

## Naples Wildcat Baseball 2015

Welcome to the 2015 Naples Wildcat baseball season. Glad to have you onboard! As the two-time defending Division II Champions this season promises to be both challenging and exciting! Thanks for your interest in the program. Please look through the necessary paperwork and information included below as well as on the Wildcat Baseball website. Athletic sport's physical and accompanying paperwork are due before the first day of practice March 2015.

Required paperwork includes:

- Athletic Code of Conduct Naples Middle High School
- DoDDS Europe Drug and Alcohol Policy
- DoDDS Europe Acknowledgement of Inherent Risk of Injury
- Medical Release Form Athletics
- Preparticipation Physical Evaluation

DoDEA Europe Athletics

<http://www.dodea.edu/Europe/athletics/index.cfm>

Naples Wildcat Baseball website:

<http://wildcatsbaseball.weebly.com/>

David Nichols

[dcniii2@yahoo.com](mailto:dcniii2@yahoo.com)

[david.nichols@eu.dodea.edu](mailto:david.nichols@eu.dodea.edu)

081 811 4061

629 4061



## Athletic Code of Conduct Naples Middle/High School

The Athletic Code of Conduct consists of regulations that all participants in interscholastic athletics are expected to adhere to 24 hours a day, 7 days a week (24-7) during a sport season. The season begins with the first day of practice and ends with the sports banquet. Each coach may establish additional requirements for team membership. These will be providing in writing, be thoroughly understood by each player, and be consistent with this code.

### 1. **ELIGIBILITY:**

To be eligible to participate in Naples High School athletics, a student must NOT have reached or passed his/her 19<sup>th</sup> birthday as of August 1 of the current school year. Students beyond the eight semester of high school are ineligible to participate in interscholastic athletics.

### 2. **PHYSICAL EXAMINATION:**

Each student must submit a completed Physical Examination/Parent Consent for Interscholastic Sports and a Medical Power of Attorney for the current school year prior to the first practice. A physical is valid for one calendar year. Whenever possible, exams should be scheduled during the summer months. It is the athlete's responsibility to plan ahead for this requirement.

### 3. **FALSIFYING OFFICIAL FORMS:**

Falsifying official forms required for participation will result in dismissal from the athletic team for the year.

### 4. **ACADEMIC ELIGIBILITY POLICY:**

- a. Eligibility for the first semester of any school year requires that a student have a 2.0 GPA based upon grades earned in the previous semester. This policy applies to both interscholastic athletics and extracurricular activities.
- b. All students will be monitored for Ds and Fs on a weekly basis throughout the season. Students who earn more than one failing grade are ineligible for competition for the following week. A student who has been identified as ineligible for three weeks in a row may be dropped from the team.
- c. First semester 9<sup>th</sup> graders, eligible 10<sup>th</sup>-12<sup>th</sup> graders and new students without transcripts will follow weekly checks.
- d. Ineligible 10<sup>th</sup>-12<sup>th</sup> graders with a GPA below 2.0 are on probation for the first 3 weeks of the new semester. They may practice with the team, but may not wear a uniform or participate in competitions. **Students** may request reinstatement after 3 weeks of ineligibility. This request must be supported by demonstrated academic achievement which meets the eligibility requirements of 2.0 GPA and no more than one failing grade. Students unable to maintain eligibility after reinstatement will become ineligible for the remainder of the semester.

### 5. **DROPPING AND TRANSFERRING SPORTS:**

Athletes may not change team membership following the opening contest of each sports season. A student does not have to participate for this to be in effect, only be listed as a member on the team roster.

### 6. **SCHOOL ATTENDANCE AND PARTICIPATION:**

Athletes may not participate in an athletic contest if they are absent from school on the day of the activity due to illness. If a student is absent from school on a Friday due to illness, they may not play on Friday, but could conceivably play on Saturday. The student must attend school the full day prior to (or the day of) any scheduled contest in which he/she is to play. The only exception to this policy is a

scheduled medical appointment, which may not exceed 3 hours of absence from school. Approval for the student to participate in the scheduled event will be determined by the coach. Students are expected to be in school on the day following a contest or on Mondays following away games.

