

LAST NAME: _____

FIRST NAME: _____ MID INIT: _____

ESIS #

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YEAR IN SCHOOL: (CIRCLE)

FR	SO	JR	SR
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WILL GRADUATE IN JUNE: 2008 09 10 11 12 13

DATE OF BIRTH: MO-DY-YR

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PLACE OF BIRTH: _____

SEX: FEMALE MALE

PARENT/LEGAL GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____

BUSINESS TELEPHONE: _____

Name of responsible neighbor or relative: _____
(in case parents cannot be reached)

TEL: _____

1. Have you ever represented another high school in an interscholastic activity? If yes, list schools & sports. _____
2. Have you ever played on or against a professional team or individual? _____
3. Have you ever accepted any article of compensation other than a school athletic award for participating in a sport? Explain. _____
4. Have you ever registered in a high school and withdrawn before the end of the semester? _____ If yes, where? _____ Why? _____
5. Any future changes, which occur on this form, must be reported to the school immediately.
6. The information provided in completing this form is true and correct. Upon signing this eligibility form I realize that if I am ineligible, my school, the team, and I will suffer the consequences of my ineligibility.

Signature of Student Date

APPROVAL: I understand that the Board of Education carries no athletic insurance and does not assume responsibility for injuries sustained in practice or games. If insurance coverage for injuries is desired, I recognize that such coverage is the responsibility of the parent. **NOTE:** Insurance protection is obtainable from private insurance companies and through an insurance approved by School District No. 1. Rates and injury information may be obtained free from the school upon request. I approve the participation of my child in interscholastic athletics during his high school career, and authorize the school representative to administer essential first aid where necessary.

Parent/Guardian Signature(s) Date

STATEMENT OF RISKS: PORTLAND PUBLIC SCHOOLS

Any sport, which may result in great exertion or contact with fixed or moving surfaces will contain inherent risks of serious bodily harm, which cannot be eliminated. The possibility of injuries from these dangers must be accepted by the player and the player's family.

The possibility of injury can be reduced, but not eliminated, by knowing and using proper techniques and fundamentals, maintaining good physical conditioning, being alert at all times and attending all training and practice sessions.

As a condition of permission to participate, player assures he/she will use proper techniques and fundamentals, maintain good physical conditioning, stay alert at all times, attend all training and practice sessions, follow instructions, obey the rules of the game, and get regular medical evaluation.

No student will be allowed to participate in practice or games until this form is signed and dated by both the student and parent/guardian.

ACKNOWLEDGEMENT OF WARNING BY STUDENT

I, _____ hereby acknowledge that I understand the above "STATEMENT OF RISKS". If I want more information, I will personally contact the coach. I realize that by participating in the sport(s) during the current school year, I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in temporary or permanent, partial, or complete impairment in the use of my limbs, brain damage, paralysis or even death. Having been so cautioned and warned, it is still my desire to participate in the listed sport(s) and should I choose to participate in the listed sport(s), I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the listed sport(s).

Signature of Student Date

ACKNOWLEDGEMENT OF WARNING BY PARENTS

We/I the parent(s) of _____ do hereby acknowledge that we/I understand the above "STATEMENT OF RISKS". If we/I want more information, we/I will personally contact the coach. We/I realize that our/my child named above may suffer serious injury, including but not limited to, sprains, fractures, brain damage, paralysis or even death by participating in the listed sport(s) and should we/I choose to allow our/my child to participate in the sport(s) during the current school year. Notwithstanding such warnings and with full knowledge and understanding of the risk of serious injury which may result to our/my child, named above, we/I give our/my consent to his/her participating in the below sport(s).

Parent/Guardian Signature(s) Date

INTENDED ATHLETIC PARTICIPATION

Name: _____

Year in School: (circle) FR SO JR SR

Intended Athletic Participation: Circle all that apply

Fall	Winter	Spring
Cross Country	Basketball	Baseball
Dance	Dance	Golf
Football	Swimming	Softball
Soccer	Wrestling	Tennis
Volleyball		Track

School Sports Pre-Participation Examination June 2005

NAME: _____

BIRTHDATE: _____ / _____ / _____

ADDRESS: _____

PHONE: (_____) _____

Athlete and Parent/Guardian: Please review all questions and answer them to the best of your ability.

Physician: Please review with the athlete details of any positive answers.

