Print Legal Name:_____________________

Sport:______________________________

VU A Number:______________________

2014-15

STUDENT-ATHLETE FORMS
# Student-Athlete Forms Table of Contents (2014-2015)

*Forms are to be completed by a parent/guardian or student in blue or black ink pen.*

<table>
<thead>
<tr>
<th>Page Number(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Table of Contents</td>
</tr>
<tr>
<td>3</td>
<td>List of Required Forms</td>
</tr>
<tr>
<td>4-5</td>
<td>Athlete-Parent Information Form</td>
</tr>
<tr>
<td>6</td>
<td>Authorization for Release of Injury/Illness Sheet (HIPPA)</td>
</tr>
<tr>
<td>7</td>
<td>Academic Records Release &amp; Student Release to Parents Form</td>
</tr>
<tr>
<td>8-9</td>
<td>NJCAA Eligibility Affidavit</td>
</tr>
<tr>
<td>10-11</td>
<td>NJCAA Amateurism Questionnaire</td>
</tr>
<tr>
<td>12-13</td>
<td>Drug Education &amp; Testing Policy and Procedures Form</td>
</tr>
<tr>
<td>14</td>
<td>Media Guide Profile Form</td>
</tr>
<tr>
<td>15</td>
<td>Media Release Form</td>
</tr>
<tr>
<td>16-17</td>
<td>Physical Examination Form</td>
</tr>
</tbody>
</table>
Vincennes University

List of Required Forms

In order to participate in an intercollegiate sport, you must turn in the following forms signed and completed in full:

☐ Completed Athlete-Parent Information Form
☐ Completed Authorization for Release of Injury or Illness Information (HIPPA)
☐ Completed Academic Records Release & Student Release to Parents Form
☐ Completed NJCAA Eligibility Affidavit
☐ Completed NJCAA Amateurism Questionnaire
☐ Completed Drug Education & Testing Policy and Procedures Form
☐ Completed Media Guide Profile Form
☐ Completed Media Release Form
☐ Completed Physical Examination Form (At coaches discretion)
☐ Copy of your High School Diploma
DATE: __________

VINCENNES ATHLETE-PARENT INFORMATION

SPORT: _________________

PLEASE FILL OUT ALL BLANKS. FAILURE TO COMPLETE ALL BLANKS WILL RESULT IN CLAIMS PROCESSING DELAYS.

(If information is not applicable, indicate the reason it is not (e.g. Deceased, divorced, or unknown.)

Name of Athlete: ________________________________ Birth Date: ________________ SS#: __________________________

College Address: ________________________________ Phone: __________________________

Home Address: ________________________________ Phone: __________________________

City: __________________ State: __________ Zip Code: __________________________

Father/Guardian: ________________________________ SS#: __________________________

Home Phone: __________________________ Cell Phone: __________________________ Work Phone: __________________________

Address: __________________ City: __________ State: ______ Zip: __________

Employment: __________________________ Address: __________________________

Mother/Guardian: ________________________________ SS# __________

Home Phone: __________________________ Cell Phone: __________________________ Work Phone: __________________________

Address: __________________ City: __________ State: ______ Zip: __________

Employment: __________________________ Address: __________________________

Emergency Contact
Name/Relationship: __________________________ Phone Number: __________________________

Address: __________________ City: __________ State: ______ Zip: __________

Medical Insurance
Company or Plan: __________________________

Address: __________________

Policy #: __________________

Phone: __________________

Is the company/ plan listed above considered a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO)? Yes No

Does your insurance or plan require a second opinion? Yes No

I hereby authorize Vincennes University and Hartford Life and Accidental Insurance Company to inspect or secure copies of case history records, laboratory reports, diagnosis, x-rays and any other covering this and/or previous confinements or disabilities. A Photostat copy of this authorization shall be deemed as effective and valid as the original for up to two years after date of signature.

We authorize Vincennes University or its insurance agent to pay the medical vendors directly for any bills incurred from intercollegiate athletic accidents

IMPORTANT NOTICE: Hartford Life and Accident Insurance Company is secondary to any health insurance you have. Submit your claim to your primary health insurance company first. When you receive an Explanation of Benefits Statement, send it along to us with your itemized bill, this form and a completed accident form. Payment will be made to the providers of service (hospital, physician or others), unless a paid receipt statement accompanies the bill at the time the claim is submitted.

