

# PHYSICAL EXAMINATION FORM

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

- Do you feel stressed out or under a lot of pressure?
- Do you feel safe at your home or residence?
- Do you ever use cigarettes, 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 ever feel sad, hopeless, depressed, or anxious?
- Do you wear a seat belt, use a helmet, and use condoms?
- Have you in the past 30 days?

EXAMINATION		BP	/	Pulse	
Height	Weight				
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 • 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					
Neck					
Back					
Shoulder/Arm					
Elbow/Forearm					
Wrist/Fingers/Hand					
Hip/Thigh					
Knee					
Leg/Ankle					
Foot/toes					
Functional (Duck-walk, single leg hop)					

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for: \_\_\_\_\_
- Limited Participation: \_\_\_\_\_
- Clearance withheld until: \_\_\_\_\_

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 \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Phone \_\_\_\_\_

# HISTORY FORM

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Sport(s) playing at DeMatha \_\_\_\_\_

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

Please list any allergies? \_\_\_\_\_

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

GENERAL QUESTIONS	Yes	No	27. Do you have any history of juvenile arthritis or connective tissue disease?		
1. Has a doctor ever denied or restricted your participation in sports for any reason?			<b>MEDICAL QUESTIONS</b>	Yes	No
2. Do you have any ongoing medical conditions? If so, please identify below: • Asthma • Anemia • Diabetes • Infections Other: _____			28. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
3. Have you ever been diagnosed with a learning disability?			29. Have you ever used an inhaler or taken asthma medicine?		
4. Have you ever been diagnosed with ADD or ADHD?			30. Is there anyone in your family who has asthma?		
5. Have you ever received treatment for anxiety, depression, or any other mental illnesses?			31. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
6. Have you ever spent the night in the hospital?			32. Do you have groin pain or a painful bulge or hernia in the groin area?		
7. Have you ever had surgery?			33. Have you had infectious mononucleosis (mono) within the last month?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	Yes	No	34. Do you have any rashes, pressure sores, or other skin problems?		
8. Have you ever passed out or nearly passed out DURING or AFTER exercise?			35. Have you had a herpes or MRSA skin infection?		
9. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			36. Have you ever had a head injury or concussion?		
10. Does your heart ever race, skip or feel irregular during exercise?			37. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Has a doctor ever told you that you have any heart problems? If so, circle all that apply: • High blood pressure • A heart murmur • High cholesterol • A heart infection • Kawasaki disease Other: _____			38. Do you have a history of seizure disorder?		
12. Has a doctor ever ordered a test for your heart? (ECG/EKG, echocardiogram, etc.)			39. Do you have seizures uncontrollable by medications?		
13. Do you get lightheaded or feel more short of breath than expected during exercise?			40. Do you have headaches with exercise?		
14. Have you ever had an unexplained seizure?			41. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	Yes	No	42. Have you ever been unable to move your arms or legs after being hit or falling?		
15. 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)?			43. Have you ever become ill while exercising in the heat?		
16. 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?			44. Do you get frequent muscle cramps when exercising?		
17. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			45. Do you or someone in your family have sickle cell trait or disease?		
18. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			46. Have you had any problems with your eyes or vision?		
<b>BONE AND JOINT QUESTIONS</b>	Yes	No	47. Have you had any eye injuries?		
19. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			48. Do you wear glasses or contact lenses?		
20. Have you ever broken or fractured bones or dislocated joints?			49. Do you wear protective eyewear, such as goggles or a face shield?		
21. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			50. Do you worry about your weight?		
22. Have you ever had a stress fracture?			51. Are you trying to or has anyone recommended that you gain or lose weight?		
23. 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)			52. Are you on a special diet or do you avoid certain types of foods?		
24. Do you regularly use a brace, orthotics, or other assistive device?			53. Have you ever had an eating disorder?		
25. Do you have a bone, muscle, or joint injury that bothers you?			54. Do you have a bleeding condition or bleed easily?		
26. Do any of your joints become painful, swollen, feel warm, or look red?			55. Do you have any concerns that you would like to discuss with a doctor?		

Explain "yes" answers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# STUDENT ATHLETE EMERGENCY FORM

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Athlete Resides with: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Contact Phone Number #1 \_\_\_\_\_ Email address: \_\_\_\_\_

Contact Phone Number #2 \_\_\_\_\_ Email address: \_\_\_\_\_

Emergency contact if guardian cannot be reached: \_\_\_\_\_

Allergies: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Any notable medical problem we need to be aware of: \_\_\_\_\_

I hereby give permission to a physician, athletic trainer, or medical center to provide medical services to my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If my child is sick or incurs an injury, I give permission to the athletic trainer to administer over the counter medications and topicals (including but not limited to ibuprofen, acetaminophen, cold remedies, diphen, triple antibiotic ointment).

