SOUTH DAKOTA HIGH SCHOOL
ACTIVITIES ASSOCIATION
PHYSICAL EXAMINATION FORM
(2013-2014)

NAME ______________________________________________________________ GRADE ______ (Fall of 2013)

DATE OF BIRTH _________________________ MALE _____ FEMALE ______

1. Blood pressure (sitting) ______/______ Repeat in 5 minutes, if elevated ______/______.
2. Height
3. Weight _____________ Normal Abnormal COMMENTS
4. Vision 20/_______(L) 20/_______(R) _______ ___________ _____________________
5. Head
6. Mouth (dentures, braces?) _______ ___________ _____________________
7. Eyes (contacts?) _______ ___________ _____________________
8. Chest/lung
9. Heart
   a. Heart sounds
   b. Murmurs
   c. pulse discrepancy (rad. vs fem.)
   d. abnormal rhythm
10. Abdomen
    a. liver or spleen enlargement
    b. masses
11. Genitalia (males only)
    a. hernias
    b. testes
12. Orthopedic
    a. cervical spine
    b. shoulder shrug
    c. deltoid
    d. arms/elbow
    e. hands
    f. hips
    g. knees
    h. ankles
    i. Scoliosis

SPORTS PARTICIPATION RECOMMENDED FOR:

_____All Sports: collision, contact/endurance, other
_____Contact/Endurance, Other
_____Other Sports Only
_____Cleared for ALL, but with recommendations for further evaluation or treatment for _____________________
  Above clearance to be granted only after _______________________________________________________

Clearance cannot be given at this time because _________________________________________________

PRINTED NAME OF EXAMINER:_________________________________________ DATE_______________ 20,______

SIGNATURE OF EXAMINER_______________________________________________________________________________

NOTE: The following licensed medical personnel are qualified to perform the examination and certify the health of the student athlete: Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, licensed Physicians Assistant and licensed Nurse Practitioner.

Definitions: [Collision=Football and Wrestling]; [Contact/Endurance =Basketball, Cross Country, Gymnastics, Soccer, Tennis, Track, Volleyball, Competitive Cheer, Competitive Dance]; [Other Sports = Golf]
HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam ____________________________ Date of birth ____________________________

Name ____________________________ Sex ____________________________ Grade ____________________________ School ____________________________

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

[ ] Aspirin  [ ] Antihistamine  [ ] Anticoagulant  [ ] Antidepressant  [ ] Antibiotic

[ ] Asthma  [ ] Allergies  [ ] Diabetes  [ ] Infectious Disease Other: ____________________________

Do you have any allergies? [ ] Yes [ ] No If yes, please identify specific allergies below.
[ ] Food  [ ] Pollen  [ ] Stinging Insects

Explain "Yes" answers below. Circle questions you don’t know the answers to.

GENERAL QUESTIONS

1. Has a doctor ever denied or restricted your participation in sports for any reason? [ ] Yes [ ] No

2. Do you have any ongoing medical conditions? If so, please identify below: [ ] Asthma  [ ] Arthritis  [ ] Diabetes  [ ] Infectious Disease Other: ____________________________

3. Have you ever spent the night in the hospital? [ ] Yes [ ] No

4. Have you ever had surgery? [ ] Yes [ ] No

HEART HEALTH QUESTIONS ABOUT YOU

5. Have you ever passed out or nearly passed out DURING or AFTER exercise? [ ] Yes [ ] No

6. Have you ever had chest pain, shortness of breath, or pressure in your chest during exercise? [ ] Yes [ ] No

7. Does your heart rate increase during exercise? [ ] Yes [ ] No

8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:
[ ] High blood pressure  [ ] Heart murmur  [ ] High cholesterol  [ ] Heart infection  [ ] Kawasaki disease Other: ____________________________