Parent’s Signature: __________________________ Date: __________

Student’s Signature: __________________________ Date: __________
Authorization to Release Information

I hereby authorize my health care providers to release information to Vincennes University and Hartford Life Claims to the purpose of facilitating the process and/or payment of claims on my behalf. I authorize release or information regarding medical dental, mental, alcohol or drug abuse history or treatment, or any information necessary for the determination of benefits under my policy.

This authorization will be good for one year from the date of signature. I understand that I may revoke this authorization by providing a written request to Hartford Life Claims at any time. I further agree that a photo copy of this authorization shall be valid as the original.

______________________________  ______________________________
Signature                        Date

Hartford Life Claims
P.O. Box 3856
Alpharetta, GA 30023
Toll Free: 800-678-6702
Fax: 866-954-3993

Vincennes University
Athletic Department PE-19
1002 North First Street
Vincennes, IN 47591
Phone: 812-888-4511
Fax: 812-888-5129
Vincennes University
Student-Athlete Authorization/Consent
For
Disclosure of Protected Health Information

I, ____________________________ , hereby authorize Vincennes University
Name of Student-Athlete

and the physicians, athletic trainers, and health care personnel representing Vincennes University to release my protected health
information and any related information regarding any injury or illness during my training for and participation in intercollegiate
athletics. This protected health information may concern my medical status, medical condition, injuries, prognosis, diagnosis,
athletic participation status, and related personally identifiable health information. The purpose of this authorization is to permit
the disclosure of information among health care professionals, coaches, training staff, insurance personnel, medical vendors,
academic counselors, university administrators, chaplains/clergy, the NJCAA, and the media with respect to Vincennes University
athletes.

I understand that my injury/illness information is protected by federal regulations under either the Health Insurance
Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (FERPA) and may not be
disclosed without either my authorization under HIPAA or my consent under FERPA. I understand that my signing of this
authorization/consent is voluntary and that my institution will not provide any health care treatment or payment, enrollment in a
health plan or receipt of any benefits (if applicable) based upon whether I provide the consent or authorization requested for this
disclosure. I also understand that once information is disclosed per my authorization/consent, the information is subject to
re-disclosure and may no longer be protected by HIPAA and/or FERPA.

I understand that I may revoke this authorization/consent at any time by notifying in writing the Head Athletic Trainer at
Vincennes University, but if I do, it will not have any effect on actions that Vincennes University or the Intercollegiate Athletics
Department took in reliance on this authorization/consent prior to receiving the revocation. I reserve the right to review all
records at any time and to obtain a copy of all records released at any time upon request.
This authorization shall automatically expire when the student athlete names herein is no longer participating in intercollegiate
athletics for Vincennes University.

I hereby acknowledge that I have received a copy of this authorization.

__________________________________  ____________________________
SSN# of Student-Athlete  Date of Birth of Student-Athlete

__________________________________  ____________________________
Signature of Student-Athlete  Date

__________________________________  ____________________________
Signature of Parent/Legal Guardian  Date

060611-F
VINCENNES UNIVERSITY

Academic Records Release Form

SCHOOL YEAR: ____________

Please print clearly.

Name (Last, First, Middle) ____________________________________________________

Social Security # ___________________ Student ID A# ____________________________

Birth Date _______ / _______ / _______

Signature of Student ___________________________ Date: _______________________ 

The Family Education Rights and Privacy Act of 1974 prohibit the release of information pertaining to the academic records of the student without the written and signed consent of the student. By signing this form the student is giving consent to Vincennes University to release a transcript and any other information requested by the NJCAA to determine student-athlete eligibility.

STUDENT RELEASE OF EDUCATIONAL RECORDS TO PARENTS

VU ATHLETE

SCHOOL YEAR: __________

STUDENT’S NAME __________________________________________________________

A # ________________________________ SS # ________________________________

FATHER’S NAME ________________________________

MOTHER’S NAME ________________________________

You are not required to sign this form. However your signature on this form allows your parents to receive information from and about your academic record. An athletic department member or your coach may discuss with your parents your grades, academic records, and academic situation. This note eliminates the need to contact you any time a request is made by your parents or your coach feels it is necessary to contact your parents.

STUDENT SIGNATURE ___________________________ DATE ______________________
NJCAA Eligibility Affidavit

SPORT: ___________________________ Date: ________________________

Fill in all applicable information on this form to assist in determining eligibility for the NJCAA.

