

IOWA ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

ARTICLE VII 36.14(1) PHYSICAL EXAMINATION. Every year each student (grades 7-12) shall present to the student's superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, qualified doctor of chiropractic, licensed physician assistant, or advanced registered nurse practitioner, to the effect that the student has been examined and may safely engage in athletic competition. *This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.*

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or neatly print this information)

Student's Name _____ Male ___ Female ___ Date of Birth _____ Grade _____

Home Address (Street, City, Zip) _____ School District _____

Parent's/Guardian's Name _____ Date _____ Phone # _____

Family Physician _____ Phone # _____

HEALTH HISTORY (The following questions should be completed by the student-athlete with the assistance of a parent or guardian. A parent or guardian is required to sign on the other side of this form after the examination.)

- | | Yes | No | | Yes | No | |
|-------|------------|-----------|--|------------|-----------|--|
| 1. | _____ | _____ | Allergies to medication, pollen, stinging insects, food, etc.? | 20. | _____ | Head injury, concussion, unconsciousness? |
| 2. | _____ | _____ | Any illness lasting more than one (1) week? | 21. | _____ | Headache, memory loss, or confusion with contact? |
| 3. | _____ | _____ | Asthma or difficulty breathing during exercise? | 22. | _____ | Numbness, tingling or weakness in arms or legs with contact? |
| 4. | _____ | _____ | Chronic or recurrent illness or injury? | ***** | | |
| 5. | _____ | _____ | Diabetes? | 23. | _____ | Severe muscle cramps or illness when exercising in the heat? |
| 6. | _____ | _____ | Epilepsy or other seizures? | ***** | | |
| 7. | _____ | _____ | Eyeglasses or contacts? | 24. | _____ | Fracture, stress fracture or dislocated joint(s)? |
| 8. | _____ | _____ | Herpes or MRSA? | 25. | _____ | Injuries requiring medical treatment? |
| 9. | _____ | _____ | Hospitalizations (Overnight or longer)? | 26. | _____ | Knee injury or surgery? |
| 10. | _____ | _____ | Marfan Syndrome? | 27. | _____ | Neck injury? |
| 11. | _____ | _____ | Missing organ (eye, kidney, testicle)? | 28. | _____ | Orthotics, braces, protective equipment? |
| 12. | _____ | _____ | Mononucleosis or Rheumatic fever? | 29. | _____ | Other serious joint injury? |
| 13. | _____ | _____ | Seizures or frequent headaches? | 30. | _____ | Painful bulge or hernia in the groin area? |
| 14. | _____ | _____ | Surgery? | 31. | _____ | X-rays, MRI, CT scan, physical therapy? |
| ***** | | | | | | |
| 15. | _____ | _____ | Chest pressure, pain, or tightness with exercise? | 32. | _____ | Has a doctor ever denied or restricted your participation in sports for any reason? |
| 16. | _____ | _____ | Excessive shortness of breath with exercise? | 33. | _____ | Do you have any concerns you would like to discuss with your health care provider? |
| 17. | _____ | _____ | Headaches, dizziness or fainting during, or after, exercise? | | | |
| 18. | _____ | _____ | Heart problems (Racing, skipped beats, murmur, infection, etc.?) | | | |
| 19. | _____ | _____ | High blood pressure or high cholesterol? | | | |

- Family History:**
34. _____ Does anyone in your family have Marfan syndrome?
35. _____ Has anyone in your family died of heart problems or any unexpected/unexplained reason before the age of 50?
36. _____ Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?
37. _____ Has anyone in your family had unexplained fainting, seizures, or near drowning?
38. _____ Does anyone in your family have asthma?
39. _____ Do you or someone in your family have sickle cell trait or disease?

Use this space to explain any "YES" answers from above (questions #1-38) or to provide any additional information:

40. Are you allergic to any prescription or over-the-counter medications? *If yes, list:* _____
41. List all medications you are presently taking (including asthma inhalers & EpiPens) and the condition the medication is for:
 A. _____ B. _____ C. _____
42. Year of last known vaccination: Tdap (Tetanus): _____ Meningitis: _____ Influenza: _____
43. What is the most and least you have weighed in the past year? **Most** _____ **Least** _____
44. Are you happy with your current weight? **Yes** _____ **No** _____ *If no, how many pounds would you like to lose or gain?*
 Lose _____ Gain _____

FOR FEMALES ONLY:

1. How old were you when you had your first menstrual period? _____
2. How many periods have you had in the last 12 months? _____

PHYSICAL EXAMINATION RECORD (To be completed by a licensed medical professional as designated in Article VII 36.14(1).)