9. Has a doctor ever ordered a test for your heart? (For example, ECG/ECG, echocardiogram) [ ] Yes [ ] No

10. Do you get lightheaded or feel more short of breath than expected during exercise? [ ] Yes [ ] No

11. Have you ever had an unexplained seizure? [ ] Yes [ ] No

12. Do you get more tired or short of breath more quickly than your friends during exercise? [ ] Yes [ ] No

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? [ ] Yes [ ] No

14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, myopathy, or other congenital heart defect? [ ] Yes [ ] No

15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? [ ] Yes [ ] No

16. Has anyone in your family had an unexplained fainting, unexplained seizures, or near drowning? [ ] Yes [ ] No

BONE AND JOINT QUESTIONS

17. Have you ever had an injury to a bone, muscle, ligament, or tendon that has caused you to miss practice or a game? [ ] Yes [ ] No

18. Have you ever had a broken or fractured bone or dislocated joint? [ ] Yes [ ] No

19. Have you ever had an injury that required x-ray, MRI, CT scan, injections, therapy, a brace, cast, or crutches? [ ] Yes [ ] No

20. Have you ever had a stress fracture? [ ] Yes [ ] No

21. Have you ever been told that you have or have you had an x-ray for neck instability or ankle/foot instability? (Down syndrome or dwarfism) [ ] Yes [ ] No

22. Do you regularly use a brace, splint, crutches, or other assistive device? [ ] Yes [ ] No

23. Do you have a bone, muscle, or joint injury that bothers you? [ ] Yes [ ] No

24. Do any of your joints become painful, swollen, feel warm, or look red? [ ] Yes [ ] No

25. Do you have any history of juvenile arthritis or connective tissue disease? [ ] Yes [ ] No

MEDICAL QUESTIONS

26. Do you cough, wheeze, or have difficulty breathing during or after exercise? [ ] Yes [ ] No

27. Have you ever used an inhaler or taken asthma medicine? [ ] Yes [ ] No

28. Is there anyone in your family who has asthma? [ ] Yes [ ] No

29. Are you born with or are you missing a kidney, eye, testicle (male), spleen, or any other organ? [ ] Yes [ ] No

30. Have you ever had pain or a painful bulge or hernia in the groin area? [ ] Yes [ ] No

31. Have you ever had appendicitis or appendectomy? [ ] Yes [ ] No

32. Have you ever had any rashes, pressure sores, or other skin problems? [ ] Yes [ ] No

33. Have you ever had a herpes or MRSA skin infection? [ ] Yes [ ] No

34. Have you ever had a head injury or concussion? [ ] Yes [ ] No

35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? [ ] Yes [ ] No

36. Do you have a history of seizure disorder? [ ] Yes [ ] No

37. Do you have headaches with exercise? [ ] Yes [ ] No

38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? [ ] Yes [ ] No

39. Have you ever been unable to move your arms or legs after being hit or falling? [ ] Yes [ ] No

40. Have you ever been hit while exercising in the heat? [ ] Yes [ ] No

41. Do you get frequent muscle cramps when exercising? [ ] Yes [ ] No

42. Do you have someone in your family have sickle cell trait or disease? [ ] Yes [ ] No

43. Have you ever had problems with your eyes or ears? [ ] Yes [ ] No

44. Have you ever had eye injuries? [ ] Yes [ ] No

45. Do you wear glasses or contact lenses? [ ] Yes [ ] No

46. Do you use protective eyewear, such as goggles or a face shield? [ ] Yes [ ] No

47. Do you worry about your weight? [ ] Yes [ ] No

48. Are you trying to or has anyone recommended that you gain or lose weight? [ ] Yes [ ] No

49. Are you on a special diet or do you avoid certain types of foods? [ ] Yes [ ] No

50. Have you ever had an eating disorder? [ ] Yes [ ] No

51. Do you have any concerns that you would like to discuss with a doctor? [ ] Yes [ ] No

52. Have you ever had a menstrual period? [ ] Yes [ ] No

53. How old were you when you had your first menstrual period? [ ] Yes [ ] No

54. How many periods have you had in the last 12 months? [ ] Yes [ ] No

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Parent/Guardian: ____________________________ Signature of Athlete: ____________________________
SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
ANNUAL PARENT AND STUDENT CONSENT FORM

School Year: ___________  Name of High School: ____________________________
Name of Student: ____________________________________________
Date of Birth: ___________  Place of Birth: ____________________
The Parent and Student hereby:

1. Understand and agree that participation in SDHSAA sponsored activities is voluntary on the part of the student and is considered a privilege.