Personal Information:
Name: ___________________________ Birth Date: ___/___/______ ID Number: ____________________________
(First, Middle, Last)

Student’s College Address:
Street Address ______________________________________________________________________________
City, State, Zip Code

Phone Number(s) at College: ___________________________ Email Address: ____________________________

Other Information:
Parent’s Home Address: _______________________________________________________________________
Street Address ______________________________________________________________________________
City, State, Zip Code

Phone Number: ___________________________ Parents’ Names: ____________________________

Foreign Born Students:
Are you a United States Citizen or a Permanent Resident*? Yes _____ No _____ (*Holder of a Green Card or USA Passport)

Do you have another type of VISA? Yes _____ No _____ If so, what type? ____________________________

Do you have an I-20 Form on file at this college? Yes _____ No _____

High School Information:
Name of High School(s) you have attended: ____________________________
City, State & Country: _______________________________________________________________________

Did you graduate?: Yes* _____ No _____ High School Graduation Date (month/date/year): ___/___/____

Were you home schooled? Yes ____ No _____ Did you graduate? Yes* _____ No _____

Check here if you have earned a *GED: _____ GED: Date Earned (month/date/year): ___/___/____

* Enclose a COPY of your High School Diploma or GED Certificate.

Additional Information:
1. Did you take any college credit classes while in high school? Yes* _____ No _____
   * If yes, from what college(s)? ____________________________
   * If yes, those transcript(s) from each college must be on file at this college.

2. Have you ever signed a Letter of Intent form with any institution? Yes _____ No _____
   If yes, specify the College: ____________________________ Date (day/month/year): ___/___/____

3. ____________________________ Date: ________________________
3. Have you ever participated in a sport in a country other than the United States? Yes _____ No _____
   Sport(s)? __________________ Country: __________________ Dates: __________________
   If yes, describe the situation: ____________________________________________________________

4. Have you ever been red-shirted for a season? Yes _____ No _____
   If yes, list the dates of that season, name of college, and describe the situation. ____________________________________________________________

5. Have you ever participated in practices, scrimmages, and/or games for an intercollegiate team other than this college? 
   Yes _____ No _____ If yes, name the school, date, sport, and describe the situation. ____________________________________________________________

6. Have you ever played on a club team at a college or university? Yes _____ No _____ If yes, name the school, sport and dates.
   ____________________________________________________________

7. Do you currently play on any other sport teams (i.e. USAV, city recreational leagues, indoor soccer, AAU, etc.) 
   Yes _____ No _____ If yes, please provide the name of team, location, and dates of participation.

8. Have you ever received money beyond expenses for participating in any athletic event? Yes _____ No _____
   Did anyone on your team receive money beyond expenses for participating in any athletic event? Yes _____ No _____
   If yes, describe the situation below and the NJCAA Amateurism Questionnaire should be completed and included with the 
   eligibility file. ____________________________________________________________
   ____________________________________________________________

List ALL Colleges Attended Full-Time and/or Part-Time after High School 
All transcripts from all previous institutions must be included.

College: __________________________ Dates: __________________________ Full-time or Part-time? (circle one) 

College: __________________________ Dates: __________________________ Full-time or Part-time? (circle one) 

Additional Explanations:
NOTE: If you attended college part-time or were not attending college for any period of time following high school graduation, please 
document your employment and military history during those times in the space below. If you were unemployed at any time, please list those 
dates below. The NJCAA requires that you account for any time not enrolled full-time. Please use the space below. Please record months and 
years when referring to dates. ____________________________________________________________
   ____________________________________________________________

I understand that information falsified or omitted can make me ineligible for ALL future college competition in compliance with the 
National Junior College Athletic Association Eligibility Rules.

Student-Athlete Signature: ______________________________________ Date: ______________

Coach Signature: ______________________________________________ Date: ______________
NJCAA AMATEURISM QUESTIONNAIRE

Name: ___________________________       Sport(s): ___________________________
(First, Middle, Last)

College Name: ___________________________       Date of Birth: ______________       Age: __________

Are you a United States Citizen or a Permanent Resident*?       Yes _____       No _____       (*Holder of a Green Card or USA Passport)

Please be advised that this is a questionnaire used in the recruiting process in order to help the institution determine your eligibility under NJCAA eligibility rules. Please be honest with your answers.