**7. SUSPENSION:**

A student who is suspended from school is ineligible for one week from the date of the suspension commencing on the date the suspension begins. This includes in-house and overnight suspensions.

**8. CODE OF ETHICS:**

All athletes should abide by a code of ethics which will earn them the honor and respect that participation and competition in the interscholastic program affords. Any conduct that results in dishonor to the athlete, the team or the school will not be tolerated. Acts of unacceptable conduct such as, but not limited to, theft, vandalism, disrespect, or violations of the law, tarnish the reputation of everyone associated with the athletic program and will result in immediate dismissal from the team.

**9. CONDUCT OF ATHLETES:**

Students who have serious misconduct problems or display a tendency towards criminal behavior do not meet our standards and therefore will not represent our school and community. Serious criminal activity occurring outside of school will affect participation in the athletic program.

**10. EXPECTATIONS OF STUDENT ATHLETES:**

- a. Realize his/her obligations to the team (Team goals first, individual goals second)
- b. Be considerate of other players
- c. Be aware that each athlete represents the team, coaches, school, community, family and above all himself/herself
- d. Show respect to teachers, coaches, officials, and administrators
- e. Demonstrate good behavior in the classroom, on campus, and on school sponsored trips
- f. Respect school property and equipment

**11. SPORTSMANSHIP:**

The athlete will:

- a. Be courteous to visiting teams and officials
- b. Play hard to the limit of his/her ability regardless of discouragement
- c. Retain his/her composure at all times and never leave the bench or enter the playing field to engage in a fight. Be modest when successful and be gracious in defeat.
- d. Maintain a high degree of physical fitness by observing team and training rules
- e. Demonstrate loyalty to the school by maintaining a satisfactory scholastic standing and by participating in or supporting other school activities
- f. Play for the love of the game. Understand and observe the rules of the game and the standards of eligibility
- g. Set a high standard of personal cleanliness
- h. Respect the integrity and judgment of officials and accept their decisions without question
- i. Respect the facilities of the host schools and the trust in being a guest.

**12. SPORTSMANSHIP EJECTION RULE:**

An athlete who is ejected from a contest for unsportsmanlike conduct is ineligible for the team's next contest. A player who engages in fighting, biting or aggressive physical contact shall be ineligible for the team's next two contests.

### **13. DISCIPLINE:**

- a. Coaches are to establish and enforce conscientiously those rules which are necessary in their sport. The rules are to be consistent with the overall policies of the athletic department, the school and the school's division.
- b. The coach/school reserves the right to permanently exclude an athlete from further participation on the first violation of a team or athletic department policy, a school rule, or an ASIL policy (American Schools in Italy League)
- c. Any athlete breaking a team rule is subject to disciplinary action by the coach and may be benched for one weekend of competition
- d. The drug and alcohol policy for DoDDS Europe is included on a separate sheet.
- e. Athletes will not haze/harass another teammate, manager, student trainer or athlete in the athletic program. Athletes violating the DoDDS hazing policy, laid out in the IAP, will be immediately removed from the team as well as the athletic program. The student may only be reinstated to the Athletic program after following the procedures stated in section 17. *Due Process for the Athlete*, if reinstatement is approved.
- f. Lying, stealing, biting and fighting will not be tolerated and may result in expulsion from the team and the program.

### **14. DUE PROCESS FOR ATHLETES:**

An athlete who wishes to have the Athletic Council review an action taken against him/her by their coach may request a review of the coach's actions when extenuating circumstances appear to have occurred. The athlete must personally submit the request in writing to the Athletic Director within 24 hours of the action. The council will be comprised of the following individuals: Athletic Director, Asst. Principal, current Coach for the sport involved, one additional coach, and two faculty representatives. The council will make its recommendation to the Principal whose decision is final.

### **15. TRAVEL:**

All students must travel to and from all out of town contests in transportation provided by the school unless prior permission has been granted by the School Administration and the Coach. Athletes will not be permitted to return home with another athlete's parents. Male athletes should travel in slacks, shirt and tie for away games. Female athletes should travel in dresses and/or skirts/slacks and blouse. Halter tops and spaghetti straps are not allowed. Exceptions to this dress code must be approved by the principal before travel is authorized for the team.

