

■ 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 (ie, 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? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

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

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		
	Yes	No
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?		
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
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.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
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?		

BONE AND JOINT QUESTIONS	Yes	No
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?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
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?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

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: _____

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PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

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

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a 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: _____, MD, DO, NP, or PA

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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: _____

EXTRACURRICULAR AUTHORIZATION FORM

I/We desiring that _____ participate fully in various interscholastic and extracurricular activities available through the Coweta County School System, hereby authorize and grant my/our permission for _____ to participate in the following extracurricular activities. I/We realize that such activities involve the potential for injury which is inherent in all extracurricular or sporting events. I/We hereby acknowledge that even with the best teaching and coaching, the use of the most advanced equipment, and the requirement of strict observance of all rules, injuries are still possible. I/We further realize that injuries received can be so severe as to result in total disability, paralysis, or even death. I/We hereby acknowledge that I/We have read and understand this warning and We hereby give my/our permission for _____ to participate in _____ and verify that he/she has adequate coverage of current accident and/or health insurance policy. This shall constitute the affidavit referenced in Board Policy JGA

PARENT(S)/GUARDIAN(S) SIGNATURE: _____
(MUST BE SIGNED IN FRONT OF A NOTARY)

Sworn to and subscribed before me
this ____ day of _____, 2019.

Notary Public
My Commission Expires: _____

INJURY AWARENESS FORM

(Check one only)

____ I have viewed the Injury Awareness Film regarding the possibility of injury in extra-curricular activities for the student named above.

____ I have viewed the Injury Awareness Film regarding the possibility of injury in extra-curricular activities for another son/daughter at a previous time.

STUDENT'S NAME _____ GRADE _____

I/We hereby acknowledge that I/We have read, understand and completed this document with full and complete understanding of its terms and that the information contained herein is true and correct. I/We give permission for my/our student to accompany any school team of which the student is a member on any of its local or out of town trips.

This _____ day of _____, 20____.

PARENT(S)/GUARDIAN(S) SIGNATURE: _____

COWETA COUNTY HIGH SCHOOLS CONCUSSION TESTING AGREEMENT

A concussion is a traumatic brain injury that frequently involves physical as well as mental signs and symptoms. Individuals will often experience headache, dizziness, double vision, memory problems, irritability, and depression. 90% of most diagnosed concussions do not involve loss of consciousness. Although a blow to the head usually causes concussions, they can also occur when the head and upper body are violently shaken and the brain is violently rocked back and forth or twisted inside the skull. According to the CDC, the incidence of reported concussions, in student-athletes ages 14-19 is up to 200 percent since 2002, and an estimated 1 in 5 high school athletes will sustain a concussion during their season. According to the National Athletic Trainer's Association (NATA), "up to 40% of asymptomatic patients have continued cognitive declines" even after no longer reporting concussion-related symptoms. To avoid long-term complications proper management of the injury is the first step. Full recovery can take days, weeks, or even months. Premature return to play can lead to potentially serious consequences.

Because imaging tests (i.e. MRI, CT, or PET scans) are designed to identify structural damage and concussions are, by definition, functional and neurometabolic damages to the brain, NO current imaging test can diagnose a concussion. Therefore, using a baseline test is a practice approach in helping to prevent student athletes from returning to play before their brain is completely healed. We use the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT) to get a **baseline** reading on your student-athlete so if/when your he/she sustains a concussion they can be retested to best determine when their brain is fully healed. Once a he/she passes the test, they will begin a return to play protocol. Your student-athlete will not be allowed to participate in sports until they have passed the **post-injury** test and successfully completed the Return-to-Play protocol. Most athletes diagnosed with a concussion can expect to be withheld from competition for no less than 1 week. Return to Play protocol

STAGE	PHYSICAL ACTIVITY
1	No activity
2	Light exercise; >70% age predicted maximal heart rate
3	Sport-specific activities without the threat of contact from others
4	Noncontact training involving others, resistance training
5	Unrestricted training
6	Return to play

*Stages should be separated by at least 24 hours

If you would like more information about concussions, you may go to the following reliable websites:

<https://www.cdc.gov/headsup/index.html>

<https://www.choa.org/comcussion>

I give the Coweta County School system, EAST COWETA HIGH SCHOOL, permission to administer an ImPACT Baseline concussion test to _____.

