FORM B

USE THIS FORM WHEN FORM A (Initial Physical Exam Form) IS ON FILE

Instructions for completing FORM B

1. PLEASE TYPE OR PRINT LEGIBLY
2. Once Form A is on file at the school, each subsequent year the parent/guardian with the student are to complete the Health History on page 3 of Form B and the Disclosure and Consent Document on page 2. Please note student and parent are to sign both forms.
3. Entire completed form is to be returned to school administration.
4. School personnel are to review this form to assure it is completed properly. A recommendation to clear a student for participation or require a re-evaluation physical exam is made based upon this form. Each year the Health History (page 3) must be completed by the parent/guardian with the student and if there are changes in any answers from the most recent form filed then the clearance form below must be completed and signed by an appropriate health care professional (MD, DO, PAC, RNP, DC).
5. ORIGINAL copy is to be retained in school files.

Forms A and B along with the Disclosure and Consent Document must be on file at the school before any participation in athletic activities.

The re-evaluation health examination may be completed and the form signed by any Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PAC), Chiropractic Physician (DC), or Registered Nurse Practitioner (RNP) functioning within the legal scope of their practice.

THE UTAH HIGH SCHOOL ACTIVITIES ASSOCIATION DOES NOT PROVIDE PRINTED COPIES OF THIS FORM. PLEASE MAKE ALL NECESSARY COPIES.

Pre-participation Physical Re-evaluation

CLEARANCE FORM B

Student Name_____ School_____

☐Cleared

☐Cleared after completing evaluation/rehabilitation for_____

_____

_____

☐Not cleared for_____ Reason_____

_____

_____

Name of Physician/Provider (Print/type)_____Date_____

Address_____ Phone_____

Signature of Physician/Provider_____

Participant & Parental Disclosure and Consent Document

PLEASE NOTE: It is the responsibility of the parent/guardian to notify the school if there are any unique individual problems that are not listed on Health Examination Form A or B.

_____ _____
Name of Student *School*

Is the student covered by health/accident insurance? ❑Yes ❑No

_____
Name of health insurance provider

If no insurance provider, explain _____

_____

_____

_____

CONSENT FORM

Parent or Guardian Statement of Permission, Approval, and Acknowledgement

By signing below, I the parent or legal guardian of the above named student do:

Hereby consent to the above named student participating in the interscholastic athletic program at the school listed above. This consent includes travel to and from athletic contests and practice sessions.

Further consent to treatment deemed necessary by health care providers designated by school authorities for any illness or injury resulting from his/her athletic participation.

Recognize that a risk of possible injury is inherent in all sports participation. I further realize that potential injuries may be severe in nature including such conditions as: fractures, brain injuries, paralysis or even death.

Acknowledge and give consent that a copy of this form will remain in the student's school. I agree that if my student's health changes and would alter this evaluation, I will notify the school as soon as possible but within no longer than 10 days.

Hereby acknowledge having received education including receiving written information regarding the signs, symptoms, and risks of sport related concussion. I also acknowledge that I have read, understand and agree to abide by the UHSAA Concussion Management Policy and/or the policy of the school listed above. http://www.uhsaa.org/SportsMed/ConcussionManagementPlan.pdf

_____ _____
Parent or Guardian Name *Parent or Guardian Signature*

_____
Date

Student Statement

By signing below I acknowledge:

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Utah High School Activities Association.

My responsibility to report to my coaches and parent(s)/guardian(s) illness or injury I experience.

Having received education including receiving written information regarding signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches and parent(s)/guardian(s) any signs or symptoms of a concussion.

_____ _____
Signature of Student *Date*

THIS FORM MUST BE ON FILE AT THE MEMBER HIGH SCHOOL PRIOR TO PARTICIPATION.

Pre-Participation Physical Evaluation

Health History

Date of Exam_____

Name_____Age_____Sex_____Date of Birth_____

Grade_____School_____Sport(s)_____

Address_____City_____State_____Phone_____

Personal Physician_____

In case of emergency, contact:

Name_____Relationship_____Phone(H)_____Phone(W)_____

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

	Yes	No
1. Have you had a medical illness or injury since your last check-up or sports physical?	☐	☐
• Do you have an on-going or chronic illness?	☐	☐
2. Have you ever been hospitalized overnight?	☐	☐
• Have you ever had surgery?	☐	☐
3. Are you currently taking any prescription or non-prescription (over the counter) medications or pills or using an inhaler?	☐	☐
• Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	☐	☐
4. Do you have any allergies (for example, to pollen, medicine, food or stinging insects)?	☐	☐
• Have you ever had a rash or hives develop during or after execise?	☐	☐
5. Have you ever passed out during or after exercise?	☐	☐
• Have you ever been dizzy during or after exercise?	☐	☐
• Have you ever had chest pain during or after exercise?	☐	☐
• Do you get tired more quickly than your friends do during exercise?	☐	☐
• Have you ever had racing of your heart or skipped heartbeats?	☐	☐
• Have you had high blood pressure or high cholesterol?	☐	☐
• Have you ever been told you have a heart murmur?	☐	☐
• Has any family member or relative died of heart problems or of sudden death before age 50?	☐	☐
• Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐
• Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	☐	☐
7. Have you ever had a head injury or concussion?	☐	☐
• Have you ever been knocked out, become unconcious, or lost your memory?	☐	☐
• Have you ever had a seizure?	☐	☐
• Do you have frequent or severe headaches?	☐	☐
• Have you ever had numbness or tingling in your arms, hands, legs or feet?	☐	☐
• Have you ever had a stinger, burner, or pinched nerve?	☐	☐
8. Have you ever become ill from exercising in the heat?	☐	☐
9. Do you cough, wheeze, or have trouble breathing during or after activity	☐	☐
• Do you have asthma?	☐	☐
• Do you have seasonal allergies that require medical treatment?	☐	☐

	Yes	No
10. Do you have any special or corrective equipment or devices that aren't usually used for your sport or position (examples: knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid, etc.)	☐	☐
11. Have you had any problems with your eyes or vision?	☐	☐
• Do you wear glasses, contacts, or protective eyewear?	☐	☐
12. Have you ever had a sprain, strain or swelling after injury?	☐	☐
• Have you broken or fractured any bones or dislocated any joints?	☐	☐
• Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	☐	☐

If yes, check appropriate box and explain below.

☐Head	☐Elbow	☐Hip
☐Neck	☐Forearm	☐Thigh
☐Chest	☐Wrist	☐Knee
☐Shoulder	☐Hand	☐Shin/calf
☐Upper Arm	☐Finger	☐Ankle
		☐Foot

13. Do you want to weigh more or less than you do now?	☐	☐
• Do you lose weight regularly to meet weight requirements for your sport?	☐	☐
14. Do you feel stressed out?	☐	☐

15. Record the dates of your most recent immunizations:
Tetanus_____ Measles_____
Hepatitis B_____ Chickenpox_____

FEMALES ONLY

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

EXPLAIN ANY 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 Student_____ Signature of Parent_____ Date_____