

Bettendorf Middle School Athletic Pre-Participation Physical

Article VII 36.14(1) Physical Exam. Every year each student shall present to the student’s superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon or osteopath, qualified chiropractor, physician’s assistant, or advanced registered nurse practitioner to the effect that the student has been examined and may safely engage in athletic competition. This certificate of physical examination is valid for the purpose of this rule for one calendar year. A grace period not to exceed 30 days is allowed for expired certifications of physical examination.

Parents/Guardians -- Please Read the Following Notices

Treatment and Services Notice

By granting permission for your son or daughter to engage in approved athletic activities as a representative of Bettendorf Middle School, you also give your permission for the teams’ certified athletic trainers, or other qualified personnel to give first-aid treatment to your student athlete at athletic events or practices. You also give permission for your student athlete to receive rehabilitation services by the certified athletic trainers employed by the school district.

Insurance Notice

The school district does NOT purchase and insurance policy for student athletes. School time insurance is offered at a nominal fee and partially covers all sports **EXCEPT** football. Football players who purchase school time insurance may also purchase a policy for football at their own expense. If you as a parent/guardian are interested in this insurance, see the nurse’s office for more information.

Assumption of Risk Notice

It is agreed that the cost of any and all treatment for injury or injuries sustained by student athletes shall be the responsibility of the parents/guardians of those student athletes. All such costs will be paid by the parents/guardians of the injured student athlete, this releasing the school/district from all financial obligations. Participation in athletic competition may result in serious or fatal injuries.

“HEADS UP”: Concussion in School Sports:

We have received the information provided on the concussion fact sheet titled, “HEADS UP: Concussion in High School Sports. My child and I have read this information. Student must sign below in acknowledgement. (Note: this form may be found on the BMS homepage under Athletics)

*****Parent/Guardian Permission and Release – PLEASE SIGN BELOW*****

*****Student/Parent Acknowledgement of Head’s UP Concussion form*****

I hereby give my permission for the below named student to engage in approved athletic activities as a representative of his/her school. I have read the above notices and fully understand the meaning and implications of my student athlete participating in approved athletic activities at Bettendorf Middle School. I fully understand the risks involved with such activities.

Printed Name of Parent/Guardian

Printed Name of Student

Signature of Parent/Guardian

Signature of Student

Athlete Questionnaire for Athletic Participation (PLEASE PRINT or TYPE)

HAS YOUR PARENT/GUARDIAN READ & SIGNED THE NOTICES AND RELEASES ABOVE ____ YES ____ NO

- IF NO, PLEASE STOP HERE AND GIVE THIS FORM TO PARENT/GUARDIAN FOR REVIEW
- IF YES, CONTINUE ON WITH THE QUESTIONNAIRE.

LAST NAME _____ FIRST NAME _____ STUDENT ID# _____

GRADE (Please check the grade your student will be in while participating)

_____ Seventh _____ Eighth

DATE OF BIRTH ____ / ____ / _____ GENDER ____ MALE ____ FEMALE

HOME/STREET ADDRESS _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____

PARENT/GUARDIAN NAME _____ WK/CELL PHONE _____

PARENT/GUARDIAN NAME _____ WK/CELL PHONE _____

FAMILY PHYSICIAN _____ PHONE NUMBER _____

FULL NAME _____ DATE OF PHYSICAL EXAM ____/____/____

HEIGHT in Inches _____ WEIGHT in Pounds _____ BLOOD PRESSURE _____ RESTING PULSE _____

HEALTH HISTORY

(Parent/Guardian to complete)

- | | | | | | |
|-----|-------|-------|--|-----|---|
| | YES | NO | Does the student have any . . | | |
| 1. | _____ | _____ | Chronic or recurrent illnesses? | 28. | _____ |
| 2. | _____ | _____ | Hospitalizations? | | Are you uncomfortably short of breath |
| 3. | _____ | _____ | Surgery, other than tonsils | | after running 1/2 mile (2 times around a |
| 4. | _____ | _____ | Missing organs (eye, kidney, etc.)? | 29. | _____ |
| 5. | _____ | _____ | Allergy to medications? | | List all medications you are currently taking |
| 6. | _____ | _____ | Problems with heart/blood pressure? | | and for what conditions: |
| 7. | _____ | _____ | Chest pain with exercise? | | _____ |
| 8. | _____ | _____ | Dizziness/fainting with exercise? | | _____ |
| 9. | _____ | _____ | Frequent headaches, convulsions,
dizziness or fainting? | | _____ |
| 10. | _____ | _____ | Concussion or unconsciousness? | 30. | What is the most and least you have weighed in the last year? |
| 11. | _____ | _____ | Heat exhaustion, heat stroke, or
other heat problems? | | MOST _____ LEAST _____ |
| 12. | _____ | _____ | An illness lasting over 1 week? | | Any weight concerns? _____ YES _____ NO |
| 13. | _____ | _____ | Rheumatic Fever? | | |
| 14. | _____ | _____ | Asthma? | | |
| 15. | _____ | _____ | Epilepsy? | | |
| 16. | _____ | _____ | Diabetes? | | |
| 17. | _____ | _____ | Eyeglasses or contact lenses? | | |
| 18. | _____ | _____ | Dental braces, bridges, plates? | | |
| 19. | _____ | _____ | Injuries requiring medical attention? | | Use this space to explain any YES answers given. |
| 20. | _____ | _____ | Neck injury | | _____ |
| 21. | _____ | _____ | Knee injury? | | _____ |
| 22. | _____ | _____ | Ankle injury | | _____ |
| 23. | _____ | _____ | Other serious joint injury? | | _____ |
| 24. | _____ | _____ | Broken bones (fractures)? | | _____ |
| 25. | _____ | _____ | Is there any history of family or genetic
disease? | | _____ |
| 26. | _____ | _____ | Has any family member died suddenly at
less than 40 years of age of causes other
than an accident? | | _____ |
| 27. | _____ | _____ | Has any family member had a heart attack
at less than 55 years of age? | | _____ |

EXAM	NORMAL	ABNORMAL FINDINGS	INITIALS
1. Eyes			
2. Ears, Nose, and Throat			
3. Mouth and Teeth			
4. Neck			
5. Cardiovascular			
6. Chest and Lungs			
7. Abdomen			
8. Skin			
9. Musculoskeletal: ROM			
10. Neurological			
11. Genital Hernia			

DATE OF LAST KNOWN TETANUS SHOT: _____
 This date must be provided and be within the last 10 years for your patient to engage in competition

PARTICIPATION RECOMMENDATIONS
 _____ Full and unlimited participation in sport of choice
 _____ CLEARANCE PENDING FOLLOW-UP OF: _____
 _____ NO ATHLETIC PARTICIPATION IN: _____

 Licensed Professional's Name _____
 Date of exam

 Signature _____
 Office Phone