Parent/Guardian Signature

Date

Georgia High School Association Student/Parent Concussion Awareness Form

SCHOOL: East Coweta High School

DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

BY-LAW 2.68: GHSA CONCUSSION POLICY: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.)

a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.

b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

By signing this concussion form, I give _____ High School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2019-2020 school year. This form will be stored with the athletic physical form and other accompanying forms required by the _____ Coweta County School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date

Georgia High School Association Student/Parent Sudden Cardiac Arrest Awareness Form

SCHOOL: East Coweta High School

1: Learn the Early Warning Signs

If you or your child has had one or more of these signs, see your primary care physician:

- Fainting suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones
- Unusual chest pain or shortness of breath during exercise
- Family members who had sudden, unexplained and unexpected death before age 50
- Family members who have been diagnosed with a condition that can cause sudden cardiac death, such as hypertrophic cardiomyopathy (HCM) or Long QT syndrome
- A seizure suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones

2: Learn to Recognize Sudden Cardiac Arrest

If you see someone collapse, assume he has experienced sudden cardiac arrest and respond quickly. This victim will be unresponsive, gasping or not breathing normally, and may have some jerking (Seizure like activity). Send for help and start CPR. You cannot hurt him.

3: Learn Hands-Only CPR

Effective CPR saves lives by circulating blood to the brain and other vital organs until rescue teams arrive. It is one of the most important life skills you can learn – and it's easier than ever.

- Call 911 (or ask bystanders to call 911 and get an AED)
- Push hard and fast in the center of the chest. Kneel at the victim's side, place your hands on the lower half of the breastbone, one on top of the other, elbows straight and locked. Push down 2 inches, then up 2 inches, at a rate of 100 times/minute, to the beat of the song "Stayin' Alive."
- If an Automated External Defibrillator (AED) is available, open it and follow the voice prompts. It will lead you step-by-step through the process, and will never shock a victim that does not need a shock.

By signing this sudden cardiac arrest form, I give East Coweta High School permission to transfer this sudden cardiac arrest form to the other sports that my child may play. I am aware of the dangers of sudden cardiac arrest and this signed sudden cardiac arrest form will represent myself and my child during the 2019-2020 school year. This form will be stored with the athletic physical form and other accompanying forms required by the Coweta County School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date

East Coweta High School Practice Procedures for High Heat and Humidity

The Coweta County School System and East Coweta High School are concerned about the health and safety of all student athletes. In accordance with GHSA regulations, Coweta County Schools and East Coweta High School have developed High Heat and Humidity Practice Procedures. These procedures follow GHSA and American College of Sports Medicine recommendations. All coaches and athletic trainers are required to follow all procedures and mandates in order to insure the health and safety of all student athletes.

The safety of student athletes is a top priority of coaches, trainers and administrators at East Coweta High School. By adhering to the procedures outlined and with proper nutrition, hydration and conditioning of athletes, the risk of heat related injuries can be minimized.

Return this page signed and dated to the athletic office or to your head coach

Certificate of Receipt for Practice Procedures for High Heat and Humidity

By signing below I, _____ parent/guardian of

_____, acknowledge that I have received a copy of the

Practice Procedures for High Heat and Humidity for my child's school. I understand that I may contact the head coach or the athletic director if I have any questions.

Parent Signature _____ Date _____

GHSА- Practice Procedure for High Heat and Humidity

Schools must follow the statewide policy for conducting practices and voluntary conditioning workouts in all sports during times of extremely high heat and/or humidity that will be signed by each head coach at the beginning of each season and distributed to all players and their parents or guardians. The policy shall follow modified guidelines of the American College of Sports Medicine in regard to:

1. The scheduling of practices at various heat/humidity levels
2. The ratio of workout time to time allotted for rest and hydration at various heat/humidity levels
3. The heat/humidity level that will result in practice being terminated

A scientifically approved instrument that measures Wet Bulb Globe Temperature (WBGT) reading must be utilized at each practice to ensure that the written policy is being followed properly.

WBGT READING ACTIVITY GUIDELINES & REST BREAK GUIDELINES

UNDER 82.0

Normal activities – Provide at least three separate rest breaks each hour of minimum duration of 3 minutes each during workout

82.0 – 86.9

Use discretion for intense or prolonged exercise; watch at-risk players carefully; provide at least three separate rests breaks each hour of a minimum of four minutes duration each.

87.0 – 89.9

Maximum practice time is two hours. For Football: players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. For all sports: Provide at least four separate rests breaks each hour of a minimum of four minutes each

90.0 – 92.0

Maximum length of practice is one hour, no protective equipment may be worn during practice and there may be no conditioning activities. There must be 20 minutes of rest breaks provided during the hour of practice.