2. Understand and agree that (a) by this Consent Form the SDHSAA has provided notification to the parent and student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injuries can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries such as injuries to the body's bones, joints, ligaments, tendons, or muscles. Catastrophic injuries to the head, neck and spinal cord and concussions may also occur. On rare occasions, injuries so severe as to result in total disability, paralysis and death; and (d) even with the best coaching, use of the best protective equipment, and strict observance of rules, injuries are still a possibility.

3. Consent and agree to participation of the student in SDHSAA activities subject to all SDHSAA bylaws and rules interpretations for participation in SDHSAA sponsored activities, and the activities rules of the SDHSAA member school for which the student is participating; and

4. Consent and agree that personally identifiable directory information may be disclosed about the student as a result of his/her participation in SDHSAA sponsored activities. Such directory information may include, but is not limited to, the student's photograph, name, grade level, height, weight, and participation in officially recognized activities and sports. If I do not wish to have any or all such information disclosed, I must notify the above mentioned high school, in writing, of our refusal to allow disclosure of any or all such information prior to the student's participation in sponsored activities.

I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participating in activities.

DATED this _______ day of ________________, 20____

Printed Name of Athlete: ____________________________  Signature of Athlete: ____________________________

I am the student's parent/guardian. I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. I hereby give my permission for (student's name) to practice and compete for the above named high school in activities approved by the SDHSAA.

DATED this _______ day of ________________, 20____

Printed Name of Parent: ____________________________  Signature of Parent: ____________________________

THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL.
Medical Information Form
Required for all High School Students and Middle School Athletes 2013-2014

I am the (parent/guardian) of ______________________________________ Grade _____(Fall of 2013) who participates in co-curricular activities for Brandon Valley High/Middle School. I hereby consent to any medical services that may be required while said child is under the supervision of an employee of the Brandon Valley School District while on a school sponsored activity, and hereby appoint said employee to act on my behalf in securing necessary medical services from any duly licensed medical provider.

Please state all precautions (allergies, diseases, medications, etc.) that should be considered in treating the above named student:

__________________________________________________________________________________________

Family Physician_________________________________________________________________________
Hospital Preference______________________________________________________________________

In case of emergency, call: (Please List 2)

1._____________________________________________________
   Home#_______________________ Work#_______________________ Cell#________________

2._____________________________________________________
   Home#_______________________ Work#_______________________ Cell#________________

S.D.H.S.A.A. Annual Parent or Guardian Permit

I hereby give my consent for above named student to compete in SDHSAA approved athletics for Brandon Valley High School during the 2012-2013 school year.
I/We give our permission for our son/daughter to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports.

Rules For Participation

I have read and understand the Brandon Valley School District’s rules for participation in athletics/activities (found in 2012-2013 Student Handbook). This includes the rules, penalties, and due process procedures involved.

_____________________________________________________________________________________________ _____________________
Parent/Guardian Signature   Date
Name:________________________________________ Grade:_________ Birthdate:________________

1. I authorize the use or disclosure of the above named individual’s health information including the Initial and Interim Pre-Participation History and Physical Exam information pertaining to a student’s ability to participate in South Dakota High School Activities Association sponsored activities. Such a disclosure may be made by any Health Care Provider generating or maintaining such information.

2. The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers, and other school personnel involved in the care of this student.

