In order to participate in athletics, there are some conditions that need to be met before you can play in a sport. Please take time to review the list below and make sure you have completed all necessary paperwork before returning the packet to the Athletic Department and becoming eligible to participate.

Student Name: ___________________________   ID#: __________________

Circle the sport for the season:

<table>
<thead>
<tr>
<th>Fall Sport</th>
<th>Winter Sport</th>
<th>Spring Sport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Football</td>
<td>Basketball (B)</td>
<td>Track and Field (B/G)</td>
</tr>
<tr>
<td>WaterPolo (B/G)</td>
<td>Basketball (G)</td>
<td>Baseball</td>
</tr>
<tr>
<td>Volleyball (G)</td>
<td>Wrestling (B/G)</td>
<td>Softball</td>
</tr>
<tr>
<td>Cross Country (B/G)</td>
<td>Soccer (B)</td>
<td>Volleyball (B)</td>
</tr>
<tr>
<td>Tennis (G)</td>
<td>Soccer (G)</td>
<td>Golf (B)</td>
</tr>
<tr>
<td>Golf (G)</td>
<td></td>
<td>Badminton (G)</td>
</tr>
<tr>
<td>Cheer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check List

✓ Sport Physical (Physical must be completed after June 1st)
✓ Select and complete correct Insurance form- STUDENT AND PARENT SIGNATURES
   o Athletic Insurance Information-Football/Informed Consent/Helmet Warning
   o Athletic Insurance Information/Informed Consent
✓ Complete and sign Ethics in Sports Form- STUDENT AND PARENT SIGNATURES
✓ Complete FUSD Student Expectations for Athletes- STUDENT AND PARENT SIGNATURES
✓ Complete Academic Eligibility Form
✓ Complete FUSD Student Emergency Cards (2 copies)- PARENT SIGNATURE
✓ Complete CIF Concussion Awareness Form- STUDENT AND PARENT SIGNATURE
✓ Sudden Cardiac Arrest Awareness Form- STUDENT AND PARENT SIGNATURE
✓ After-School Program Application (optional)

YOU MUST HAVE A COMPLETED ATHLETIC PACKET ON FILE IN THE ATHLETIC OFFICE BEFORE YOU CAN BEGIN PRACTICE. ONCE THE SPORTS PACKET IS COMPLETE, THE STUDENT IS CLEARED FOR THE ENTIRE SCHOOL YEAR.

TURN THIS PACKET INTO THE ATHLETIC TRAINER FOR A BLUE CLEARANCE CARD.
California Interscholastic Federation
Central Section
[559] 781-7586  Fax (559)781-7033

Ethics in Sports

I. Policy Statement
The Central Section, CIF is committed to the exhibition of sportsmanlike and ethical behaviors in and around all athletic contests. All contests must be safe, courteous, fair, controlled, and orderly for all athletes and fans alike.

It is the intent of the CIF that violence, in any form, will not be tolerated. In order to enforce this policy, the Central Section has established rules and regulations which set forth the manner of enforcement and of this policy and the penalties incurred when violation of the policy occurs. The rules and regulations shall focus upon the responsibility of the coach to teach and demand high standards of conduct and to enforce the rules and regulations set forth by CIF.

The Central Section requires the following Code of Ethics be issued each year and requires signing by student athletes, parent/guardian and coaches prior to participation as a guide to govern their behavior.

II. Code of Ethics
A. To emphasize the proper ideas of sportsmanship, ethical conduct and fair play.
B. To eliminate all possibilities which tend to destroy the best values of the game.
C. To stress the values derived from playing the game fairly.
D. To show cordial courtesy to visiting teams and official.
E. To establish a happy relationship between visitors and hosts.
F. To respect the integrity and judgment of sports officials.
G. To achieve a thorough understanding and acceptance of the rules of the game and the standards of eligibility.
H. To encourage leadership, use of initiative and good judgment by players on a team.
I. To recognize that the purpose of athletics is to promote the physical, mental, moral, social, and emotional well-being of the individual.
J. To remember that athletic contest is only a game, not a matter of life and death for player, coach, school, official, fan, or nation.

