

**ROCHESTER COMMUNITY SCHOOLS  
PHYSICAL EXAM AND ATHLETIC RESPONSIBILITY FORM  
2016 – 2017  
(VALID AFTER APRIL 15, 2016)**

Student's Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Initial

Address/City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Parent's/Guardian's Email: \_\_\_\_\_

Student Athlete's Email: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

**PARENT OR GUARDIAN OR 18-YEAR-OLD CONSENT**

**WE HAVE READ AND UNDERSTAND THE STATEMENTS ON PAGES ONE AND TWO AND BY OUR SIGNATURES INDICATE OUR WILLINGNESS TO ABIDE BY THEM.**

I hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics; and I understand the possibility that serious injury may result from participating in athletic activities. He/she has my permission to accompany the team as a member on its' out of town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies and to the Student Code of Conduct of the school district, as well as policies of the Michigan High School Athletic Association.

Date: \_\_\_\_\_ Student's Signature: X \_\_\_\_\_

Date: \_\_\_\_\_ Parent's/Guardian's Signature: X \_\_\_\_\_

**NOTE: A STUDENT SHALL NOT PARTICIPATE IN ANY TRYOUTS/PRACTICE SESSIONS OR CONTESTS UNTIL THE COMPLETED FORM HAS BEEN TURNED IN TO THE TEAM COACH OR BUILDING ATHLETIC OFFICE.**

## CONSENT TO PARTICIPATE IN ATHLETICS

I hereby give my consent for the above mentioned student to participate in the Interscholastic Athletic Program for the Rochester Community Schools in approved MHSAA sports during the current school year. We carry accident or health insurance with the above mentioned provider and are satisfied this type of insurance gives sufficient coverage for participation in the interscholastic program. We accept full responsibility for medical expenses for any injuries which might occur to our child by reason of such participation in interscholastic athletics. We are fully apprised that the school district or any person associated with the school athletic departments, are not liable under the law and cannot legally accept responsibility and pay for such injuries from the operating funds of the Rochester Community School District.

**WARNING: PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY, WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC. ALTHOUGH SERIOUS INJURIES ARE NOT COMMON IN SUPERVISED SCHOOL ATHLETIC PROGRAMS, IT IS IMPOSSIBLE TO ELIMINATE THIS RISK. PARTICIPANTS CAN AND HAVE THE RESPONSIBILITY TO HELP REDUCE THE CHANCE OF INJURY. PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.**

By signing this consent to participate in athletics form, we acknowledge that we have read and understand this warning. **PARENTS AND STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS CONSENT FORM.**

## VOLUNTARY ACCIDENT COVERAGE

Rochester Community Schools does not provide any type of insurance for injuries incurred by your child while at school or during organized sports. However, as a service to students and their families, the school district is making available a student accident insurance plan for your child at a very nominal cost through First Agency of Kalamazoo.

*Please Note: This insurance covers your child in the event of an **accident or injury** and is **NOT** traditional health insurance for doctor's visits, immunizations, physical exams, etc., that are not related to the injury.*

The premium for this policy is minimal per year for school-time coverage. All school-sponsored and supervised activities and time spent in school are covered in accordance with the terms and limitations of the policy. For an increased premium, the policy will cover your child 24 hours a day, 12 months a year, rather than only during school-time. Double Benefits at double the premium are also available. There is a policy for Football, and all other sports, that will cover your child during the early August practices and games.

**If you choose to sign up online, please follow this link: <http://www.1stagency.com/mischools.php?num=161>**

## CONSENT FOR TRANSPORTATION

This is to certify that the above mentioned student has my permission to make all trips to games, tournaments and competitions during the current school year with the Rochester Community Schools athletic teams. I understand that transportation will be by bus when possible and practical. From time to time, unavailability of District-owned vehicles, budget limitations, or the size of the group to be transported may warrant the use of vehicles not owned or operated by the District.