3. This information for which I am authorizing disclosure will be used for the purpose of determining the student’s eligibility to participate in extracurricular activities, any limitations on such participation, and any treatment needs of the student.

4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

5. This authorization will expire on July 1, 2020.

6. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations.

7. I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student’s eligibility to participate in extra-curricular activities depends on such authorization. I need not sign this form to ensure health care treatment.

Signature of Parent _______________________________ Date __________
CONCUSSION
Fact Sheet For
PARENTS

STUDENT: ________________________________
GRADE: ________

Mandatory for Athletic Practice or Participation

What is a concussion?
A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?
You can’t see a concussion. Signs and symptoms of concussion can show up, right after the injury or may not appear or be noticed until days after the injury. If your teen reports, one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

<table>
<thead>
<tr>
<th>Signs Observed By Parents or Guardians</th>
<th>Symptoms Reported by Athlete</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Appears dazed or stunned</td>
<td>• Headache or “pressure” in head</td>
</tr>
<tr>
<td>• Is confused about assignment or position</td>
<td>• Nausea or vomiting</td>
</tr>
<tr>
<td>• Forgets an instruction</td>
<td>• Balance problems or dizziness</td>
</tr>
<tr>
<td>• Is unsure of game, score, or opponent</td>
<td>• Double or blurry vision</td>
</tr>
<tr>
<td>• Moves clumsily</td>
<td>• Sensitivity to light or noise</td>
</tr>
<tr>
<td>• Answers questions slowly</td>
<td>• Feeling sluggish, hazy, foggy, or groggy</td>
</tr>
<tr>
<td>• Loses consciousness (even briefly)</td>
<td>• Concentration or memory problems</td>
</tr>
<tr>
<td>• Shows mood, behavior, or personality changes</td>
<td>• Confusion</td>
</tr>
<tr>
<td>• Can’t recall events prior to hit or fall</td>
<td>• Just not “feeling right” or is “feeling down”</td>
</tr>
<tr>
<td>• Can’t recall events after hit or fall</td>
<td></td>
</tr>
</tbody>
</table>

How can you help your teen prevent a concussion?
Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches’ rules for safety and the rules of the sport
- Encourage them to practice good sportsmanship at all times.

What should you do if you think your teen has a concussion?
1. Keep your teen out of play. If your teen has a concussion, her/his brain needs time to heal. Don’t let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it’s OK to return to play. A repeat concussion that occurs before the brain recovers from the first- usually within a short period of time (hours, days, or weeks) - can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. Seek medical attention right away. A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. Teach your teen that it’s not smart to play with a concussion. Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don’t let your teen convince you that s/he’s “just fine”.
4. Tell all of your teen’s coaches and the student’s school nurse about ANY concussion. Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen’s coaches, school nurse, and teachers. If needed, they can help adjust your teen’s school activities during her/his recovery.

Parent’s/Guardian’s Signature ________________________________ Date __________

THIS FORM MUST BE SIGNED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL.
CONCUSSION
Fact Sheet For
STUDENTS

STUDENT: ________________________________
GRADE: _______

Mandatory for Athletic Practice or Participation

What is a concussion?
A concussion is a brain injury that:
- Is caused by a bump, blow, or jolt to the head or body
- Can change the way your brain normally works
- Can occur during practices or games in any sport or recreational activity
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged" or "had your bell rung"

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?
You can't see a concussion, but you might notice one or more of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.
- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?
• Tell your coaches and your parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
• Get a medical check-up. A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
• Give yourself time to get better. If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?
Every sport is different, but there are steps you can take to protect yourself.
• Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and the correct size and fit
  - Used every time you play or practice
• Follow your coach's rules for safety and the rules of the sport
• Practice good sportsmanship at all times

It's better to miss one game than the whole season.

Student's Signature: ________________________________ Date: __________________________

Parent's/Guardians Signature: ________________________________ Date: __________________________

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