



Preparticipation Physical Evaluation (Page 1 of 2)

This completed form must be kept on file by the school. This form is valid from August 1st to July 31st.

Part 1. Student Information (to be completed by student or parent)

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: ____/____/____
 School: _____ Grade in School: _____ Sport(s): _____
 Home Address: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____
 Relationship to Student: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
 Personal/Family Physician: _____ City/State: _____ Office Phone: (____) _____

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

| | Yes | No | | Yes | No |
|---|------|------|---|--------------|----------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | ____ | ____ | 26. Have you ever become ill from exercising in the heat? | ____ | ____ |
| 2. Do you have an ongoing chronic illness? | ____ | ____ | 27. Do you cough, wheeze or have trouble breathing during or after activity? | ____ | ____ |
| 3. Have you ever been hospitalized overnight? | ____ | ____ | 28. Do you have asthma? | ____ | ____ |
| 4. Have you ever had surgery? | ____ | ____ | 29. Do you have seasonal allergies that require medical treatment? | ____ | ____ |
| 5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? | ____ | ____ | 30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth or hearing aid)? | ____ | ____ |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | ____ | ____ | 31. Have you had any problems with your eyes or vision? | ____ | ____ |
| 7. Do you have any allergies (for example, to pollen, medicine, food or stinging insects)? | ____ | ____ | 32. Do you wear glasses, contacts or protective eyewear? | ____ | ____ |
| 8. Have you ever had a rash or hives develop during or after exercise? | ____ | ____ | 33. Have you ever had a sprain, strain or swelling after injury? | ____ | ____ |
| 9. Have you ever passed out during or after exercise? | ____ | ____ | 34. Have you broken or fractured any bones or dislocated any joints? | ____ | ____ |
| 10. Have you ever been dizzy during or after exercise? | ____ | ____ | 35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? | ____ | ____ |
| 11. Have you ever had chest pain during or after exercise? | ____ | ____ | <i>If yes, check appropriate blank and explain below:</i> | | |
| 12. Do you get tired more quickly than your friends do during exercise? | ____ | ____ | ____ Head | ____ Elbow | ____ Hip |
| 13. Have you ever had racing of your heart or skipped heartbeats? | ____ | ____ | ____ Neck | ____ Forearm | ____ Thigh |
| 14. Have you had high blood pressure or high cholesterol? | ____ | ____ | ____ Back | ____ Wrist | ____ Knee |
| 15. Have you ever been told you have a heart murmur? | ____ | ____ | ____ Chest | ____ Hand | ____ Shin/Calf |
| 16. Has any family member or relative died of heart problems or sudden death before age 50? | ____ | ____ | ____ Shoulder | ____ Finger | ____ Ankle |
| 17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | ____ | ____ | ____ Upper Arm | ____ Foot | |
| 18. Has a physician ever denied or restricted your participation in sports for any heart problems? | ____ | ____ | 36. Do you want to weigh more or less than you do now? | ____ | ____ |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)? | ____ | ____ | 37. Do you lose weight regularly to meet weight requirements for your sport? | ____ | ____ |
| 20. Have you ever had a head injury or concussion? | ____ | ____ | 38. Do you feel stressed out? | ____ | ____ |
| 21. Have you ever been knocked out, become unconscious or lost your memory? | ____ | ____ | 39. Record the dates of your most recent immunizations (shots) for: | | |
| 22. Have you ever had a seizure? | ____ | ____ | Tetanus: _____ Measles: _____ | | |
| 23. Do you have frequent or severe headaches? | ____ | ____ | Hepatitis B: _____ Chickenpox: _____ | | |
| 24. Have you ever had numbness or tingling in your arms, hands, legs or feet? | ____ | ____ | | | |
| 25. Have you ever had a stinger, burner or pinched nerve? | ____ | ____ | | | |

FEMALES ONLY (optional)

40. When was your first menstrual period? _____
 41. When was your most recent menstrual period? _____
 42. How much time do you usually have from the start of one period to the start of another? _____
 43. How many periods have you had in the last year? _____
 44. What was the longest time between periods in the last year? _____

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 11.8, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: _____ Date: ____/____/____ Signature of Parent/Guardian: _____ Date: ____/____/____



Preparticipation Physical Evaluation (Page 2 of 2)

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Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ____/____/____

Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____, ____/____)

Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal _____ Unequal _____

Table with 4 columns: FINDINGS, NORMAL, ABNORMAL FINDINGS, INITIALS*

MEDICAL

- 1. Appearance
2. Eyes/Ears/Nose/Throat
3. Lymph Nodes
4. Heart
5. Pulses
6. Lungs
7. Abdomen
8. Genitalia (males only)
9. Skin

MUSCULOSKELETAL

- 10. Neck
11. Back
12. Shoulder/Arm
13. Elbow/Forearm
14. Wrist/Hand
15. Hip/Thigh
16. Knee
17. Leg/Ankle
18. Foot

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation
____ Not cleared for: _____ Reason: _____

____ Cleared after completing evaluation/rehabilitation for: _____
____ Referred to _____ For: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ____/____/____

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation
____ Not cleared for: _____ Reason: _____

____ Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print): _____ Date: ____/____/____

Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.



