

Section A - STUDENT ATHLETE MEDICAL HISTORY QUESTIONNAIRE

ATHLETE

PARENTS AND STUDENT ANSWER THE FOLLOWING MEDICAL HISTORY QUESTIONS.

DO YOU OR HAVE YOU EXPERIENCED ANY OF THE FOLLOWING CONDITIONS.

- Yes No 1. **Concussion or had your "bell rung" ?**
- Yes No 2. Frequent headaches, Dizziness or Fainting spells?
- Yes No 3. Neck Injury involving nerves, bones, or spinal cord, including "stingers" or "burners"?
- Yes No 4. Back or Neck injury, or low back pain that required medical treatment?
- Yes No 5. Fractured bone or a stress fracture?
- Yes No 6. Significant musculoskeletal injury? i.e. shin splints, pelvic injuries, stains or sprains to knee, ankle, wrist, shoulder, elbow
- Yes No 7. Anemia?
- Yes No 8. Depression?
- Yes No 9. Diabetes?
- Yes No 10. Epilepsy or seizures?
- Yes No 11. A hernia?
- Yes No 12. Kidney disease, Liver disease or hepatitis?
- Yes No 13. Mononucleosis?
- Yes No 14. Recurring anxiety?
- Yes No 15. Skin problems?
- Yes No 16. Stomach ulcers?
- Yes No 17. Unusual bleeding or bruising?
- Yes No 18. Eating disorders, Weight loss or gain greater than 10 lbs. i.e. bulimia (bingeing or vomiting), anorexia nervosa
- Yes No 19. Asthma or wheezing
- Yes No 20. A pain or pressure in the chest?
- Yes No 21. Chest Pain or shortness of breath?
- Yes No 22. Spitting or coughing up blood?
- Yes No 23. A need to take any kind of medicine?
- Yes No 24. Drugs or medicine to enhance athletic ability or strength?

- Yes No 25. A dependency on medicine, drugs, or alcohol, Smoking, tobacco or other substance?
- Yes No 26. A dental plate or a broken or chipped tooth?
- Yes No 27. Are you missing any organs? [kidney, eye, etc.]
- Yes No 28. Injury while participating in sports?
- Yes No 29. Surgery or hospitalization not noted above?
- Yes No 30. Any illness or injury not already noted?

HAVE YOU OR A FAMILY MEMBER HAD ANY OF THE FOLLOWING CONDITIONS.

- If yes provide approximate date(s) and details; if a family member, specify relation to you.
- Yes No 31. Heart murmur?
 - Yes No 32. Chest pain or heart palpitations with or without exercise?
 - Yes No 33. Fainting or near fainting, passing out?
 - Yes No 34. High blood pressure?
 - Yes No 35. Irregular heart beat or extra beats?
 - Yes No 36. Excessive or unexplained shortness of breath or excessive fatigue with exercise i.e. Asthma.
 - Yes No 37. Sudden death without warning before age 50?
 - Yes No 38. Other history of Heart problems? i.e. hypertrophic cardiomyopathy or dilated cardiomyopathy, long QT syndrome or Marfan's syndrome

FEMALE ATHLETES ONLY

- Yes No 39. Are there any female health related conditions that will affect your participation in athletics?

OTHER CONDITIONS THAT MAY EFFECT ATHLETIC COMPETITION?

ATHLETE'S & PARENT/GUARDIAN SIGNATURE

We, the athlete and parent/guardian, certify that the below health history information is correct and accurate to the best of our knowledge. We know of no health reasons that disqualifies me/our student athlete from participating in interscholastic athletics. We acknowledge online registration electronic signatures are valid.

STUDENT SIGNATURE _____

PARENT / GUARDIAN SIGNATURE _____

DATE _____

Section B - PHYSICIAN'S CLEARANCE STATEMENT

PHYSICIAN'S INSTRUCTIONS

Our pre participation medical screening form for Liberty Union High School District student athletes is designed to set a minimum standard and is not all inclusive of tests, procedures, and examinations you may deem necessary. Please be as thorough as possible.

- Please review the Student's Medical History; it is designed to save you time in your examination.
- Complete the Physician's Physical Exam and sign it.
- After completing the physical form, please make copies for your medical records and return the original form to the student athlete who will return it to the athletic director.

If you have any questions or need to talk to the Certified Athletic Trainer regarding the athlete, please feel free to contact Glenn Briggs, ATC at Freedom High School - Athletic Department [925] 625.5900 or email briggsg@luhsd.net.

Height _____ Weight _____ Vision None Contacts Glasses R 20/ _____ L 20/ _____ B 20/ _____

URINALYSIS:

- Glucose _____
- Protein _____
- pH _____
- Blood Ketones _____
- Leukocytes _____
- Test not Done _____

MUSCULOSKELETAL
Nml Abn

- _____ C-spine
- _____ Shoulders
- _____ Elbows
- _____ Wrist
- _____ Hands
- _____ Spine
- _____ Hips
- _____ Knees
- _____ Ankles
- _____ Feet

GENERAL ASSESSMENT
Nml Abn

- _____ Head
- _____ Concussion History
- _____ Eyes
- _____ ENT
- _____ Mouth/Teeth
- _____ Lungs
- _____ Abdomen
- _____ GU
- _____ Skin
- _____ Neurological

CARDIOVASCULAR ASSESSMENT
Nml Abn

- _____ Blood Pressure Sitting _____/_____
- _____ Auscultation - Supine
- _____ Auscultation - Standing
- _____ Pulse _____ Pulse Rate _____
- _____ Physical Signs of Marfan's Syndrome [Screening if abnormal.]

DATE OF LAST TETANUS SHOT

STATEMENT OF MEDICAL CLEARANCE FOR INTERSCHOLASTIC ATHLETIC COMPETITION

I certify that I have reviewed the above student's medical history and the above medical screening information. I have supervised the screening and certify that the above student athlete is healthy enough to engage at a high level of athletic competition & sports as marked below.

___ **CLEARED** for athletic Activities w/ No Restrictions.

___ **CLEARED w/ Restrictions as noted**

___ **NOT Cleared at this time.**

PLEASE PRINT
PHYSICIAN NAME
ADDRESS

PHONE #
STATE MEDICAL LICENSE NO.

PHYSICIAN'S SIGNATURE _____ DATE _____



Liberty Union High School District Athletics
CONCUSSION INFORMATION SHEET

PARENTS PLEASE KEEP FOR YOUR REFERENCE

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment |
|--|---|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child’s coach if you think that your child may have a concussion. Remember it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

**PARENTS
PLEASE KEEP FOR FUTURE REFERENCE**