## EQUIPMENT FINANCIAL RESPONSIBILITY

**Each athlete in the Rochester Community Schools is responsible for the athletic equipment issued to them by the Athletic Department. If equipment is LOST, STOLEN OR NOT RETURNED, the athlete will be held responsible for the replacement cost of the equipment.**

**MEDICAL HISTORY**

**DATE** \_\_\_/\_\_\_/\_\_\_

This section is to be carefully completed by the student and his/her parent(s) or legal guardian(s) before participation in interscholastic athletics in order to help detect possible risks.

Name _____	Date of Birth _____	School _____	School Sports _____
Address _____	City _____	Zip Code _____	
Parent/Guardian Name(s) _____			
Phone (H) _____	Phone (W) _____	Phone (C) _____	
<b>In Case of Emergency</b>			
Name _____	Relationship _____		
Phone (H) _____	Phone (W) _____	Phone (C) _____	
Family Physician _____		Phone _____	
I hereby state that, to the best of my knowledge, my answers to the below questions are correct.		Parent Signature <b>X</b> _____	Date _____
		Athlete Signature <b>X</b> _____	

*Explain Yes answers below.*

*Circle questions you do not know the answers to...*

		YES	NO			YES	NO
1. Has a doctor ever denied or restricted your participation in sports for any reason or told you to give up sports?	—	—		42. Has a physician diagnosed you or anyone in your family with abnormal thickening of the heart or Marfans Syndrome?	—	—	
2. Have you had a medical illness or injury since your last check up or sports physical?	—	—		43. Does anyone in your family have: Cardiomyopathy, Long QT syndrome, and/or Arrhythmia?	—	—	
3. Do you have an ongoing medical condition (for example: asthma, scoliosis)?	—	—		44. Have you had a severe viral infection (for example: myocarditis or mononucleosis) within the last month?	—	—	
4. Have you ever been hospitalized overnight?	—	—		45. Have you had a herpes skin infection?	—	—	
5. Have you ever had surgery?	—	—		46. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	—	—	
6. Are you currently taking any prescription or nonprescription (over-the-counter) medications, pills, and/or inhalers?	—	—		47. Have you ever used cocaine, taken anabolic steroids, or shots without a doctors prescription?	—	—	
7. Do you have allergies that require medical treatment? (example: seasonal, to medicine, food, or stinging insects)?	—	—		48. Do you feel safe?	—	—	
8. Have you ever had a rash or hives develop during and/or after exercise?	—	—		49. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?	—	—	
9. Do you have any current skin problems (example: itching, rashes, acne, warts, fungus, or blisters)?	—	—		50. Have you ever had a head injury or concussion?	—	—	
10. Have you ever become ill or had severe muscle cramps from exercising in the heat?	—	—		51. Have you ever been hit in the head, knocked out, become unconscious, been confused, and/or lost your memory?	—	—	
11. Have you ever passed out or nearly passed out during and/or after exercise?	—	—		52. Have you ever had a seizure?	—	—	
12. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	—	—		53. Do you have frequent or severe headaches with or without exercise?	—	—	
13. Do you cough, wheeze, or have trouble breathing during and/or after an activity?	—	—		54. Have you ever been unable to move your arms or legs after being hit or falling?	—	—	
14. Do you have asthma?	—	—		55. Have you ever had numbness or tingling in your arms, hands, legs, or feet after being hit or falling?	—	—	
15. Is there anyone in your family that has asthma?	—	—		56. Have you ever had a stinger, burner, or pinched nerve?	—	—	
16. Have you ever used an inhaler or taken asthma medicine?	—	—		57. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	—	—	
17. Has a doctor ever told you that you have asthma and/or allergies?	—	—		58. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonitis that caused you to miss a practice and/or game?	—	—	
18. Do you feel stressed out and/or under a lot of pressure?	—	—		59. Have you ever had swelling after an injury?	—	—	
19. Do you currently have or had problems with your eyes and/or vision?	—	—		60. Have you ever broken or fractured any bones or dislocated any joints?	—	—	
20. Do you wear glasses, contacts, or protective eyewear?	—	—		61. Have you had a bone/joint injury that required x-rays, MRI, CT scan, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	—	—	
