### Preparticipation Physical Evaluation History Form

(Date: This form must be filled out by the patient and parent or guardian prior to seeing the physician. The physician should keep this form in the chart)

**Date of Exam**

**Name**

**Sex**

**Age**

**Grade**

**School**

**Sport(s)**

**Date of birth**

**Medical History**

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

<table>
<thead>
<tr>
<th>Medications</th>
<th>Allergies</th>
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</table>

**Do you have any allergies?**

- [ ] Yes
- [ ] No

If yes, please identify specific allergy below.

- [ ] Medicines
- [ ] Pollen
- [ ] Food
- [ ] Stinging insects

**Explain “Yes” answers below. Circle questions you don’t know the answers to.**

#### General Questions

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:
   - [ ] Asthma
   - [ ] Arthritis
   - [ ] Diabetes
   - [ ] Infections
   - [ ] Other:

3. Have you ever spent the night in the hospital?

4. Have you ever had surgery?

#### Heart Health Questions About You

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 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:
   - [ ] High blood pressure
   - [ ] A heart murmur
   - [ ] A heart infection
   - [ ] Kawasaki disease
   - [ ] Other:

9. Has a doctor ever ordered a test for your heart? (For example, EKG/ECG, 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

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 cardioverter?

16. Has anyone in your family had unexplained fainting, unexplained syncope, or near drowning?

#### Bone and Joint Questions

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 a splint?

20. Have you ever had a stress fracture?

21. Have you ever been told that you have or you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or disorder)

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**

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

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Student/Athlete Information Sheet

Sport: _______________________

School: _______________________

Name: _______________________

Address: _______________________

Date Of Birth: _____________

Grade: ____

Cell Phone #: _______________

(In case of emergency): ________________________________

Risk ______

Insurance ______

Physical ______

NOTES:
CUMULATIVE EFFECTS OF REPEATED CONCUSSIONS

A three-year, follow-up study shows that athletes having a previous history of at least one concussion are at an increased risk for further concussions. As the number of concussions increases, so does the risk for future injuries (Guskiewicz et al., 2003). It has also been shown that repeated concussions have been linked to longer recovery periods. Highlighting the importance of making sure athletes are symptom free prior to returning to competition from a previous MHI, research has shown that 1 in 15 athletes with a concussion have recurring concussions within 7-10 days from the first concussion. Because of these findings and the potential for complications resulting from MHIs, it is recommended that athletes sustaining more than one concussion should be referred for follow-up evaluation and assessment to determine any residual effects that might preclude participation in contact or collision sports. Cases of individuals suffering permanent brain damage from multiple concussions have been reported but no consensus on how many concussions are too many or what leads to that permanent damage.

MEDICAL CLEARANCE TO RETURN TO PARTICIPATION AFTER HEAD INJURY

There is unanimous agreement within the medical community that NO athlete who has signs and symptoms of just concussion should return to action. There is also unanimity that there is increased risk of significant damage from a concussion for a period of time after a preceding concussion and from cumulative damage of multiple head injuries. The more concussions an individual has, the greater is the risk of having additional concussions. The exact period of increased vulnerability or the number of concussions that is "too many" has not been determined. Traditionally, physicians have advised athletes not to return to action until they have been free of symptoms for a minimum of a week. (McCrea et al., 2003). Now, rather than discuss a length of time to be free of symptoms, guidelines suggest using the gradual return-to-play protocol shown above while monitoring the athlete for symptoms. This could be longer or shorter than a week. Research, utilizing some of the testing instruments mentioned above, is now revealing subtle residual effects of concussion not found by traditional evaluation. These identifiable deficits frequently persist after the obvious signs of concussion are gone and appear to have relevance to whether an athlete can return to action with relative safety.