### **16. RELEASE FROM CLASS:**

It is the responsibility of athletes to obtain assignments from their teachers NLT the day before the classes they will miss because of an athletic contest. All work should be made up promptly. All students are required to travel with schoolwork of some kind.

### **17. PARTICIPATION ON NON DODDS TEAMS:**

Students participating on non-DoDDS teams as well as DODDS teams must participate in all DODDS practices and scheduled games to maintain eligibility on a Naples HS team.

### **18. VACATION POLICY:**

Taking vacations or attending non-DoDDS sponsored activities by team members during a sport season are discouraged and may result in loss of letter. Parents/athletes wishing to take a vacation or attend a non-DoDDS activity during a sport season should reassess their commitment to being a team member. Athletes and parents must contact the head coach no less than 2 weeks before the scheduled trip and be willing to assume the consequences related to their team status and lettering.

### **19. UNIFORMS AND EQUIPMENT:**

All uniforms and equipment must be returned at the end of the season prior to that season's Athletic Banquet or upon departure from the team. No athlete will be eligible for another sport if they have not cleared a previous sport. Parents are responsible for replacement of uniforms and equipment lost or damaged.

**20. FINANCIAL OBLIGATIONS:**

Students and parents are financially responsible for all uniforms and equipment issued to the student. All uniforms and equipment are to be returned within 5 days of the last contest, cleaned and in good condition. Any equipment or uniforms not returned in good condition at the end of the season will be subject to a financial penalty. Athletic letters will not be awarded until all issued uniforms are cleaned and returned to the coach.

**21. INHERENT RISK OF INJURY:**

Whenever participating in a DODDS, or any athletic program, there is always an inherent risk of injury related to the sport.

**22. LETTERING:**

An athlete must complete the season in good standing and have met all the requirements set forth by the coach at the beginning of the season. All issued equipment and uniforms must have been returned in good condition.

# Athletic Code Contract

I have read and agree to abide by the policies set forth in the Naples MS/HS Athletic Code of Conduct. I am aware that any violation of these policies may result in disciplinary action up to the point of expulsion from all extracurricular sports.

---

Student's Printed Name

---

Student's Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

---

Parent/Guardian's Printed Name

---

Parent/Guardian's Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

---

Coach's Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Copy turned into the Athletic Director)

# DoDDS-EUROPE - DRUG & ALCOHOL POLICY

The possession, use, or sale of controlled or mind-altering substances, tobacco, alcoholic beverages, hallucinogenic drugs, inhalants, or combination of drugs or paraphernalia expressly prohibited by federal, or local laws, including prohibited substances which shall include those substances possessed, sold, and/or used that are held out to be, or represented to be, controlled substances by any student are prohibited.

- A. 1. Members of an athletic team who, during the season (the 1<sup>st</sup> day of practice through the awards ceremony), violate the controlled substance policy during the school day, on or off school property (to include while riding to or from school, school events or school buses) or while attending/participating in a DoDDS-E function under the jurisdiction of the school, will be removed from the team for the remainder of the season.
  - 2. Violations occurring during the post season championships (to include qualifying tournaments) will result in suspension from participation in the next sports season.
  - 3. 2<sup>nd</sup> Offense during the school year: Team member is removed from athletic participation for the remainder of the school year.
- B. 1. Members of an athletic team who, during the season, possess/use tobacco and/or alcohol – outside of the time and events stated above in point A, are subject to the following:
    - a.) 1<sup>st</sup> Offense during the school year: Team member is suspended from all competition for the next seven calendar days. If the suspension occurs during a time period when games are not scheduled, the team member will miss the next scheduled competition. If traveling on an overnight trip, team member will miss the entire weekend of competition.

For the team member to be reinstated to the team, the student-athlete must show proof of attending one counseling session and scheduling and attending at least two more counseling sessions within the next three weeks. If the offense occurs at the end of a sport season, the seven calendar days and one athletic competition will be carried over to the next season that the athlete participates.