All Educational Background (high school, college, etc.):

<table>
<thead>
<tr>
<th>Year(s)</th>
<th>Name of School</th>
<th>Country</th>
<th>Tuition Paid by <em>(e.g., parents, coach, team, government)</em></th>
<th>Graduation Date</th>
<th>Where did you live?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All Athletics Participation:

<table>
<thead>
<tr>
<th>Team Name</th>
<th>Team Contact Information</th>
<th>League Affiliation</th>
<th>Dates of Participation</th>
<th>Number of Contests Played</th>
<th>List Expenses Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Questions:

1. Did you receive any money above expenses for your participation on any of the teams mentioned? Yes ___ No __
   
   If Yes, please explain what you received and which team(s) provided the payments. ____________________________________________________________

2. Did any members of your team receive money above expenses for their participation on any of the teams on which you participated (e.g., salary, bonus)? Yes ___ No ___ I don’t know ___
   
   If yes, please indicate which team provided the payments above expenses to your teammates. ____________________________________________________________

Please continue on to the next page.

(Page 2 - NJCAA Amateurism Questionnaire Continued)
3. Did you sign any type of agreement to participate on any of the teams mentioned above? Yes _____ No _____
   If yes, please indicate for which team and please provide a copy of the agreement. ________________________________________________________________

4. Did any of the teams you participated on call themselves professional? Yes _____ No _____ I don’t know _____
   If yes, which team(s)? ____________________________

5. Did you have a written or verbal agreement with an agent or agency to represent you while you were participating in athletics? Yes _____ No _____

6. Have you or any of your family ever accepted any benefits from an agent or anyone associated with an agent? Yes _____ No _____ I don’t know _____

7. Have you ever accepted any benefits not listed on this form from anyone other than your parents? Yes _____ No _____

8. Have you ever been involved in an advertisement or promotion? Yes _____ No _____ I don’t know _____
   If yes, please describe: ____________________________________________________________

9. Have you ever accepted any prize money based on your place finish for your participation in athletics? Yes _____ No _____
   If yes, please complete the information below:

<table>
<thead>
<tr>
<th>Name of Team</th>
<th>Date of Competition</th>
<th>Name/Type of Competition</th>
<th>Prize Money Received</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Recruiting:
1. How did you learn about this institution? ____________________________________________________________

2. Who contacted you (e.g., by email, letters, telephone calls, in-person visits, etc.) and encouraged you to attend this institution? ____________________________________________________________

3. Please list all official visits taken. ____________________________________________________________

4. Did you or someone on your behalf ever utilize a recruiting service or another individual to assist you in finding this institution or to assist you in obtaining an athletics scholarship? Yes _____ No _____ I don’t know _____
   If yes, who assisted you? Please explain. ____________________________________________________________

I understand that information falsified or omitted can make me ineligible for ALL future college competition in compliance with the National Junior College Athletic Association Eligibility Rules.
Student-Athlete Signature: ____________________________________________________ Date: __________________________
Vincennes University  
Drug Education and Testing Policy and Procedures  
For Intercollegiate Student-Athletes

**PURPOSE:** The Athletic Department and Administration at Vincennes University recognizes that use of abusive drugs is a problem that mirror contemporary society and is concerned with the physical well-being of its students, including those who participate in intercollegiate athletics. While the misuse of drugs is a potential problem for all students, unique pressures and risks exist for student athletes participating in intercollegiate athletics and their use of drugs will not be tolerated. The philosophy of this program is five-fold:

1. To employ education, testing, and counseling to DETER DRUG USE, and where determent is unsuccessful, to terminate participation in intercollegiate athletics; To educate those students on the physiological and psychological dangers inherent in the misuse of drugs and alcohol;

2. To protect those students from the health related risks inherent in the misuse of drugs and alcohol;

3. To protect those students, and others with whom they compete, from potential injury as a result of the misuse of drugs and alcohol;

4. To provide a testing program to identify student athletes who are improperly using drugs or alcohol and to assist them, through education and counseling, before they injure themselves or others or become physiologically or psychologically dependent.

**DRUG TEST PROCEDURE:** All V.U. student athletes will be tested for banned drugs at any such time or times as deemed appropriate by the team physician, the Athletic Director, head coach, or trainer. Each athlete is asked to sign a release form, which states that he/she is aware that urine testing for presence of drugs is permitted. In signing the form, each athlete understands that voluntary failure to undergo testing could result in loss of the privilege to participate in any program of the athletic department. Testing will be done unannounced. Analysis of urine will be done under the direction of the head coach and head trainer. All specimens will be coded to ensure confidentiality. A professional laboratory selected by the team physician will conduct all chemical analysis.

