

**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 Ryan Partridge (925) 634-3521 ext. 5596 or by e-mail at [partridger@luhsd.net](mailto:partridger@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 \_\_\_\_\_



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. A concussion is a blow to the head or a jolt to the body that causes the brain to move around inside the skull. This can cause the brain to be injured. Symptoms of a concussion include: headache, dizziness, nausea, vomiting, blurred vision, ringing in the ears, sensitivity to light and sound, and changes in behavior or personality. If you suspect a concussion, seek medical attention immediately. Do not ignore the symptoms. A concussion can be a serious injury and can lead to long-term complications if not treated properly. Always wear your seat belt and use proper safety techniques to prevent head injuries.

**Medical History:** Please provide a detailed medical history, including any previous concussions, head injuries, or neurological conditions. List the date and location of each incident, and describe the symptoms experienced. Also, list any medications currently being taken, including over-the-counter drugs and supplements.

Symptoms may include one or more of the following:	
Headache	Amnesia
Blurred vision	Double vision
Nausea or vomiting	Sensitivity to light
Sensitivity to sound	Changes in behavior or personality
Balance problems	Changes in sleep patterns
Loss of consciousness	Loss of memory
Slurred speech	Changes in appetite
Excessive sweating	Changes in heart rate
Changes in pupil size	Changes in reflexes
Changes in coordination	Changes in balance
Changes in depth perception	Changes in judgment
Changes in reaction time	Changes in decision making
Changes in focus	Changes in attention
Changes in hearing	Changes in smell
Changes in taste	Changes in touch
Changes in pain perception	Changes in temperature perception
Changes in color perception	Changes in shape perception
Changes in size perception	Changes in distance perception
Changes in depth perception	Changes in direction perception
Changes in speed perception	Changes in acceleration perception
Changes in force perception	Changes in pressure perception
Changes in weight perception	Changes in volume perception
Changes in texture perception	Changes in consistency perception
Changes in hardness perception	Changes in softness perception
Changes in flexibility perception	Changes in rigidity perception
Changes in elasticity perception	Changes in brittleness perception
Changes in durability perception	Changes in fragility perception
Changes in stability perception	Changes in instability perception
Changes in security perception	Changes in insecurity perception
Changes in confidence perception	Changes in lack of confidence perception
Changes in self-esteem perception	Changes in low self-esteem perception
Changes in self-worth perception	Changes in low self-worth perception
Changes in self-respect perception	Changes in low self-respect perception
Changes in self-control perception	Changes in lack of self-control perception
Changes in self-discipline perception	Changes in lack of self-discipline perception
Changes in self-motivation perception	Changes in lack of self-motivation perception
Changes in self-direction perception	Changes in lack of self-direction perception
Changes in self-actualization perception	Changes in lack of self-actualization perception

**Signs observed by teammates, parents and coaches include:**

- Appears dazed
- Looks like he or she is not right
- Can't remember what happened
- Can't follow the play
- Looks like he or she is confused
- Looks like he or she is having trouble with his or her eyes
- Looks like he or she is having trouble with his or her ears
- Looks like he or she is having trouble with his or her mouth
- Looks like he or she is having trouble with his or her balance
- Looks like he or she is having trouble with his or her coordination
- Looks like he or she is having trouble with his or her depth perception
- Looks like he or she is having trouble with his or her reaction time
- Looks like he or she is having trouble with his or her focus
- Looks like he or she is having trouble with his or her hearing
- Looks like he or she is having trouble with his or her smell
- Looks like he or she is having trouble with his or her taste
- Looks like he or she is having trouble with his or her pain perception
- Looks like he or she is having trouble with his or her color perception
- Looks like he or she is having trouble with his or her size perception
- Looks like he or she is having trouble with his or her depth perception
- Looks like he or she is having trouble with his or her direction perception
- Looks like he or she is having trouble with his or her speed perception
- Looks like he or she is having trouble with his or her force perception
- Looks like he or she is having trouble with his or her weight perception
- Looks like he or she is having trouble with his or her texture perception
- Looks like he or she is having trouble with his or her hardness perception
- Looks like he or she is having trouble with his or her flexibility perception
- Looks like he or she is having trouble with his or her elasticity perception
- Looks like he or she is having trouble with his or her durability perception
- Looks like he or she is having trouble with his or her stability perception
- Looks like he or she is having trouble with his or her security perception
- Looks like he or she is having trouble with his or her confidence perception
- Looks like he or she is having trouble with his or her self-esteem perception
- Looks like he or she is having trouble with his or her self-worth perception
- Looks like he or she is having trouble with his or her self-respect perception
- Looks like he or she is having trouble with his or her self-control perception
- Looks like he or she is having trouble with his or her self-discipline perception
- Looks like he or she is having trouble with his or her self-motivation perception
- Looks like he or she is having trouble with his or her self-direction perception
- Looks like he or she is having trouble with his or her self-actualization perception

**Medical History:** Please provide a detailed medical history, including any previous concussions, head injuries, or neurological conditions. List the date and location of each incident, and describe the symptoms experienced. Also, list any medications currently being taken, including over-the-counter drugs and supplements.

**Signs observed by teammates, parents and coaches include:**

- Appears dazed
- Looks like he or she is not right
- Can't remember what happened
- Can't follow the play
- Looks like he or she is confused
- Looks like he or she is having trouble with his or her eyes
- Looks like he or she is having trouble with his or her ears
- Looks like he or she is having trouble with his or her mouth
- Looks like he or she is having trouble with his or her balance
- Looks like he or she is having trouble with his or her coordination
- Looks like he or she is having trouble with his or her depth perception
- Looks like he or she is having trouble with his or her reaction time
- Looks like he or she is having trouble with his or her focus
- Looks like he or she is having trouble with his or her hearing
- Looks like he or she is having trouble with his or her smell
- Looks like he or she is having trouble with his or her taste
- Looks like he or she is having trouble with his or her pain perception
- Looks like he or she is having trouble with his or her color perception
- Looks like he or she is having trouble with his or her size perception
- Looks like he or she is having trouble with his or her depth perception
- Looks like he or she is having trouble with his or her direction perception
- Looks like he or she is having trouble with his or her speed perception
- Looks like he or she is having trouble with his or her force perception
- Looks like he or she is having trouble with his or her weight perception
- Looks like he or she is having trouble with his or her texture perception
- Looks like he or she is having trouble with his or her hardness perception
- Looks like he or she is having trouble with his or her flexibility perception
- Looks like he or she is having trouble with his or her elasticity perception
- Looks like he or she is having trouble with his or her durability perception
- Looks like he or she is having trouble with his or her stability perception
- Looks like he or she is having trouble with his or her security perception
- Looks like he or she is having trouble with his or her confidence perception
- Looks like he or she is having trouble with his or her self-esteem perception
- Looks like he or she is having trouble with his or her self-worth perception
- Looks like he or she is having trouble with his or her self-respect perception
- Looks like he or she is having trouble with his or her self-control perception
- Looks like he or she is having trouble with his or her self-discipline perception
- Looks like he or she is having trouble with his or her self-motivation perception
- Looks like he or she is having trouble with his or her self-direction perception
- Looks like he or she is having trouble with his or her self-actualization perception

**PARENTS PLEASE KEEP FOR FUTURE REFERENCE:**