Violations and Minimum Penalties

<table>
<thead>
<tr>
<th>Act</th>
<th>Penalties</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First ejection of player or coach from a contest or scrimmage for unsportsmanlike conduct</td>
<td>Ineligible for the next CIF contest for all seasons. Would be ineligible to compete in CIF playoff games the next season and would become ineligible for the remainder of the season.</td>
</tr>
<tr>
<td>2. Second ejection of a player or coach from a contest during the same season for unsportsmanlike conduct</td>
<td>Ineligible for the next CIF contest as above will carry over the next season of sport.</td>
</tr>
<tr>
<td>3. Third ejection of a player or coach from a contest during the same season for unsportsmanlike conduct</td>
<td>Ineligible for all CIF contests for one calendar year (365 days). Any appeal must go through the CIF Eligibility Committee.</td>
</tr>
<tr>
<td>4. Any players that leave the &quot;bench&quot; area to begin a confrontation or leave the area during an altercation</td>
<td>Ejection from the contest for those players designated by officials. One or both teams may forfeit the contest.</td>
</tr>
<tr>
<td>5. When players leave the bench area to begin a confrontation or leave the bench area during an altercation and in the opinion of the officials, the situation is out of control.</td>
<td>Contest stopped, ejection from the contest for those players designated by the officials. The team(s) and players will be put on probationary status for the remainder of the season. A second similar infraction during the season of sport will result in a penalty for the team(s) and/or players. If the infraction occurs at the end of the season, the probationary period will extend to the next season of sport. Any appeal would have to be made to the CIF Executive Committee. Ineligibility for remainder of season for player. Forfeit of course.</td>
</tr>
</tbody>
</table>
FRESNO UNIFIED SCHOOL DISTRICT
ATHLETIC INSURANCE INFORMATION AND PERMISSION SLIP
ROOSEVELT HIGH SCHOOL /FOOTBALL FORM

In order for your son/daughter to participate in athletics, he/she must be covered for the following:
MEDICAL AND HOSPITAL INSURANCE FOR AT LEAST $1500.00
If you would like to purchase school accident insurance, please go to www.studentinsuranceusa.com for more
information and coverage options.

<table>
<thead>
<tr>
<th>Family Health Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy#</td>
</tr>
</tbody>
</table>

I, as parent/guardian of __________________________, a student at Roosevelt High school, give my permission for him/her
to participate in sports.

I hereby acknowledge that I have been informed that pursuant to the provisions of Education Code Sections 32220-24, et. al. amended
by the 1981 State Legislature, the governing board of the various school districts shall NOT require that each member of an athletic
team have $1500 for accidental death. At least $1500 hospital coverage arising while such members are engaged in, or preparing for,
an athletic event promoted under the sponsorship or arrangements for the educational institution or a student body organization IS
required.

It is my understanding that my child must be protected by insurance in order to participate as a member of an athletic team. It is
further my understanding that I may purchase, through the school, a special insurance policy for football and a special student accident
policy I, as parent or guardian, may provide insurance for my child.

This is to certify that my child is protected under insurance, and that I hereby agree to indemnify and hold the Fresno Unified School
District harmless against responsibility for insurance coverage required under aforementioned legal sections.

PARENT/GUARDIAN SIGNATURE: __________________________ DATE:

INFORMED CONSENT/FOOTBALL MAY BE HAZARDOUS

There have been many improvements made in protective equipment to reduce injuries in game of football. Over the years, there have
been many rule changes, changes in coaching techniques, advances in sports medicine, all for the purpose of decreasing injuries. It is
of utmost importance for you, the player, to know the rules and play within the spirit of those rules for your own safety.

