

Personal History

Explain any **YES** answers in the space provided. Circle questions of uncertainty.

	Yes	No
1. Are you currently taking any prescription or nonprescription medications or pills?		
2. Do you have any allergies (for example, to pollen, medicine, food or stinging insects)?		
3. Have you ever passed out during or after exercise?		
4. Have you ever had chest pain during or after exercise?		
5. Have you had high blood pressure or high cholesterol?		
6. Have you ever been told you have a heart murmur?		
7. Has any family member or relative died of heart related problems or sudden death before age 50?		
8. Have you had a severe viral infection (for example myocarditis or mononucleosis) in the last month?		
9. Has a physician ever denied or restricted your participation in sports for any heart problems?		
10. Have you ever had a head injury or concussion, ever become unconscious or lost your memory?		
11. Have you ever had a seizure or frequent severe headaches?		
12. Have you ever had numbness or tingling in your arms, hands, legs, or feet? Have you ever had a stinger, burner, or pinched nerve?		
13. Have you ever become ill from exercising in the heat?		
14. Do you cough, wheeze, or have trouble breathing during or after activity?		
15. Do you have asthma or seasonal allergies that require medications?		
16. Do you use any special protective or corrective equipment or Devices that are not usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer, hearing aid)?		
17. Do you wear glasses, contacts or protective eyewear?		
18. Have you had any problems with pain, swelling, fractures, or dislocations with any of the muscles, tendonitis, bones or joints in the following areas:		
___ Head ___ Upper Arm/Elbow ___ Hip/Thigh		
___ Neck/Back ___ Forearm ___ Knee		
___ Chest ___ Wrist ___ Shin/Calf		
___ Shoulder ___ Hand/Fingers ___ Ankle/Foot		

Please explain any **YES** answers here:

Physician's Physical Examination

Athlete's Name _____ Date of exam _____
 Height _____ Weight _____ BP _____ / _____ Pulse _____
 Vision R 20/ _____ L 20/ _____ Corrected: Y N

MEDICAL	NORMAL	ABNORMAL (explain)
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Chest and Cardiovascular		
Lungs		
Abdomen		
Skin		
Skeletal (record laxity, weakness, instability, decreased ROM)		
Feet		
Ankle		
Knee		
Hip		
Spine		
Neck		
Shoulder		
Elbow		
Wrist and Hand		
Strength		
Flexibility		
Alignment Problems		

Clearance

_____ Cleared = no limitations for participation
 _____ Limited to specific sports of: _____
 _____ Deferred – clearance withheld until _____
 _____ Denied clearance – may not participate for reasons of: _____

I certify that I have examined the above named student and that such examination, upon clearance, allows this student to participate in interscholastic sports.

 Physician's Signature

 Date

Phone _____

Are you licensed to participate in NC? _____

Carteret County Athletic Participation Physical

Personal Information:

Name _____ Grade _____
Age _____ Date of Birth _____
Sports _____
Home Address _____
Home Phone(s) _____
Parents' Names _____
Parent's Work Phone(s) _____
Cell Phone _____

Emergency Contacts:

In case of emergency, contact: _____
Phone (H) _____ (W) _____
Relationship _____
Personal Physician _____
Office Phone _____
Special instructions in the event of an emergency:

Insurance Carrier _____ Policy# _____
Additional Insurance _____ Policy# _____
Social Security # (for insurance purposes) _____

Informed Consent

I. *The Carteret County Board of Education requires student participants and parents/guardians of students who participate in sports, give evidence of understanding the possible risks involved in such participation. The following statement shall be presented to each student athlete and his/her parents for their signatures before the student is permitted to participate in the sport of his/her choice.*

I understand that participation in sports involves risks of injuries: that participation in sports could result in death, serious neck and spinal cord injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the participant's body, general health and well-being. My signature hereon witnesses my understanding of the possible risks involved for the participant names on this form in the sports programs sponsored by the Carteret County Board of Education.

Permission to Treat

II. *The preparticipation physical exam is a limited medical history and checkup to screen athletic participants to see if he/she can safely participate in sports. The exam is not a comprehensive medical exam and often does not detect rare medical conditions. If you have concerns about your child having a serious medical illness, please schedule a visit with your personal physician.*

Permission is hereby granted to **Croatan High School** its authorized representatives, and any medical facility to proceed with any needed medical or minor surgical treatments, x-ray examination, and immunization for the above named individual. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious manner possible. If said physician is unable to communicate with me, the treatment necessary for the best interest of the above named individual may be given.

I hereby release **Croatan High School** and members of its athletic training staff including but not limited to its coaches, athletic trainers, first aid personnel, administrators, and all others connected with the school athletic activities, and any attending physicians or surgeons, from any and all damages for injuries sustained by my son/daughter while participating in any sports activity connected with **Croatan High School** and do so hereby agree to hold harmless any and all of the above from any and all damages which they may suffer as a result of injuries sustained by my son/daughter while participating as above stated.

Signature of Parent/Guardian _____
Date _____

Signature of Participant _____
Date _____