- b) 2<sup>nd</sup> Offense during the school year: Team member is removed from athletic participation for the remainder of the school year.

\*\*\* Violations to the Drug and Alcohol Policy are cumulative for the entire school year. They do not start over each sports season.

-----  
(Please read, sign, detach and give to Coach)

Parent/Guardian Signature \_\_\_\_\_

Student-Athlete Signature \_\_\_\_\_

Date \_\_\_\_\_

DODDS-EUROPE  
ACKNOWLEDGEMENT OF INHERENT RISK OF INJURY

I give permission for \_\_\_\_\_ (name of child/ward) to participate in any of the following sports that are not crossed out: baseball, basketball, cheer, cross country, football, golf, marksmanship, soccer, softball, tennis, track, volleyball, wrestling.

I am aware that with the participation in high school sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risks vary significantly from one sport to another with contact/collision sports carrying the higher risk. I also understand that it is not possible to specifically list each and every individual risk, but that most activities may involve risks associated with strenuous exercise, as well as risks from the use of equipment or participation in group activities.

I acknowledge that we will either ask for or have been given any information that we need to determine the general risks associated with the activities in which my son/daughter will participate.

Name of Sponsor: (Print Name) \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_



# MEDICAL RELEASE FORM-ATHLETICS

Please print legibly

DATE \_\_\_\_\_

STUDENT NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

STUDENT PASSPORT NUMBER/COUNTRY OF ORIGIN \_\_\_\_\_

PARENT/SPONSOR (Rank) (Last Name) \_\_\_\_\_ (First) \_\_\_\_\_

ADDRESS(CMR/PSC) \_\_\_\_\_

LOCAL HOME ADDRESS (Civilian with local city code) \_\_\_\_\_

APO/FPO \_\_\_\_\_

\*HOME TEL. NO. (Include country and city prefixes) \_\_\_\_\_

DSN TEL. NO. \_\_\_\_\_

EMAIL CONTACT: \_\_\_\_\_

Additional Contact Name (other than your own) \_\_\_\_\_

Additional Contact Telephone (Include country and city prefixes) \_\_\_\_\_

Policy # \_\_\_\_\_ Health Insurance Company Telephone # \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

(Circle One)  Civilian Insurance Co  Military Insurance

=====

In the event that my dependent, \_\_\_\_\_, age \_\_\_\_\_, is injured or becomes ill, necessitating immediate medical examination or care, while participating in the \_\_\_\_\_ I authorize and release supervising personnel of the activity to take my dependent to any U.S. Medical facility or to any civilian hospital if deemed necessary.

I understand that the above supervising personnel of this activity will use all diligent and responsible efforts to contact me or my spouse. If neither my spouse nor I can be contacted after reasonable attempts by these personnel, or the U.S. medical treatment facility, I authorize and release any physician or other qualified medical personnel to examine my child. I authorize any and all emergency care necessary for treating injuries or illness involving immediate danger to life or limb of my dependent. I further authorize and release any physician or other qualified medical personnel to administer non-emergency care necessary to treat minor injuries or illness of my dependent. I authorize necessary treatment such as suturing superficial lacerations, treating colds, minor allergies and minor gastrointestinal upsets, splinting sprains, casting uncomplicated fractures, or other similar treatment, not including major surgery or procedures involving substantial risk.

My dependent is allergic to: \_\_\_\_\_

My dependent requires the following medication: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

X \_\_\_\_\_  
PARENT/SPONSOR SIGNATURE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER (Last 4 only)

**THIS FORM DOES NOT HAVE TO BE NOTARIZED**

# PREPARTICIPATION PHYSICAL EVALUATION 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 \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines  Pollens  Food  Stinging Insects

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

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
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)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

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 athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# ■ PREPARTICIPATION PHYSICAL EVALUATION

## THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	<b>Yes</b>	<b>No</b>
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

**Explain "yes" answers here**

---



---



---



---



---

**Please indicate if you have ever had any of the following.**

	<b>Yes</b>	<b>No</b>
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

**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 athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ ( _____ / _____ )	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not cleared
- Pending further evaluation
- For any sports
- For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

# ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

- Not cleared
- Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_