Relative to the number of injuries and deaths that occur in football and that some of these injuries can be catastrophic. Catastrophic
means permanent serious injury such as total paralysis, partial paralysis, and even death. It is possible for this to happen to you, and it
is important to you to fully understand this before participating in the sport. You, as a player, can help make the game safer by not
intentionally using techniques which are illegal and which can cause serious injury.

HELMET WARNING

Do not use your helmet to butt, ram, or spear an opposing player. This is in violation of the football rules and such can result in severe
head or neck injuries, paralysis, or even death to you and possible injury to your opponent. No helmet can prevent all head or neck
injuries a player might receive while participating in football.

I HAVE READ THE ABOVE STATEMENT AND FULLY UNDERSTAND ITS IMPLICATIONS. AS A PARENT/GUARDIAN, I
ALSO GIVE MY PERMISSION TO TRANSPORT MY SON/DAUGHTER TO ATHLETIC CONTESTS ON DISTRICT
APPROVED TRANSPORTATION.

PARENT/GUARDIAN SIGNATURE: __________________________ DATE:

STUDENT SIGNATURE: __________________________ DATE:
CIF Concussion Information Sheet

Why am I getting this Information sheet?

You are receiving this Information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.
3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look different in each person.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms or signs, seek medical evaluation from your team’s athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 to take him or her immediately to the emergency department of your local hospital.

On the CIF website is a Graded Concussion Symptom Checklist. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows improvement. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of his or her everyday life. We call this a “baseline” so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn it in the original if a concussion occurs, or he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be “normal”, the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of this concusion program is to prevent a too early return to play so that serious brain damage can be prevented.
CIF Concussion Information Sheet

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

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3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

For current and up-to-date information on concussions you can visit: http://www.cdc.gov/concussion/HeadsUp/youth.htm

I acknowledge that I have received and read the CIF Concussion Information Sheet.

Student-Athlete Name
Printed

Student-Athlete
Signature

Date

Parent or Legal Guardian
Printed

Parent or Legal Guardian
Signature

Date
PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (55 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids
Fresno Unified School District
Student Emergency Card

Student Name:

Birthdate:

Male □ Female □

Home Address:

House Number, Street Name, Apt. No. City Zip Code

Home Phone:

Email address:

IN THE CASE OF ILLNESS OR ACCIDENT CONTACT:

1st Contact

Name of Mother, Father, Guardian, Daugher (Circle One)

Home Phone

Call Number

Name:

Phone:

Place of Employment:

Work Phone:

2nd Contact

Name of Mother, Father, Guardian (Circle One)

Home Phone

Call Number

Name:

Phone:

Place of Employment:

Work Phone:

3rd Contact

Name of Relative, Neighbor, Other (Circle One)

Home Phone

Call Number

Place of Employment:

Work Phone:

Additional Contacts

I understand that if an emergency card or dental emergency card is needed and the listed emergency contacts cannot be reached, 9-1-1 will be called. I realize the school district cannot assume responsibility for the payment of medical fees or expenses incurred. I authorize that the principal/teacher may transport my child between school and home when, in his or her discretion, it is deemed necessary. I understand that it is my responsibility to inform the school of any changes regarding the information on this form. I understand that the signatures acknowledge receipt of notice of rights of parents or guardians of minors pursuant to Education Code in Section 46239, the zero Tolerance Letter of Notification included in these documents and the acceptable use guidelines for telecommunications. In addition, the personal identification and directory information of your child may be released for publicity of student accomplishment, academic school programs, and for state mandates. If you object, please check this box.

Date:

Signature of Parent/Guardian:

Rat. 12/9

39554651712304719F
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: ___________________________

Date of examination: ___________________________ Sport(s): ___________________________

Sex assigned at birth (F, M, or intersex): ___________________________ How do you identify your gender? (F, M, or other): ___________________________

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 (i.e., medicines, pollens, food, stinging insects).

