

**ATHLETE NAME:** \_\_\_\_\_

**STUDENT ID #:** \_\_\_\_\_

**SECTION A - STUDENT-ATHLETE MEDICAL HISTORY DO YOU OR HAVE YOU EXPERIENCED ANY OF THE FOLLOWING CONDITIONS? Indicate with a check next to any medical conditions that exist or have existed in the past.**

- \_\_\_ 1. Concussion or had your "bell rung"?
- \_\_\_ 2. Frequent headaches, dizziness, or fainting spells?
- \_\_\_ 3. Neck injury involving nerves, bones, or spinal cord, including "stingers" or "burners"?
- \_\_\_ 4. Back or neck injury or pain that required medical treatment?
- \_\_\_ 5. Fractured bone or stress fracture?
- \_\_\_ 6. Significant musculoskeletal injury (sprains, strains to muscles or major joints)?
- \_\_\_ 7. Anemia?
- \_\_\_ 8. Depression?
- \_\_\_ 9. Diabetes?
- \_\_\_ 10. Epilepsy or seizures?
- \_\_\_ 11. Hernia?
- \_\_\_ 12. Kidney disease, liver disease or hepatitis?
- \_\_\_ 13. Mononucleosis?
- \_\_\_ 14. Recurring anxiety?
- \_\_\_ 15. Skin problems?
- \_\_\_ 16. Stomach ulcers?
- \_\_\_ 17. Unusual bleeding or bruising?
- \_\_\_ 18. Eating disorders, weight gain or loss greater than 10 lbs.?
- \_\_\_ 19. Asthma or wheezing?
- \_\_\_ 20. Pain or pressure in the chest?
- \_\_\_ 21. Shortness of breath?
- \_\_\_ 22. Spitting or coughing up blood?
- \_\_\_ 23. A need to take any kind of medicine?

- \_\_\_ 24. Drugs or medicine to enhance athletic ability or strength?
- \_\_\_ 25. Dependency on medicine, drugs, alcohol, tobacco or other substance?
- \_\_\_ 26. Dental plate or broken/chipped tooth?
- \_\_\_ 27. Are you missing any organs (kidney, eye, etc.)?
- \_\_\_ 28. Injury while participating in sports?
- \_\_\_ 29. Surgery or hospitalization not noted above?
- \_\_\_ 30. Illness or injury not noted above?

**FAMILY HISTORY:** If "yes", provide approximate date and details, including relation to student-athlete.

- \_\_\_ 31. Heart murmur?
- \_\_\_ 32. Chest pain or heart palpitations w/ or w/o exercise?
- \_\_\_ 33. Fainting or passing out?
- \_\_\_ 34. High blood pressure (hypertension)?
- \_\_\_ 35. Irregular heart beat?
- \_\_\_ 36. Excessive shortness of breath or fatigue with exercise, such as asthma?
- \_\_\_ 37. Sudden death w/o warning before age 50?
- \_\_\_ 38. Other history of heart problems (hypertrophic cardiomyopathy, dilated cardiomyopathy, long QT syndrome, Marfan's syndrome)?

**FEMALE ATHLETES ONLY:**

- \_\_\_ 39. Any female health related conditions that will affect your participation in athletics?
- OTHER CONDITIONS THAT MAY AFFECT ATHLETIC COMPETITION:**

**ATHLETE AND PARENT/GUARDIAN SIGNATURES:**

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 disqualify this 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 your 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 submit it to the Athletic Director.

If you have any questions regarding the student-athlete, please contact LHS Athletic Director Curtis Cunningham (925) 634-3521 ext. 5596 or by e-mail at [cunningh@luhsd.net](mailto:cunningh@luhsd.net).

Height \_\_\_\_\_ Weight \_\_\_\_\_ Vision: Unaided    Contacts Glasses R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ B 20/ \_\_\_\_\_

URINALYSIS:                      Test not Done                      \_\_\_\_\_

- Glucose \_\_\_\_\_
- Protein \_\_\_\_\_
- pH \_\_\_\_\_
- Blood Ketones \_\_\_\_\_
- Leukocytes \_\_\_\_\_

**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]

\_\_\_ **CLEARED for Athletic Activities w/ No Restrictions.**

\_\_\_ **CLEARED w/ Restrictions as noted**

\_\_\_ **NOT Cleared at this time.**

PLEASE PRINT OR STAMP
PHYSICIAN NAME: _____
ADDRESS: _____
PHONE #: _____
STATE MEDICAL LICENSE NO.: _____

**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 participate in athletic competition as marked above.

PHYSICIAN'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



# 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.

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

<b>Signs observed by teammates, parents and coaches include:</b>
<ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or displays incoordination</li> <li>• Answers questions slowly</li> <li>• Slurred speech</li> <li>• Shows behavior or personality changes</li> <li>• Can't recall events prior to hit</li> <li>• Can't recall events after hit</li> <li>• Seizures or convulsions</li> <li>• Any change in typical behavior or personality</li> <li>• Loses consciousness</li> </ul>

**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 its 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**