**TEST RESULTS:** The results of the drug test will be forwarded to the Athletic Director of Vincennes University and the following action will be taken:

**1st Positive:** The athletic director will be notified and he will notify the head coach. The head coach will notify the athlete and his/her parents. A meeting will then be set up between the athletic director, head coach, and the athlete. In this meeting, the athlete will be notified that a mandatory-counseling program will be established with a drug counselor. The athlete will be given another drug test beyond the half-life of the drug(s).

**2nd Positive:** The athletic director, head coach, and parents/guardian(s) of the athlete will be notified of the results of the 2nd positive. The student will be indefinitely suspended from practice and competition in intercollegiate athletics. The student will forfeit his or her financial aid at that point.
CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING

I hereby consent to have a sample of my urine collected and tested for the presence of drugs in accordance with the Vincennes University Department of Athletics Drug Testing Program.

I understand that this testing will occur at such time or times as deemed appropriate by the team physician, the Athletic Director, my head coach, or trainer.

I understand that any urine samples will be sent only to a licensed medical laboratory for actual testing, and that the samples will be coded to provide confidentiality.

I hereby authorize the release of such urine testing results to the Athletic Director, team physician, head coach, trainer and other University officials as deemed appropriate. I understand that these results will also be made available to me.

I understand that I am free to withdraw this consent for urinalysis testing. However, I also understand that should I refuse to submit to testing at the time requested, I will not be permitted to participate in any intercollegiate sporting program until such time as the Department of Athletics and Vincennes University shall deem appropriate.

I hereby authorize the release of the results of such testing to my parent(s) upon the receipt by the University of a Specific Request by my parent(s).

I hereby release Vincennes University, its Trustees, officers, employees and agents from legal responsibility or liability for the release of such information and records as authorized by this form.

__________________________________________________________  Date: ______________________
Student Athlete (Signature)

__________________________________________________________
Student Athlete Name (Please Print)

__________________________________________________________  Sport: ______________________
Signature of Parent(s) or Legal Guardian

(If student athlete is a minor)
VU TRAILBLAZERS SPORTS INFORMATION

Academic School Year: _________
(*PLEASE PRINT CLEARLY*)

FRESHMAN ________ SOPHMORE ________

SPORT ___________________________________ NAME ________________________________________________
FRESHMAN ________ SOPHMORE ___________
NICKNAME ___________________________

HEIGHT _____________ WEIGHT _____________ DATE OF BIRTH ____________________________

MAJOR _______________________________________ CITY BORN _________________________________

VINCENNES ADDRESS ______________________________________ VINCENNES PHONE_____________

E-MAIL FOR SPORTS INFORMATION _______________________________________________________________

HOME ADDRESS ________________________________________________________________

MOTHER’S/GUARDIAN’S FULL NAME ___________________________________________________________

ADDRESS AND TELEPHONE NUMBER _________________________________________________________

FATHER’S/ GUARDIAN’S FULL NAME ___________________________________________________________

ADDRESS AND TELEPHONE NUMBER _________________________________________________________

HIGH SCHOOL (FULL NAME)_______________________________________ YEAR  GRADUATED____________

HIGH SCHOOL ATHLETIC AWARDS____________________________________________________________

OTHER HIGH SCHOOL SPORTS____________________________________________________________________

IF A TRANSFER STUDENT, PLEASE LIST COLLEGE(S) ATTENDED AND THE YEARS

___________________________________________________________

OTHER HIGH SCHOOL SPORTS____________________________________________________________________

INTERESTING HOBBIES/ACTIVITIES/INTERESTS UNIQUE OUTSIDE SPORTS

___________________________________________________________

IMPORTANT******************************************************************************
PLEASE LIST HOMETOWN PRINT PUBLICATIONS; RADIO & TELEVISION STATIONS AND, IF APPLICABLE,
ON LINE PUBLICATIONS TO CONTACT WITH NEWS OF YOUR PARTICIPATION/ ACHIEVEMENTS:

___________________________________________________________

Thank You,
Troy Guthrie, Sports Information Director 812-888-6831 (Office)
tguthrie@vinu.edu 812-698-2798 (Cell)
By signing this document, I hereby assign rights to the photographs, video, and audio recordings and transcriptions associated. I hereby authorize the reproduction, sale, copyright, exhibition, broadcast, and/or distribution of said photos, videotape, audio tape, and transcriptions without limitation for the purpose of promoting Vincennes University and its related entities in video, audio, print, web, and other mediums.

