

Preparticipation Physical Evaluation - Physical Form

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____

Examination			
Height:	Weight:		
BP: / (/)	Pulse:	Vision: R 20/ L 20/	Corrected ___ Yes ___ No

Medical	Normal	Abnormal Findings
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency)		
Eyes / Ears / Nose / Throat - Pupils equal / Hearing		
Lymph Nodes		
Heart - Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver)		
Lungs		
Abdomen		
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis		
Neurologic		
Musculoskeletal:		
- Neck		
- Back		
- Shoulders/Arm		
- Elbow/Forearm		
- Wrist/Hand/Fingers		
- Hip/Thighs		
- Knees		
- Leg/Ankles		
- Foot/Toes		
- Functional: Double-leg squat test, single leg squat test, and box drop or step drop test		

Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those.

Preparticipation Physical Evaluation

☐ Medically eligible for all sports without restriction.
☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: _____
☐ Medically eligible for certain sports: _____
☐ Not medically eligible pending further evaluation.
☐ Not medically eligible for any sports.
 Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____ MD, DO, NP, or PA

Preparticipation Physical Evaluation - History Form

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of Birth: _____ Sex: _____

Date of Examination: _____ Sport(s): _____

List past and current medical conditions: _____

Have you ever had surgery? If yes, list all past surgical procedures: _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional): _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects): _____

General Questions	Yes	No	Medical Questions	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?			16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Has a provider ever denied or restricted your participation in sports for any reason?			17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
3. Do you have any ongoing medical issues or recent illness?			18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
Heart Health Questions About You	Yes	No	19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
4. Have you ever passed out or nearly passed out DURING or AFTER exercise?			20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			21. Have you ever had numbness, tingling, or weakness in your arms or leg, or been unable to move your arms or legs after being hit or falling?		
6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?			22. Have you ever become ill while exercising in the heat?		
7. Has a doctor ever told you that you have any heart problems?			23. Do you or someone in your family have sickle cell trait or disease?		
8. Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography.			24. Have you ever had or do you have any problems with your eyes or vision?		
9. Do you get lightheaded or feel shorter of breath than your friends during exercise?			25. Do you worry about your weight?		
10. Have you ever had a seizure?			26. Are you trying to or has anyone recommended that you gain or lose weight?		
Health Questions About Your Family	Yes	No	27. Are you on a special Diet or do you avoid certain types of foods?		
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car accident)?			28. Have you ever had an eating disorder?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			Females Only	Yes	No
13. Does anyone in your family have a pacemaker or implanted Defibrillator before age 35?			29. Have you ever had a menstrual period?		
Bone and Joint Questions	Yes	No	30. How old were you when you had your first menstrual period?		
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a game or practice?			31. When was your most recent menstrual period?		
15. Do you have a bone, muscle, ligament or joint injury that bothers you?			32. How many periods have you had in the past 12 months?		

Explain a "Yes" answer here: _____

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date _____

Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

Name (please print) _____

As a parent or legal guardian of the above named student-athlete, I give permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, athletic trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Signature of Athlete _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

Coastal High School Athletic Contract

As a student-athlete at Coastal High School, you are expected to represent our school on and off the field of play. Participating in athletics is an honor and a privilege that requires high standards in academics, behavior and commitment. By signing below, the student-athlete agrees to the expectations outlined in the CHS Student Handbook as well as the Athletics Code of Conduct. Any detrimental actions towards the school, department or CHS team will not be accepted or tolerated.

Expectations for All CHS Athletes

*Representing CHS by showing pride, respect and dedication in all school and athletic activities.
Demonstrate leadership, teamwork, sportsmanship(Parents & Players) and school spirit.
Follow CHS, SCHSL and sport- specific rules and regulations year-round.*

Participation Requirements

Sports Physical: *completed by a licensed doctor is mandatory before any participation occurs.*

The packet contains 3-pages that must be signed and completed by the student-athlete as well as the parent/ guardian.

These physical exams must take place after April 1st of the present school year.

(example April 1,2025 covers the 25-26 school year).

Dress Code: Proper sports specific shoes, attire is mandatory

Game Day attire must apply to CHS School Dress Code.

Attendance

No more than 3 unexcused absences from practice/games per season

(We understand emergencies do happen - communication with coaching staff and AD is encouraged).

Late arrivals/ early departures without approval count as partial absences.

Student-athletes MUST be present at school to participate in game/ practices days

Academic Standards

Must be passing ALL classes in Powerschool to participate.

(No Failing grades)

Behavior and Discipline

All CHS Student Handbook applies

NO Unsportsmanlike conduct, harassment, bullying or detrimental behaviour

Respect teammates, coaches, officials, staff and community

Disciplinary actions taken by school administration for misconduct will result in suspensions and or dismissal from the team/ program.

Suspensions:

In School Suspension (ISS) = game suspensions (i.e. 1 day of ISS = 1 game suspension)

Out Of School (OOS)= game suspensions/ dismissal (i.e. 1 day of OOS = 2 games)

During ISS a student-athlete may attend practices/ games

During OOS a student- athlete MAY NOT attend practices/ games

3 total days of any deemed suspension = dismissal from team

Social Media and Public Conduct

No posting of any detrimental, harmful or negative content representing the team, school, department or community reputation

No Cyber harassment or bullying teammates, coaches, school, officials and or other schools/ opponents

Use Social Media wisely

School Issued Uniforms

All CHS issued uniforms are to be returned on designated day at end of the season to coaching staff, AD and or athletic department. Any damaged, lost or nonreturned uniform will result in a \$150.00 fine and transcripts for student-athletes will be withheld until fine is paid or uniform is returned

Parent/ Guardian Support and Behavior

Ensure the student-athlete meets and maintains academic, attendance and behavior expectations

NO unsportsmanlike or detrimental behavior towards team members, coaches , officials - any detrimental behavior from parents, guardians and or family members will not be tolerated

Maintain open communication with the Coaching staff and or AD with any concerns or issues

By signing this agreement, the student-athlete and their families agree to expectations, responsibilities and understand the consequences if failing to meet these requirements

Student-Athlete Name (Print): _____

Student-Athlete Signature: _____

Date ____/____/____

Parent/ Guardian Name (Print) : _____

Parent / Guardian Signature: _____

Date ____/____/____