Endorsed by the RI Interscholastic League Sports Medicine Advisory Comm.
PROVIDENCE SCHOOLS

MOUNT PLEASANT HIGH SCHOOL

CITY OF PROVIDENCE
PUBLIC SCHOOLS

Name of Student ___________________________ Date ___________________________

I have sufficient insurance coverage for any injuries occurring to my children/child participating in the Sports Athletic Programs, or for personal reasons I do not want the school insurance. Therefore, I do not need the school insurance to cover any costs and/or damages in case of injury.

I understand that I cannot hold the Providence School Department liable for any costs that may occur to my child as a result of his/her participation in the athletic programs specified. It is requested, therefore, that the requirement to purchase school insurance in order for my child’s participation in the athletic program be waived.

I have read and understand fully the contents of this letter and sign this insurance waiver voluntarily.

________________________________________

Parent’s Signature

________________________________________

Parent’s Name (Please Print)

Please attach a copy of your health insurance card or fill in the following information:

Health Insurance Company __________________________________________

Group # ___________________________ Policy # ___________________________
RHODE ISLAND INTERSCHOLASTIC LEAGUE WARNING
ACKNOWLEDGMENT, AUTHORIZATION, CONSENT AND ASSUMPTION OF RISK FORM

The undersigned, being an adult prospective student-athlete or parent/legal guardian of the undersigned minor prospective student-athlete, hereby acknowledge that said student seeks to participate in a student sports program sanctioned by the Rhode Island Interscholastic League ("RIIL"). The undersigned specifically consent that the student-athlete will comply with the rules and regulations of the RIIL, that he/she will be, subject to the RIIL rules and regulations, subject to the disciplinary powers of the RIIL, that he/she is aware of the academic standing, medical conditions, financial, attendance, residency, and disciplinary record of the undersigned student to the RIIL for the purpose of enforcing the rules and regulations of the League, that he/she is aware that athletic participation requires physical fitness; that the student possesses such fitness; and that some risk of serious injury and even death is involved in sports participation. For sports involving helmets, we acknowledge the following WARNING: Do not use any helmet to butt, ram or spear an opposing player. This can result in severe head, brain or neck injury, paralysis or death to you and possible injury to your opponent. There is a risk these injuries may also occur as a result of accidental contact without intent to butt, ram or spear. NO HELMET CAN PREVENT ALL SUCH INJURIES.

Now, therefore, pursuant to the Rhode Island General Laws § 7-6-9 and § 9-1-46, the undersigned, in consideration of participation in a RIIL sanctioned sports program, hereby grant to the RIIL, its officials, directors, trustees, volunteers, participants, event sponsors, agents (to include, but not be limited to, the local school committee or its personnel or private equivalent), servants and employees, a waiver of liability as regards practicing for or participating in, any sports program sanctioned by the RIIL. The undersigned specifically acknowledge that risk of injury or death exists and assume said risk with respect to practicing for or participating in any contest or exhibition of an athletic or sports matter sanctioned by the RIIL, in compliance with the Rhode Island General Laws § 9-1-20.1 and all other applicable laws and regulations, the undersigned, in consideration of participation in a RIIL sports program, herein grant to the RIIL its officials, directors, trustees, volunteers, participants, event sponsors and agents (to include, but not be limited to, the local school committee or its personnel or private equivalent), servants and employees, and assigns the absolute right and permission to at any time and by any method record student's name, voice, and likeness and to utilize or assign the use of the student's name, voice, and likeness in any manner of media whatsoever, known or unknown at this time, for purposes of athletic or academic award, publicity, promotion, exhibit, display, trade, advertisement, action or advertising, of any kind without restriction.

(This form must be completed by all students, regardless of grade, intending to participate in any Rhode Island Interscholastic League sport after 1 Aug. 2014. All minor students must sign and have a parent or legal guardian also sign. All forms are to be notarized and returned to the League office. Failure of a school to provide a duly executed form will cause the athlete to be declared ineligible.)

RIIL 2014

Please Note: The use of an incorrect address will subject the student-athlete to League penalties, to include one year of ineligibility.