_________________________________________________________________________________________

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

<table>
<thead>
<tr>
<th>Feeling nervous, anxious, or on edge</th>
<th>Not at all</th>
<th>Several days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Not being able to stop or control worrying</th>
<th>Not being able to stop or control worrying</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Little interest or pleasure in doing things</th>
<th>Little interest or pleasure in doing things</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feeling down, depressed, or hopeless</th>
<th>Feeling down, depressed, or hopeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

1. Do you have any concerns that you would like to discuss with your provider?

2. Has a provider ever denied or restricted your participation in sports for any reason?

3. Do you have any ongoing medical issues or recent illness?

4. Have you ever passed out or nearly passed out during or after exercise?

5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?

6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?

7. Has a doctor ever told you that you have any heart problems?

8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.

9. Do you get light-headed or feel shorter of breath than your friends during exercise?

10. Have you ever had a seizure?

11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years [including drowning or unexplained car crash]?

12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?

13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 practice or game?</td>
<td></td>
</tr>
<tr>
<td>15. Do you have a bone, muscle, ligament, or joint injury that bothers you?</td>
<td></td>
</tr>
<tr>
<td>16. Do you cough, wheeze, or have difficulty breathing during or after exercise?</td>
<td></td>
</tr>
<tr>
<td>17. Are you missing a kidney, an eye, a testicle (male), your spleen, or any other organ?</td>
<td></td>
</tr>
<tr>
<td>18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?</td>
<td></td>
</tr>
<tr>
<td>19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?</td>
<td></td>
</tr>
<tr>
<td>20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?</td>
<td></td>
</tr>
<tr>
<td>21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?</td>
<td></td>
</tr>
<tr>
<td>22. Have you ever become ill while exercising in the heat?</td>
<td></td>
</tr>
<tr>
<td>23. Do you or does someone in your family have sickle cell trait or disease?</td>
<td></td>
</tr>
<tr>
<td>24. Have you ever had or do you have any problems with your eyes or vision?</td>
<td></td>
</tr>
<tr>
<td>25. Do you worry about your weight?</td>
<td></td>
</tr>
<tr>
<td>26. Are you trying to or has anyone recommended that you gain or lose weight?</td>
<td></td>
</tr>
<tr>
<td>27. Are you on a special diet or do you avoid certain types of foods or food groups?</td>
<td></td>
</tr>
<tr>
<td>28. Have you ever had an eating disorder?</td>
<td></td>
</tr>
<tr>
<td>29. Have you ever had a menstrual period?</td>
<td></td>
</tr>
<tr>
<td>30. How old were you when you had your first menstrual period?</td>
<td></td>
</tr>
<tr>
<td>31. When was your most recent menstrual period?</td>
<td></td>
</tr>
<tr>
<td>32. How many periods have you had in the past 12 months?</td>
<td></td>
</tr>
</tbody>
</table>

Explain "Yes" answers 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: ___________________________________________________________________

**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, e-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-enhancing 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, and use condoms?

2. Consider reviewing questions on cardiovascular symptoms (Q4-Q13 of History Form).

<table>
<thead>
<tr>
<th>Height:</th>
<th>Weight:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BP:</th>
<th>(</th>
<th>)</th>
<th>Pulse:</th>
<th>Vision: R 20/</th>
<th>L 20/</th>
<th>Corrected:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Appearance**
- Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)

**Eyes, ears, nose, and 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

**Neurological**

**MUSCULOSKELETAL**

**Neck**

**Back**

**Shoulder and arm**

**Elbow and forearm**

**Wrist, hand, and fingers**

**Hip and thigh**

**Knee**

**Leg and ankle**

**Foot and toes**

**Functional**
- Double leg squat test, single leg squat test, and box drop or step drop test

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

**Name of health care professional (print or type):**

**Date:**

**Address:**

**Phone:**

**Signature of health care professional:**

☐ Preparticipation Physical Evaluation

Medical Eligibility Form

Name: ___________________________ Date of birth: ___________________________

☐ 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. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has 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

Shared Emergency Information

Allergies: ___________________________

Medications: ___________________________

Other information: ___________________________

Emergency contacts: ___________________________