

Saint Joseph Jr./Sr. High School
PHYSICAL EXAMINATION FOR ATHLETES

Student's Name _____ M/F _____ DOB ____/____/____
Last First M.I.

Address _____ Home Phone _____ Gr _____

Fall Sport _____ Winter Sport _____ Spring Sport _____

PHYSICAL EXAMINATION

Height _____ Weight _____ Blood Pressure ____/____ Pulse _____

Vision: Right 20/____ Left 20 /____ Corrected: Yes _____ No _____ Pupils _____

Immunization: _____

	Normal	Comments					Initial
Cardiopulmonary							
Pulses							
Heart							
Lungs							
Abdominal							
E.N.T.							
Skin							
Genitalia							
Tanner stage		1	2	3	4	5	
Musculoskeletal							
Neck							
Shoulder							
Elbow							
Wrist							
Hand							
Back							
Knee							
Ankle							
Foot							
Other							

Clearance:

- A. Cleared for all sports _____
- B. Cleared after completing evaluation/rehabilitation for _____

Not Cleared: ___Collision ___Contact ___Non-Contact ___Strenuous ___Moderately Strenuous
 ___Non-Strenuous Due to: _____

Physician's Recommendation: _____

Name of Physician _____ Date of Physical Exam _____

Address _____ Telephone _____

Signature of Physician _____ Fax: _____

**PRE-PARTICIPATION PHYSICAL EVALUATION FORM
MEDICAL HISTORY DATA**

Please explain "Yes" answers below.

		Yes	No
1. Have you ever been hospitalized?.....	_____		_____
Have you ever had surgery?.....	_____		_____
2. Are you presently taking any medications or pills?.....	_____		_____
3. Do you have any allergies (medicine, bees or other stinging insects).....	_____		_____
4. Have you ever passed out during or after exercise?.....	_____		_____
Have you ever been dizzy during or after exercise?.....	_____		_____
Have you ever had chest pains during or after exercise?.....	_____		_____
Do you tire more quickly than your friends during exercise?.....	_____		_____
Have you ever had high blood pressure?.....	_____		_____
Have you ever been told that you have a heart murmur?.....	_____		_____
Have you ever had racing of your heart or skipped heartbeats?.....	_____		_____
Has anyone in your family died of heart problems or a sudden death before age 50?.....	_____		_____
5. Do you have any skin problems (itching, rashes, acne)?.....	_____		_____
6. Have you ever had a head injury?.....	_____		_____
Have you ever been knocked out or unconscious?.....	_____		_____
Have you ever had a seizure?.....	_____		_____
Have you ever had a stinger, burner or pinched nerve?.....	_____		_____
7. Have you ever had heat or muscle cramps?.....	_____		_____
8. Do you have trouble breathing or do you cough during or after activity?.....	_____		_____
9. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	_____		_____
10. Have you had any problems with your eyes or vision?.....	_____		_____
Do you wear glasses or contacts or protective eyewear?.....	_____		_____
11. Have you ever sprained/strained, dislocated, fractures, broken or had repeated swelling or other injuries of any bones or joints.....	_____		_____
___Ankle ___Chest ___Foot ___Hand ___Hip ___Neck ___Shoulder			
___Wrist ___Back ___Forearm ___Head ___Knee ___Shin/Calf ___Thigh			
12. Have you ever had any other medical problems?.....	_____		_____
___Mononucleosis ___Rheumatic Fever ___Pertussis ___Tuberculosis ___Chicken Pox			
Other (describe)_____			

13. Have you ever had a medical problem or injury since your last evaluation?.....	_____		_____
14. When was your last tetanus shot? Month____Date____Year_____			
15. When was your last measles immunization? Month____Date____Year_____			
16. When was your first menstrual period?_____			
17. When was your last menstrual period?_____			
18. When was the longest time between your periods last year?_____			

Explanation of any "Yes" answers: _____

I hereby verify to the best of my knowledge that the answers, which have been provided to the above questions, are correct.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

Note: Please return this form to the Athletic Director after the physician has reviewed and completed the evaluation. The physical examination is valid for one calendar year, e.g., 4/1/03 -3/31/04

**Saint Joseph Jr./Sr. High School
Student Participation and Parent/Guardian
Consent, Release and Assumption of Risk Form**

This consent, release and assumption of risk agreement is made and entered into by and between _____
Student
born _____, and _____, as parent/guardian of _____
Birth-date Parent/Guardian Student
and the St. Joseph Jr./Sr. High School this _____ day of _____ 20_____.