OVER 92

No outdoor workouts; cancel exercise; delay practices until a cooler WBGT reading occurs

GHSA GUIDELINES FOR HYDRATION AND REST BREAKS

1. Rest time should involve both unlimited hydration intake and rest without any activity.
2. For football, helmets should be removed during rest time
3. The site of the rest time should be a "cooling zone" and not in direct sunlight.
4. When the WBGT reading is over 86:
 - A. ice towels and spray bottles filled with ice water should be available at the "cooling zone" to aid the cooling process.
 - B. Cold immersion tubs must be available for practices for the benefit of any player showing early signs of heat illness.

DEFINITIONS

1. PRACTICE: the period of time that a participant engages in a coach-supervised, school-approved sport or conditioning-related activity. Practices are timed from the time the players report to the field until they leave.
2. WALK THROUGH: this period of time shall last no more than one hour, is not considered to be a part of the practice time regulation, and may not involve conditioning or weight-room activities. Players may not wear protective equipment.

COOL ZONES FOR FALL AND SPRING SPORTS

Each fall and spring sport is required to have a designated "cool zone" and "cooling station". Below are the cool zones and cooling station locations for each athletic team at East Coweta High School that practice in the fall or spring.

BASEBALL- Baseball locker room.

CHEERLEADING- Training room inside the main building.

CROSSCOUNTRY- Training room inside the main building.

FOOTBALL- Field house located next to the football practice fields.

GOLF- Clubhouse of golf course.

LACROSSE- Inside the elementary schools at which they practice.

SOCCER- Boys in the training room inside the main building. Girls in the Athletic Office conference room.

SOFTBALL- Softball clubhouse and dugouts.

TENNIS- Athletic Office Conference room.

TRACK-Field house located in the stadium.

VOLLEYBALL- Athletic Office conference room.

HEAT INDEX MEASUREMENT AND RECORD

East Coweta High School will use the GHSA Heat Index Measurement and Record Form to record all WBGT readings. Readings will be taken at the start of practice and at the discretion of the athletic trainer. A copy of the form will be kept on file and submitted to the athletic director daily.

FLUID REPLACEMENT AND HEAT ILLNESS INFORMATION

Every athlete is given educational information on Fluid Replacement Guidelines and Heat Illness Symptoms and Treatments. Parents/Guardians and athletes should use this information to assist in recovery from practices in warm weather conditions

FLUID REPLACEMENT INFORMATION

(National Athletic Trainers Association-NATA)

<u>Weight Lost During Workout</u>	<u>Fluid Amount Needed to Refuel</u>
2 pounds	32 oz. (4 cups or 1 sports drink bottle)
4 pounds	64 oz. (8 cups or 2 bottles)
6 pounds	96 oz. (12 cups or 3 bottles)
8 pounds	128 oz. (16 cups or 4 bottles)

Athletes should hydrate during the school day prior to practice or competition.

Guidelines for hydration during exercise

1. Drink 16-24 oz. of fluid 1 to 2 hours before the workout or competition.
2. Drink 4-8 oz. of water or sports drink during every 20 minutes of exercise.
3. Drink before you feel thirsty. When you feel thirsty, you have already lost needed fluids.

HEAT ILLNESS SYMPTOMS AND TREATMENTS

(National Athletic Trainers Association-NATA)

Heat Cramps

Symptoms

1. Muscle symptoms caused by an imbalance of water and electrolytes in muscles.
2. Usually affects the legs and abdominal muscles.

Treatments

1. Rest in cool place.
2. Drink plenty of fluids
3. Proper stretching and massaging
4. Application of ice in some cases

Heat Exhaustion

Symptoms

1. Can be precursor to heat stroke.
2. Normal to high temperature.
3. Heavy sweating.
4. Skin is flushed or cool and pale.
5. Headaches, dizziness.
6. Rapid pulse, nausea, weakness
7. Physical collapse may occur.
8. Can occur without prior symptoms, such as cramps.

Treatments

1. Get to a cool place immediately.
2. Drink plenty of fluids.
3. Remove excess clothing.
4. In some cases, immerse body in cool water.

Heat Stroke

Symptoms

1. Body's cooling system shuts down.
2. Increased core temperature of 104 degrees or greater.
3. Sweating stops.
4. Shallow breathing and rapid pulse.
5. Possible disorientation or loss of consciousness.
6. Possible irregular heartbeat and cardiac arrest.
7. If untreated could cause damage to brain or internal organs, and even death.

Treatments

1. Call 911 immediately.
2. Cool bath with ice packs near large arteries such as neck, armpits and groin.
3. Replenish fluids by drinking or intravenously.