YES	NO	Don't Know	
_____	_____	_____	1. Has anyone in the athlete's family died suddenly before the age of 50 years?
_____	_____	_____	2. Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain?
_____	_____	_____	3. Does the athlete have asthma (wheezing), hay fever, or coughing spells during or after exercise?
_____	_____	_____	4. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?
_____	_____	_____	5. Does the athlete have a history of a concussion (getting knocked out) or seizures?
_____	_____	_____	6. Has the athlete ever suffered a heat-related illness (heat stroke)?
_____	_____	_____	7. Does the athlete have a chronic illness or see a physician regularly for any particular problem?
_____	_____	_____	8. Does the athlete take any prescribed medicine, herbs or nutritional supplements?
_____	_____	_____	9. Is the athlete allergic to any medications or bee stings?
_____	_____	_____	10. Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)?
_____	_____	_____	11. Has the athlete ever had prior limitation from sports participation?
_____	_____	_____	12. Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or unusual fatigability?
_____	_____	_____	13. Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension?
_____	_____	_____	14. Is there a history of young people in the athlete's family who have had congenital or other heart disease: cardiomyopath, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write "I don't understand these terms" and initial this item, if appropriate.)
_____	_____	_____	15. Has the athlete ever been hospitalized overnight or had surgery?
_____	_____	_____	16. Does the athlete lose weight regularly to meet the requirements for your sport?
_____	_____	_____	17. Does the athlete have anything he or she wants to discuss with the physician?
_____	_____	_____	18. Does the athlete cough, wheeze, or have trouble breathing during or after activity?
_____	_____	_____	19. Does the athlete have asthma?
			20. FEMALES ONLY
			a. When was your first menstrual period? _____
			b. When was your most recent menstrual period? _____
			c. What was the longest time between menstrual periods in the last year? _____

(Explain any YES answers on back.)

Parent/Guardian's Statement:

I have reviewed and answered the questions above to the best of my ability. I and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports / activities.

I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a licensed athletic trainer, coach, or medical practitioner.

I understand that this sports pre-participation physical examination is not designed nor intended to substitute for any recommended regular comprehensive health assessment.

I hereby authorize release of these examination results to my child's school.

Signed: _____
Parent/Guardian

Date: _____

As per ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

School Sports Pre-Participation Examination

NAME: _____		BIRTHDATE: ____ / ____ / ____	
Height: _____	Weight: _____	% Body Fat (optional): _____	Pulse: _____
Vision: R 20/____ L 20/____		Corrected: Y N	Pupils: Equal ____ Unequal ____
		BP: ____ / ____ (____ / ____ / ____)	
		Rhythm: Regular ____ Irregular ____	

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart: Pericardial activity			
1st & 2nd heart sounds			
Murmurs			
Pulses: brachial/femoral			
Lungs			
Abdomen			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

* Station-based examination only

CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____
 Not cleared for: _____ Reason: _____
 Recommendations: _____

 Name of physician (print/type): _____ Date: ____ / ____ / ____
 Address: _____ Phone: (____) _____
 Signature of Physician: _____

As per ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

SUGGESTED EXAM PROTOCOL FOR THE PHYSICIAN

MUSCULOSKELETAL

Have patient:

1. Stand facing examiner
2. Look at ceiling, floor, over shoulders, touch ears to shoulders
3. Shrug shoulders (against resistance)
4. Abduct shoulders 90 degrees, hold against resistance
5. Externally rotate arms fully
6. Flex and extend elbows
7. Arms at sides, elbows 90 degrees flexed, pronate/supinate wrists
8. Spread fingers, make fist
9. Contract quadriceps, relax quadriceps
10. "Duck walk" 4 steps away from examiner
11. Stand with back to examiner
12. Knees straight, touch toes
13. Rise up on heels, then toes

To check for:

- AC joints, general habitus
- Cervical spine motion
- Trapezius strength
- Deltoid strength
- Shoulder motion
- Elbow motion
- Elbow and wrist motion
- Hand and finger motion, deformities
- Symmetry and knee/ankle effusion
- Hip, knee and ankle motion
- Shoulder symmetry, scoliosis
- Scoliosis, hip motion, hamstrings
- Calf symmetry, leg strength

MURMUR EVALUATION - Auscultation should be performed sitting, supine and squatting in a quiet room using the diaphragm and bell of a stethoscope.

Auscultation finding of:

1. S1 heard easily; not holosystolic, soft, low-pitched
2. Normal S2
3. No ejection or mid-systolic click
4. Continuous diastolic murmur absent
5. No early diastolic murmur
6. Normal femoral pulses
(Equivalent to brachial pulses in strength and arrival)

Rules out:

- VSD and mitral regurgitation
- Tetralogy, ASD and pulmonary hypertension
- Aortic stenosis and pulmonary stenosis
- Patent ductus arteriosus
- Aortic insufficiency
- Coarctation

MARFAN'S SCREEN - Screen all men over 6'0" and all women over 5'10" in height with Echocardiogram and slit lamp exam when any two of the following are found:

1. Family history of Marfan's syndrome (this finding alone should prompt further investigation)
2. Cardiac murmur or mid-systolic click
3. Kyphoscoliosis
4. Anterior thoracic deformity
5. Arm span greater than height
6. Upper to lower body ratio more than 1 SD below mean
7. Myopia
8. Ectopic lens