21. Are you happy with your weight?	—	—		62. Have you ever had a stress fracture?	—	—	
22. Are you trying to gain or lose weight?	—	—		If yes, mark affected area...			
23. Has anyone recommended you change your weight or eating habits?	—	—		<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Upper Arm <input type="checkbox"/> Elbow/Wrist <input type="checkbox"/> Forearm			
24. Do you limit or carefully control what you eat?	—	—		<input type="checkbox"/> Hand/Fingers <input type="checkbox"/> Chest <input type="checkbox"/> Upper Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Hip <input type="checkbox"/> Thigh			
25. Do you lose weight regularly to meet weight requirements for your sport?	—	—		<input type="checkbox"/> Knee <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Ankle <input type="checkbox"/> Foot/Toes			
26. Have you ever taken supplements and/or vitamins to help you gain or lose weight and/or improve your performance?	—	—		63. Do you use any special protective, assistive device, or corrective equipment to protect yourself from injuries (for example: knee brace, neck roll, orthotics, retainer for teeth, or hearing aid)?	—	—	
27. Do you get tired more quickly than your friends do during exercise?	—	—		64. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	—	—	
28. Has it been more than two years since you had a physical exam that included a check of your blood pressure and listening to your heart?	—	—		65. Do you have any concerns that you would like to discuss with a doctor?	—	—	
29. Has a physician ever denied or restricted your participation in sports for any cardiac problems?	—	—		<b>Explain YES answers here</b>	_____	_____	_____
30. Have you ever had racing of your heart or skipped heartbeats?	—	—		_____	_____	_____	_____
31. Have you ever had, or do you have, high blood pressure or high cholesterol?	—	—		_____	_____	_____	_____
32. Have you ever been told by a physician that you have a heart murmur?	—	—		_____	_____	_____	_____
33. Has a doctor ever told you that you have a heart infection and/or rheumatic fever?	—	—					
34. Has a doctor ever ordered a test for your heart (for example: ECG, echocardiogram, stress test)?	—	—		<b>FEMALES ONLY</b>		YES	NO
35. Has anyone in your family died suddenly and/or unexpectedly for no apparent reason?	—	—		1. Have you ever had a menstrual period?	—	—	
36. Does any family member currently have heart disease and/or a heart problem?	—	—		2. How old were you when you had your first period? _____			
37. Has a family member (grandparents, parent, aunt, uncle etc) become disabled or died of a heart problem/sudden death before the age of 50?	—	—		3. When was your most recent menstrual period? _____			
38. Do you smoke?	—	—		4. How much time do you usually have from the start of one period to the start of another? _____			
39. Have you ever tried cigarette smoking, even 1 or 2 puffs?	—	—		5. What was the longest time between periods last year? _____			
40. During the past 30 days, did you use chewing tobacco, snuff or dip?	—	—		6. How many periods have you had in the last year? _____			
41. During the past 30 days, have you had at least 1 drink of alcohol?	—	—		<b>IMMUNIZATIONS</b>			
				Record the dates of your most recent immunizations (shots) for the following:			
				Tetanus _____ Hepatitis B _____ Measles _____			
				Chicken Pox _____ Other _____			

## PHYSICAL EXAMINATION

STUDENT'S NAME (Please Print) \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ PULSE \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_

VISION R-20/\_\_\_\_\_ L-20/\_\_\_\_\_ CORRECTED R-20/\_\_\_\_\_ L-20/\_\_\_\_\_

Medical	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Lungs		
Abdomen		
Genitalia (males)		
Skin		

## OPTIONAL EXAMINATION

Muscle/Skeletal	Postural Evaluation		Muscle Strength		Flexibility	
	Normal	Abnormalities	Right	Left	Right	Left
Head						
Neck						
Back/Abdomen						
Shoulder/Arm						
Elbow/Forearm						
Wrist/Hand						
Hip/Thigh						
Knee						
Ankle						
Foot						
<b>INITIALS</b>						

## CLEARANCE

- CLEARED**
- CLEARED after completing Evaluation/Rehab for** \_\_\_\_\_

- NOT CLEARED for** \_\_\_\_\_ **Reason** \_\_\_\_\_

**Recommendations** \_\_\_\_\_

**Physician's Name PRINTED/STAMPED:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_