Signature \_\_\_\_\_ Date \_\_\_\_\_

## INSURANCE INFORMATION

\*Students are not allowed to participate on interscholastic teams without health insurance.\*

Insurance company name \_\_\_\_\_ Insurance co phone number \_\_\_\_\_

Insurance co address \_\_\_\_\_

Insurance is provided through (employer's name) \_\_\_\_\_

Policy holder's name \_\_\_\_\_ Policy Holder's Date of Birth: \_\_\_\_\_

Policy # \_\_\_\_\_ Member ID/Group # \_\_\_\_\_

Authorization to release benefits to medical center/hospital

Signature \_\_\_\_\_ Date \_\_\_\_\_

## STUDENT PARTICIPATION AND PARENTAL APPROVAL

THIS APPLICATION TO COMPETE IN INTERSCHOLASTIC ATHLETICS IS ENTIRELY VOLUNTARY ON MY PART AND IS MADE WITH THE UNDERSTANDING THAT I HAVE NOT VIOLATED ANY OF THE ELIGIBILITY RULES/REGULATIONS OF DEMATHA AND THE WCAC. Participation in high school athletics has many rewards and can provide tremendous enjoyment. However, it is important for both the participant and his parents to realize that an element of physical risk is present when one is involved in athletics. The purpose of this statement is to clarify the school's position in terms of insurance coverage and to obtain your permission to treat him medically if your son should be injured. DeMatha's insurance coverage, like that of all schools, does not cover personal injury that is the result of athletic participation. You must provide your own health insurance for athletic participation. It is important that you check with your own insurance carrier to be certain that athletic injury for your son is covered by your policy. If a family does not provide insurance coverage, a student is not eligible to participate on school interscholastic athletic teams. The school's insurance policy does cover injury that would result from an accident incurred with school transportation going to and from practice or game sites. Students who chose to provide their own transportation must carry their own insurance coverage. Likewise, students and/or parents who volunteer to transport others to and from practice and/or game sites are not covered by school insurance. Acknowledging and understanding this: "I hereby give my consent to the above named student to represent his school in athletic activities for which the attending physician has given medical clearance; to accompany any school team of which he is a member to any of its local or out of town trips. I authorize school personnel (coaches, athletic trainer) to obtain, through a physician of their own choice, any emergency medical care that may become necessary for the student in the course of such athletic activities or such travel. I understand and agree that I am the responsible party for any medical expenses that may occur from such an emergency or any medical care given. I also agree to not hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student in the course of such athletic participation or travel."

Signature \_\_\_\_\_ Date \_\_\_\_\_

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

# ONE DEMATHA

I, \_\_\_\_\_, parent of \_\_\_\_\_  
have visited the sites and read the information under the section  
“Safety Concerns For Parents To Consider” on the DeMatha Athletic  
webpage. I understand that the information presented can help me  
keep my son safe and healthy while participating in athletics at  
DeMatha.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**safe sports school**  
NATIONAL ATHLETIC TRAINERS' ASSOCIATION





# DEMATHA CATHOLIC HIGH SCHOOL

Order of the Most Holy Trinity and of the Captives

UNITED STATES DEPARTMENT OF EDUCATION  
TWICE RECOGNIZED SCHOOL OF EXCELLENCE



## Athletic Department

### PERMISSION FORM AND RELEASE

*Baseball* Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

*Basketball* Parent / Guardian Name: \_\_\_\_\_

*Crew* Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Cross Country* Sport: \_\_\_\_\_ School Year: \_\_\_\_\_

*Football* I, the undersigned parent or legal guardian of the above named student (the "Student"), give my permission for the Student to attend and participate in all activities associated with the above referenced sport as a student of DeMatha Catholic High School ("DeMatha"). This permission extends to any and all activities related to or arising out of participation in this sport, including training, practice, games, events, and the transport, to, from, and during any such activities. Although the majority of the travel for the sport will be local, activities associated with the sport may require travel overnight and/or outside of the Baltimore-Washington, D.C. metropolitan area. Thus, this permission extends to all travel of any kind or length associated with the sport, including but not limited to transport by any vehicle operated by any volunteer or employee approved by DeMatha or any third-party transportation company or commercial carrier engaged by DeMatha or any overnight lodging. A schedule of games, meets, matches, or events for the sport is posted on DeMatha's website or will be provided to the student.

*Golf*

*Hockey*

*Lacrosse*

*Rugby* In consideration of the opportunity for the Student to participate in this sport, I do hereby, for myself, the Student, and our heirs, estate, executors, administrators, assigns, and family members, **VOLUNTARILY ASSUME** all risks associated with the Student's participation in the sport and **IRREVOCABLY AND UNCONDITIONALLY RELEASE, HOLD HARMLESS, AND INDEMNIFY** DeMatha, the Order of the Most Holy Trinity, and their former, current, and future agents, employees, officers, directors, volunteers, representatives, affiliated organizations and entities, and other participants (collectively, the "School") to the fullest extent permitted by law from any and all liability, claims, demands, and causes of action arising out of or relating to any loss, damage, or injury (including death) sustained in connection with or arising out of the Student's participation in the sport, including all associated travel and any actions taken by the School pursuant to this permission form and release.

*Soccer* By my signature below, I also acknowledge that participating in the sport (whether training, practices, games, events, or otherwise) and transportation involves risk of injury to the Student, including permanent disability, death, and economic loss, which might result from the activities of the sport, the acts or inactions of others (including of other competitors or vehicle operators), the unavailability of emergency medical care, and/or the inherent risks of the sport or of transportation. I fully understand, appreciate, and hereby assume and voluntarily accept all of the dangers and risks related to the Student's participation in this sport, whether on DeMatha's campus or elsewhere and including all associated travel, and I have voluntarily elected to allow the Student to participate in this sport.

*Swimming*

*Tennis*

*Track*  
*Indoor*  
*Outdoor*

*Wrestling*   X   \_\_\_\_\_ Date of Signature

  X   \_\_\_\_\_ Date of Signature

  X   \_\_\_\_\_

4313 Madison Street, Hyattsville, Maryland 20781 (240)764-2200 FAX (240)764-2278  
Athletic Department (240) 764-2250 www.dematha.org