM FOR ATHLETIC TRAINING SERVICES

Norwalk Catholic School has contracted with Fisher-Titus Medical Center for the 2018-2019 school year to provide athletic training services at St. Paul High School / Jr. High. A certified athletic trainer from Fisher-Titus Medical Center will assist the coaches and athletes in the recognition, rehabilitation, treatment and management of injuries.

Please sign below and return sheet to the Athletic Office.

I authorize my son/daughter _____ to have access to
(student-athlete's name)

a certified athletic trainer from the Fisher-Titus Medical Center and to release any or all information concerning their injury to his/her coach, athletic director, or other school representative.

Parent/Guardian Signature

Date

I do not authorize my son/daughter _____ to have
(student-athlete's name)

access to a certified athletic trainer from the Fisher-Titus Medical Center.

Parent/Guardian Signature

Date

NORWALK CATHOLIC ELEMENTARY ATHLETIC POLICY

The following rules are to help students who represent Norwalk Catholic Elementary School achieve self-discipline, as well as mental, physical, emotional, and spiritual well-being. These rules apply to all male and female students.

Students are expected to maintain their academic work in school in order to continue to be eligible for any extra-curricular activity. Each time our students participate in a school event, they represent our school and church communities, and should display a Christian attitude and good sportsmanship.

ELIGIBILITY

Grades are monitored weekly by the teachers through the athletic office. Any student who has a failing grade in a subject will be placed on a one-week probation while trying to bring their grade up. If the grade has not been brought up to a passing grade at the end of the probation week, the student will be ineligible for the next week of competition. Ineligible students may continue to practice with the team but may not dress for games. However, they are required to sit with their teammates.

If, at the end of the suspension week, the student has brought the failing grade up, they can resume playing in contests. If they have not, they will continue to be ineligible until the grade is brought up. A conference may be called with parents to discuss a student's future on the team if they are ineligible on more than one occasion.

GENERAL REGULATIONS

While students are on either in-school or out-of-school suspension, the student may be required to attend a practice or game, but may not participate in contests.

Team advisors and coaches are permitted to add their own training rules. The athletic office and all team members must receive written copies of such rules.

INHERENT RISK

Although every precaution will be taken to avoid any possible injury to every athlete, there are inherent risks involved in participating in any practice, lifting session, conditioning and sport competition.

SCHOOL ATTENDANCE

Students who arrive to school after lunch because of illness, may not participate in practice or in contests held that night.

NORWALK CATHOLIC ELEMENTARY SCHOOL ATHLETIC VIOLATIONS AND CONSEQUENCES

Use of illegal drugs:

1st: Expulsion from school.

Violation of established hours:

1st: Warning and extra work from the coach or advisor.

2nd: Suspension from one or more competitions.

3rd: Dropped from the team or activity for the season.

Unexcused absence from a practice:

1st: One week suspension from competition.

2nd: Two week suspension from competition.

3rd: Dropped from team for remainder of season.

Unexcused absence from a game:

1st: One to four week suspension from competition.

2nd: Two to four week suspension from competition.

3rd: Dropped from the team for remainder of season.

Unsportsmanlike conduct at a competition whether as participant or spectator:

1st: One to four week suspension from competition.

2nd: One to four week suspension from competition.

Smoking, possession of, or use of tobacco products:

1st: Football-one game suspension. Other sports-two game suspension.

2nd: Dropped from the team for remainder of season.

Use or possession of alcoholic beverages at school function:

1st: Five (5) to ten (10) days out-of-school suspension.
Student dropped from team and cannot be member of any school team for remainder of school year.

2nd: Expulsion from school.

Use or possession of alcoholic beverages outside of school function:

1st: Student is dropped from team and will sit out equivalent of one season.

2nd: Student will be dropped from team and will not be permitted to be member of any team for one (1) year from that date.