SPORT:		
	VIRGINIA HIGH SCHOOL LEAGUE	, INC.

**REVISED JANUARY 2021** 

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## ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

1642 State Farm Blvd., Charlottesville, Va. 22911

Separate signed form is required for each school year MAY 1 of the current year through JUNE 30 of the succeeding year.

For school year	PART I- ATHLETIC PARTICIPATION  (To be filled in each discrete by the extended)	Male
PRINT CLEARLY	(To be filled in and signed by the student)	Female
Name (Last)	Student ID#(First) (Middle Initial)	
Home Address		
City/Zip Code		
Home Address of Pa	arents	
City/Zip Code		
Date of Birth	Place of Birth	
This is my	semester in High School, and my semester since first entering the ninth grade	. Last
	School and passed credit subjects, and I am taking credit read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am thigh school in athletics.	-
<ul> <li>Must be a regular Must be enroll</li> <li>Must have enroll</li> <li>Must have enroll</li> <li>For the first set for graduation preceding year equivalent requivalent requirement requirem</li></ul>	INDIVIDUALIZED ELIGIBILITY RULES present your school in any VHSL interscholastic athletic contest, you: alar bona fide student in good standing of the school you represent.  ed in the last four years of high school. (Eighth-grade students may be eligible for junior varsity) olled not later than the fifteenth day of the current semester.  mester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation the immed and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immed or the immediately preceding semester for schools that certify credits on a semester basis. (check with your principal uirements.) May not repeat courses for eligibility purposes for which credit has been previously awarded.  Is semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which ation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the receding semester. (Check with your principal for equivalent, offered for credit and which may be used for graduation the receding semester. (Check with your principal for equivalent requirements.)  IVHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded wit with your principal for exceptions.)  rentering ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than mesters.  mitted to your principal before any kind of participation, including tryouts or practice as a member of any school athle seam, an Athletic Participation/Parent Consent/Physical Examination Form, completely filled in and properly signed atto been examined during this school year and found to be physically fit for competition and that your parents' consent to violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification about with	diately al for may be th a family n eight etic or testing to your so all tt an ng the