Consent and Release from Liability Certificate (Page 2 of 2)

This completed form must be kept on file by the school

Attention Student

Your school is a member of the Florida High School Athletic Association (FHSAA) and follows established rules. To be eligible to represent your school in interscholastic athletics, you:

1. Must be regularly enrolled and in regular attendance at your school. If you are a home education student or attend a charter school that is not a member of the FHSAA, you must declare in writing your intention to participate in athletics to the school at which you are permitted to participate prior to the first day of practice. Home education students must be approved by the FHSAA office prior to any participation. (FHSAA Bylaw 11.1)
2. Must enroll in school within 10 days of the beginning of **each semester** to be eligible during **that semester**. If not, you must make up all work missed and be in attendance a minimum of one day for each day missed due to late enrollment before your principal can declare you eligible. (FHSAA Bylaw 11.1)
3. Must maintain a cumulative 2.0 grade point average on a 4.0 unweighted scale through the end of the previous semester as required by Florida Statutes. This GPA must include all courses taken since you entered high school. For sixth graders, seventh graders and eighth graders, you must have been regularly promoted from the previous grade, carry a normal class load, do satisfactory classroom work and maintain a satisfactory conduct record. (FHSAA Bylaw 11.2)
4. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 11.2)
5. Must participate at the school in which you first enroll, or at which you first take part in an athletic practice, at the beginning of the school year. (FHSAA Bylaw 11.3)
6. Must transfer from your previous school prior to the first day of practice and secure an "Application for Waiver of the Transfer Rule" (form EL6) signed by the principal of both your previous school and your new school. If you transfer on or after the first day of practice in a sport you cannot participate in that sport. If you transfer from a school at which you were ineligible because of disciplinary action or unsatisfactory conduct, you will be ineligible at your new school for one full semester. If you participate on a non-school team (i.e., AAU, American Legion, club setting, etc.) which is affiliated with or coached by a coach from a school other than the one you attend, or have attended, and then transfer to that school, it will be assumed you have been recruited to attend that school or transferred to that school for athletic reasons and you will be ineligible there for one year. If you transfer to a school that your coach has relocated to within the past year, it will be assumed you transferred to that school for athletic reasons and you will be ineligible there for one year. (FHSAA Bylaw 11.4).
7. Must not have **enrolled in the ninth grade for the first time** more than four school years ago. If you are a sixth grader, seventh grader or eighth grader, you must not have participated in an earlier school year in the grade in which you are currently enrolled. (FHSAA Bylaw 11.5)
8. Must be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle school. On the day you reach one of these ages – regardless of when that day is – you become ineligible to participate on that level. (FHSAA Bylaw 11.6)
9. Must get signed permission to participate from your parents or guardian on a form provided by the school. (FHSAA Bylaw 11.7)
10. Must undergo a preparticipation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2). The physical evaluation is valid from August 1st to July 31st, after which time you must successfully undergo another physical evaluation to continue your participation. (FHSAA Bylaw 11.8)
11. Must be an amateur. This means you must not accept money, gift or donation for participating in a sport, or use a name other than your own when participating. (FHSAA Bylaw 11.9)
12. Must not participate in an all-star contest in a sport prior to completing your high school eligibility in that sport. (FHSAA Bylaw 11.10)
13. Must display good sportsmanship and follow the rules of competition **before, during and after** every contest in which you participate. If not, you may be suspended from participation for a period of time. (FHSAA Bylaw 11.11)
14. Must not provide false information to your school or to the FHSAA to gain eligibility. (FHSAA Bylaw 11.12)
15. Foreign exchange and international students must be approved by the FHSAA office prior to any participation. (FHSAA Policy 18)

If you are declared or ruled ineligible for violation of any one or more of these rules and you do not agree with the decision, you have the right to request that your school file an appeal on your behalf. If you violate one or more of these guidelines because of an unforeseeable, unavoidable condition or event which places a severe burden upon you or your family and are declared or ruled ineligible because of that, you have the right to request that your school file a request for an undue hardship waiver of the rule or rules on your behalf. See your principal, athletic director or coach if you believe one of these two situations applies to you.

STUDENT-ATHLETE'S CODE OF CONDUCT

The actions of a student-athlete are a reflection of themselves, their parents, their team, their school, and their community. A student-athlete's involvement in school sports provides opportunities and experiences that are important to the development of a well-rounded student. However, student-athletes must understand that participation in school sports is not a right but a privilege, and a high standard of conduct will be demanded on and off the field. Student-athletes shall adhere to Citrus County Schools Student Code of Conduct.

Student-Athletes shall:

2.1 Treat everyone with respect.

- a) Treat teammates, coaches, school staff, opponents, event organizers, and spectators with respect.
- b) Respect and accept with dignity the decisions of officials.
- c) Be generous in winning and gracious in losing

2.2 Exercise self-control at all times.

- a) Remember that there is no place in sports for drugs, alcohol, or tobacco.
- b) Refrain from the use of foul or profane language.
- c) Refrain for the use of physical force outside of the rules of the game.

2.3 Play Fair.

- a) Play within the rules and the spirit of the rules of the game at all times.
- b) Learn the safe practices of the sport and demonstrate those practices in competition.

2.4 Practice Safety

- a) Notify the coach in the event they witness a team member in physical distress or experiencing the following symptoms; vomiting, loss of consciousness, inability to walk correctly, or being in a state of obvious disorientation and confusion.

My signature verifies that I have read and will comply with The Citrus County Student-Athlete's Code of Conduct.

(STUDENT SIGNATURE)

SPECTATOR'S CODE OF CONDUCT

Spectators are encouraged and welcomed to attend secondary school sporting activities.

Spectators must:

3.1 Treat everyone with respect.

- a) Cheer in a positive manner.
- b) Respect the decisions of officials.
- c) Not interfere with the play or competition.
- d) Be courteous and respectful to other spectators, all competitors, coaches, event organizers, and officials.

3.2 Exercise self-control at all times.

- a) Respect the rules and regulations of the facility
- b) Refrain from the use of foul or profane language
- c) Refrain from the use of physical force of any kind.

Failure to comply may result in a spectator being removed from the school facilities and banned from future events.

My signature verifies that I have read and will comply with The Citrus County Student-Athlete's Code of Conduct.

(PARENT SIGNATURE)