Print name: 
Signature: 

NOTE: If the model is a minor, the signature of a parent or guardian is required for the release.

Thank you for participating in the shoot. If you wish to receive low resolution digital copies of the imagery or samples of the materials in which the imagery is used, please complete the information form below and we will do our best to supply the requested materials.

Model Name: 

Address: 

E-mail: 

VINCENNES UNIVERSITY www.vlnu.edu
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 a copy of this form.)

Date of Exam

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of birth</th>
</tr>
</thead>
</table>

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  □ Stingling Insects

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

<table>
<thead>
<tr>
<th>GENERAL QUESTIONS</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has a doctor ever denied or restricted your participation in sports for any reason?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you have any ongoing medical conditions? If so, please identify below: □ Asthma  □ Anemia  □ Diabetes  □ Infections  Other: ____________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Have you ever spent the night in the hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Have you ever had surgery?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEART HEALTH QUESTIONS ABOUT YOU</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Have you ever passed out or nearly passed out during or after exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you ever had discontinue, pain, tightness, or pressure in your chest during exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Does your heart race or skip beats irregularly during exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Have a doctor ever told you that you have any heart problems? If so, check all that apply: □ High blood pressure  □ A heart murmur  □ High cholesterol  □ A heart infection  □ Kawasaki disease  Other: ____________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Have a doctor ever ordered a test for your heart? (For example, EKG/EKG, echocardiogram)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Do you get light headed or feel more short of breath than expected during exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Have you ever had an unexplained seizure?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Do you get more tired or short of breath more quickly than your friends during exercise?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 during running, swimming, unexplained car accident, or sudden infant death syndrome?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Marfan syndrome, or catecholaminergic polymorphic ventricular tachycardia?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Does anyone in your family have an unexplained fainting, unexplained seizures, or near drowning?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BONE AND JOINT QUESTIONS</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Have you ever had any broken or fractured bones or dislocated joints?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Have you ever had an injury that required X-ray, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Have you ever had a stress fracture?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Have you ever been told that you have or you had an X-ray for neck instability or traumatic instability (whiplash syndrome or whiplash)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Do you regularly use a brace, orthotics, or other assistive device?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Do you have a bone, muscle, or joint injury that bothers you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Do any of your joints become painful, swollen, feel warm, or look red?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Do you have any history of juvenile arthritis or connective tissue disease?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>FEMALES ONLY</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>52. Have you ever had a menstrual period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>53. How old were you when you had your first menstrual period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>54. How many periods have you had in the last 12 months?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 patient: __________________________  Signature of parent/guardian: __________________________  Date: ____________
**Preparticipation Physical Evaluation**

**PHYSICAL EXAMINATION FORM**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of birth</th>
</tr>
</thead>
</table>

**PHYSICIAN REMINDERS**

1. 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?

2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

### Medical Examination

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Male</th>
<th>Female</th>
<th>BP</th>
<th>( )</th>
<th>Pulse</th>
<th>Vision R 20/</th>
<th>L 20/</th>
<th>( )</th>
<th>Corrected</th>
<th>1Y</th>
<th>1N</th>
</tr>
</thead>
</table>

**NORMAL** | **ABNORMAL FINDINGS**

**Appearance**
- Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)

**Eyes/cars/nose/throat**
- Pupils equal
- Hearing

**Lymph nodes**

**Heart**
- Murmurs (auscultation standing, supine, +/- Valsalva)
- Location of point of maximal impulse (PMI)

**Pulses**
- Simultaneous femoral and radial pulses

**Lungs**

**Abdomen**

**Genitourinary (males only)**

**Skin**
- HSV, lesions suggestive of MRSA, tinea corporis

**Neurologic**

### Musculoskeletal

<table>
<thead>
<tr>
<th>Neck</th>
<th>Back</th>
<th>Shoulder/arm</th>
<th>Elbow/forearm</th>
<th>Wrist/hands/fingers</th>
<th>Hip/hips</th>
<th>Knees</th>
<th>Leg/ankle</th>
<th>Foot/toes</th>
<th>Functional</th>
</tr>
</thead>
</table>
- Duck-walk, single leg hop

A Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

bConsider GU exam if in private setting. Having third party present is recommended.

cConsider 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 __________________________