Date:\_

→Student Signature:\_

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

## PART II- MEDICAL HISTORY (Explain "YES" answers below)

	, ,			•	examination, for review by examining practitioner.		
	·			estion.	Circle questions you don't know the answers to.		
	GENERAL MEDICAL HISTORY	YES	NO	24	MEDICAL QUESTIONS CONTINUED	YES	NO
1.	Do you have any concerns that you would like to discuss with your provider?			_	Have you had mononucleosis (mono) within the last month?  Are you missing a kidney, eye, testicle, spleen or other		
2.	Has a provider ever denied or restricted your participation in sports for any reason?			26.	internal organ?  Do you have groin or testicle pain or a painful bulge or hernia		
3.	Do you have any ongoing medical conditions? If so, please				in the groin area?		
	identify: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections				Have you ever become ill while exercising in the heat?		
4.	Other:Are you currently taking any medications or supplements on			28.	When exercising in the heat, do you have severe muscle cramps?		
	a daily basis?			29.	Do you have headaches with exercise?		
5.	Do you have allergies to any medications?			30.	Have you ever had numbness, tingling or weakness in your		
6.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant				arms or legs or been unable to move your arms or legs  AFTER being hit or falling?		
7.	Staphylococcus aureus (MRSA)?  Have you ever spent the night in the hospital? If yes, why?				Do you or does someone in your family have sickle cell trait or disease?		
					Have you had any other blood disorders?		
8.	Have you ever had surgery?				Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?		
	HEART HEALTH QUESTIONS ABOUT YOU	YES	NO				
9.	Have you ever passed out or nearly passed out DURING or AFTER exercise?			34.	Have you had or do you have any problems with your eyes or vision?		
10.	Have you ever had discomfort, pain, tightness, or pressure in			35.	Do you wear glasses or contacts?		
	your chest during exercise?			36.	Do you wear protective eyewear like goggles or a face shield?		
11.	Does your heart race, flutter in your chest or skip beats			37.	Do you worry about your weight?		
12.	(irregular beats) during exercise?  Has a doctor ever ordered a test for your heart? For			38.	Are you trying to or has anyone recommended that you gain or lose weight?		
	example, electrocardiography or echocardiography.			39.	Do you limit or carefully control what you eat?		
13.	Has a doctor ever told you that you have any heart problems,				Have you ever had an eating disorder?		
	including:				Are you on a special diet or do you avoid certain types of		
	☐ High blood pressure ☐ A heart murmur				foods or food groups?		
	☐ High cholesterol ☐ A heart infection			42.	Allergies to food or stinging insects?		
	☐ Kawasaki Disease ☐ Other			43.	Have you ever had a COVID-19 diagnosis? Date:		
				44.	What is the date of your last Tdap or Td (tetanus) immunization (circle type) Date:	1?	
14.	Do you get light-headed or feel shorter of breath than your						1
	friends during exercise?				FEMALES ONLY	YES	NO
15.	Have you ever had a seizure?				Have you ever had a menstrual period?		
4.0	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	YES	NO		Age when you had your first menstrual period:		
	Does anyone in your family have a heart problem?			1	Number of periods in the last 12 months:		
17.	Has any family member or relative died of heart problems or			48.	When was your most recent menstrual period?  EXPLAIN "YES" ANSWERS BELOW		
	had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?			#	>> EXPLAIN TES ANSWERS DELOW		
18	Does anyone in your family have a genetic heart problem			⊢ "	<i>"</i>		
10.	such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy			#	>>		
	(ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS),			#	>>		
	Brugada syndrome, or catecholaminergic polymorphic			"			
	ventricular tachycardia (CPVT)?			#	<b>&gt;&gt;</b>		
19.	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			#	>>		
	BONE AND JOINT QUESTIONS	YES	NO	1			
20.	Have you ever had a stress fracture or an injury to a bone,			#	<b>&gt;&gt;</b>		
	muscle, ligament, joint, or tendon that caused you to miss a practice or game?			#	<b>&gt;&gt;</b>		
21.	Do you currently have a bone, muscle or joint injury that bothers you?			List	medications and nutritional supplements you are currently tal	king he	re:
	MEDICAL QUESTIONS	YES	NO	1		_	
22.	Do you cough, wheeze or have difficulty breathing during or after exercise?						
23.	Do you have asthma or use asthma medicine (inhaler, nebulizer)?						
		1	1	1			

→ Parent/Guardian Signature:	Date:	→ Athlete's Signature:

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## **PART III- PHYSICAL EXAMINATION**

(Physical examination form is required each school year dated after <u>May 1</u> of the preceding school year and is good through June 30 of the current school year)\*\*

leight P /		Weight			□ Male	Δ		☐ Female	
	Resting pulse	110.8.11	Vision	R 20/	L 20/		Corrected	☐ Yes	 □ No
				·		L			
	MEDIC				NORMAL		ABNO	RMAL FINDI	NGS
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ortic insufficiency)	<u>)</u> ·oat (Pupils equal, hea	ring)							
Lymph nodes	oat (rupiis equal, fied	ilig)							
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Pulses			· · · · · ·						
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Neck	MIOSCOLOSI	CELETAL			NORWAL		ADINU	KIVIAL FINDI	NGS
Back									
Shoulder/arm									
Elbow/forearm									
Wrist/hand/fingers	1								
Hip/thigh									
Knee Leg/ankle									
Foot/toes									
•	uble leg squat, single l	eg squat, bo	ox drop or	step drop test)					
	tions required on-site				ilucagon	□ Other:			
COMMENTS:									
	have reviewed the	recomme	endations	s for his/her pa		•		e following	3
MEDICALLY ELIGIB	SLE FOR ALL SPORTS V	/IIHOUI K	ESTRICTIO	)N					
MEDICALLY ELIGIB	SLE FOR ALL SPORTS V	VITHOUT R	ESTRICTIO	N WITH RECOM	MENDATION	I FOR FUR	THER EVALU	ATION OR T	REATMENT OF
	LE ONLY FOR THE FO	LLOWING S	PORTS:						
MEDICALLY ELIGIB									
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Reason:	LIGIBLE PENDING FUI	RTHER EVAI ORTS st that I ha physical	LUATION (	OF:nined the above	e student a	nd comp cal Histor	leted this pr	e-participa	ntion
Reason:  NOT MEDICALLY E  NOT MEDICALLY E  By th	LIGIBLE PENDING FUI	RTHER EVAI ORTS st that I ha physical	ave exam	OF:nined the above	e student a art II- Medio	nd comp cal Histo DO, NP o	leted this pr 'y. · PA) + DATE*	e-participa	ation