WITNESSETH

Whereas _____ (hereafter referred to as "student") is a minor and a student a _____.

Whereas, student is a member of any Saint Joseph School's athletic team;

Whereas we, the student & parent/guardian, understand that competition in interscholastic athletics activities is entirely voluntary on our part. We fully understand that we must comply with rules and regulations of St. Joseph Jr./Sr. High School, Big Island Interscholastic Federation, and the Hawaii High School Athletic Association (HHSAA).

Whereas, student has been evaluated by the athletic staff of the school as well as by student's physician or therapist and has been informed of the risks associated with his/her participation in interscholastic athletic competition;

Whereas, student and parent/guardian have been apprised that no protective equipment can prevent head, neck, brain, or other bodily injury that may result from athletic competition;

Whereas, student and parent/guardian, after having been informed of the risks to student, affirm that student has had full disclosure of the risks involved explained to the student by St. Joseph Jr./Sr. High School, understand the risks, and agree to assume those risks as their own and make this decision as their own free will and not by coercion or influence from anyone.

NOW, THEREFORE, based upon the above understandings, student, for himself/herself, his/her heirs, executors, administrators and assigns, and _____ as parent/guardian of student,
Parent/Guardian

hereby acknowledge that they have been apprised of the risks inherent in student's participation in interscholastic athletic competition, which could result in serious bodily injury and even death, and hereby consent to the participation of student in such athletic activity and competition, agree to assume these risks as their own and hereby release St. Joseph Jr./Sr. High School, its officials and agents of any and all claims and liabilities whatsoever from or by reason of any athletic injury to student while participating as a member of the _____ ANY _____ Interscholastic athletic team in sports activities that
Sport
are sanctioned by the BIIF/HHSAA, including travel.

Whereas student and parent/guardian understand that medical/health insurance coverage is a condition by which to participate and that all insurance cost & medical cost related to injury are sole responsibility of parent/guardian. The St. Joseph Jr./Sr. High School will not assume any of these cost. Please notify school athletic department or clinic of any changes in medical/health insurance policy. If policy is terminated, stop participation, and inform school immediately.

It is not the intent of the parties by this agreement to require the assumption of risk for other injuries which might occur which are related or connected to non-athletic injury.

The student and parent/guardian further consent that the students travel as a team member in local, inter-island, and out-of-state athletic events. The student and parent/guardian further consent and authorize the school officials through a certified health care specialist, qualified coach/staff, or a physician as may be determined by school officials, to provide emergency and/or follow-up medical care that may be deemed by school officials to be necessary for the student in the course of such athletic practice, competition or travel.

The student and parent/guardian further consent and authorize school officials through a Athletic Health Care Trainer (AHCT), qualified coach/staff, or physician as determined by the school, to provide any first aid and/or emergency care as well as follow up first aid or medical treatment that may be reasonably necessary for the student as determined by the school official in the course of athletic practice, competition or travel.

The student and parent/guardian further consent and authorize the school's AHCT to provide appropriate therapeutic modalities in order to return student to athletic competition, such care to be conducted under the direction of a physician.

The student and parent/guardian hereby consent to release of medical information by physician to school to obtain information regarding medical history, records of injury or surgery, serious illness, and rehabilitation results of the aforementioned from his/her physician(s). We understand that the purpose of this request for medical information is to assist the aforementioned in management or rehabilitation of an injury/illness. This information is normally confidential and except as provided in this release will not be otherwise released by the parties in charge of the information. This release remains valid until revoked by the aforementioned in writing.

The student and parent/guardian expressly agree to the assumption of risk and release agreement is intended to be as broad and inclusive in favor of St. Joseph Jr./Sr. High School as permitted by the State of Hawaii and that if any portion thereof is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

The parties understand and agree that this agreement is made with full knowledge of the facts and legal implications of entering into such an agreement are contractual and not mere recitals.

The laws of the State of Hawaii shall control this agreement.

IN WITNESS WHEREOF, the parties hereby execute this agreement, effective the date first indicated in this agreement.

Student

Parent/Guardian

Parent/Guardian

Health and/or Insurance Carrier _____ Policy# _____

SUBMIT COPY OF HEALTH CARD OR HEALTH INSURANCE DOCUMENTATION TO ST. JOSEPH SCHOOL FRONT OFFICE.

ALL INFORMATION ON THIS FORM MUST BE COMPLETED FOR PARTICIPATON ELIGIBILITY.