Rule 28B-1 (3) Physical Examination Rule/Transfer Student (10-90)- When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.

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## PART IV- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT

(To be completed by parent/guardian)

HIGH SCHOOL:		(name of child		
Interest of the provider of the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to anoth with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts or some other means. He/she has student medical/accident insurance available through the school (yesno), is insured by our family policy with:  Name of medical insurance company:  Policy number:  I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.  By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) of health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics, and activities with canches and other school personnel as deemed necessary.  Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.  To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia be going to www.coverva.org or calling 855-242-8282.  PART V-EMERGENCY PERMISSION FORM*  (To be completed and signed by the parent/guardian)  STUDENT'S NAME:  STHE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION?  IS THE STUDENT PRESENTLY TRESCRI		leading cross countr	/ward) to partici v  field bockey  f	pate in any of the
I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury mychild/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to anoth with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts or some other means. He/she has student medical/accident insurance available through the school (yesno); is insured by our family policy with:  Name of medical insurance company:  Policy number:  I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.  By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in athletics/ activities for his/her school during the school year covered by this form. I further control allow said physician(s) of health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.  Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.  To access quality, low-coaches and other school personnel as deemed necessary.  PART V. EMERGENCY PERMISSION FORM*  (To be completed and signed by the parent/guardian)  STUDENT'S NAME:  GRADE:  GRADE:  GRADE:  AGE:  DOB:  PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC:  IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN?  LIST THE EMERGENCY MEDICATION:  STHE STUDENT PRESE	lacrosse, soccer, softball, swim/dive, tennis, track, volleyball, wrestlir			
with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts or some other means. He/she has student medical/accident insurance available through the school (yesno) is insured by our family policy with:  Name of medical insurance coverage through the school (yesno); is insured by our family policy with:  Name of medical insurance company:  Policy number:  I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.  By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) of health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.  Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.  To access quality, bow-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia b going to www.coverva.org or calling 855-242-8282.  PART V- EMERGENCY PERMISSION FORM*  (To be completed and signed by the parent/guardian)  STUDENT'S NAME:  GRADE:  GRADE:  GRADE:  GRADE:  GRADE:  GRADE:  DOB:  HIGH SCHOOL:  FIRST THE EMERGENCY MEDICATION:  IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION?  IF SO, WHAT?  DOES THE FAST Ida PORT of (TETANUS) SHOT:  STHESTUDENT PRESENTLY TAKING ANY OTHER				
Policy number: Name of policy holder:	with contact sports carrying the higher risk. I have had an opportunit written handouts or some other means. He/she has student medical has athletic participation insurance coverage through the school (yes	ty to understand the r /accident insurance a no); is insured b	isk inherent in s vailable through y our family pol	ports through meetings, the school (yes no); icy with:
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→ SIGNATURE OF PARENT/GUARDIAN:DATE:	Please list any significant health problems that might be significant to PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC:  IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN? IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION? DOES THE STUDENT WEAR CONTACT LENSES?  EMERGENCY AUTHORIZATION: In the event I cannot be reached in at the coaches and staff of order the injection and/or anesthesia and/or surgery for the person r DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCE)	LIST THE EMER LIST THE EMER LIST THE EMER DATE OF LAST TO n emergency, I hereb High School to hospit	ng your child <u>in c</u> RGENCY MEDICA dap OR Td (TETA y give permissio alize, secure pro	TION:  TON:  TON:  TO physicians selected by oper treatment for and to
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→ I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT: \_

Parent/Guardian signature

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.