Athlete's Name _____ Height _____ Weight _____

Pulse _____ Blood Pressure _____ / _____ (Repeat, if abnormal _____ / _____) Vision R 20/ _____ L 20/ _____

	<i>NORMAL</i>	<i>ABNORMAL FINDINGS</i>	<i>INITIALS</i>
1. Appearance (esp. Marfan's)			
2. Eyes/Ears/Nose/Throat			
3. Pupil Size (Equal/Unequal)			
4. Mouth & Teeth			
5. Neck			
6. Lymph Nodes			
7. Heart (Standing & Lying)			
8. Pulses (esp. femoral)			
9. Chest & Lungs			
10. Abdomen			
11. Skin			
12. Genitals - Hernia			
13. Musculoskeletal - ROM, strength, etc. (See questions 24-31)			
14. Neurological			

Comments regarding abnormal findings: _____

LICENSED MEDICAL PROFESSIONAL'S ATHLETIC PARTICIPATION RECOMMENDATIONS
(Please be precise when indicating at which level the student is cleared to participate.)

1. **FULL & UNLIMITED PARTICIPATION**
2. **LIMITED PARTICIPATION** - May **NOT** participate in the following (checked):
 Baseball Basketball Bowling Cross Country Football Golf Soccer
 Softball Swimming Tennis Track Volleyball Wrestling
3. **CLEARANCE PENDING DOCUMENTED FOLLOW UP OF** _____
4. **NOT CLEARED FOR ATHLETIC PARTICIPATION DUE** _____

Licensed Medical Professional's Name (Printed) _____ Date of PPE _____

Licensed Medical Professional's Signature _____ Phone _____

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I hereby **verify** the accuracy of the information on the opposite side of this form and **give my consent** for the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated above by the licensed professional. I **also give my permission** for the team's physician, certified athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury/illness and to share necessary information about the injury/illness with appropriate school personnel.

Name of Parent or Guardian, or student if 18 years of age (Printed) _____ Signature of Parent of Guardian, or student if 18 years of age _____

Address (Street/PO Box, City, State, Zip) _____ Phone Number _____

PLEASE PRINT

Athlete's Name _____

Gender _____

Address _____

Grade _____

ATHLETIC INSURANCE WAIVER

All participants in Junior and Senior High School Athletics must either purchase insurance made available by the school to cover the sport(s) they are going to participate in or have their own insurance that will cover the participant.

Please sign the waiver below **ONLY IF YOU DO NOT WISH TO PURCHASE THE SCHOOL'S INSURANCE**. This will tell us that you have some other form of insurance to cover your son/daughter in case of an injury.

WAIVER: We, the undersigned parents, DO NOT wish to purchase school offered insurance to provide protection for our son/daughter in every sport that he/she is going to participate in during the school year. Furthermore, we understand that there is no school insurance should our son/daughter be injured in an athletic activity for which we did not purchase such protection.

Parent/Guardian Signature

PARENT OR LEGAL GUARDIAN PERMISSION

By its nature, participation in interscholastic athletics includes risk of injury which may range in severity from minor to disabling to eve death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the change of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

By signing this Permission Form, we acknowledge that we have read the above information. **PARENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THE WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

"I hereby give my consent for _____

1. To represent his/her school in approved athletic activities except those listed.
2. To accompany any school team of which he/she is a member on its local and out of town trips.
3. To receive, through a medical doctor of the school's choice, emergency medical care which may become reasonably necessary in the course of such athletic activities or such travel.

I further agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the above name student in the proper course of such athletic activities or travel.

(Parent/Legal Guardian Signature)

Date: _____

(Student Signature)

Date: _____

HEADS UP: Concussion in School Sports

We have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in School Sports."

Student's Signature

Date

Student's Printed Name

Parent's/Guardian's Signature

Date

Student's School

LCMS Activity/Athletic Expectations

I agree, acknowledge and authorize the participation of my child, and my child's participation in the student activities/athletics of the Le Mars Community School District shall be in accordance with the rules and regulations set out in the expectation sheets.

Parent/Guardian Signature: _____

I, a student of the Le Mars Community School District, do hereby acknowledge that I have read, examined and have had explained to me the behavior guidelines and policies outline in the expectation sheets. I agree to abide by the expectations listed on those sheets.

Student Signature: _____

Date: _____

IMPORTANT: Students who participant in interscholastic athletics, cheerleading and dance and their parents/guardians; must sign these acknowledgements and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

A FACT SHEET FOR PARENTS AND STUDENTS

HEADS UP: Concussion in High School Sports

Please note this important information based on Iowa Code Section 280.13C, Brain Injury Policies:

- (1) A student participating in extracurricular interscholastic activities, in grades seven through twelve, **must be immediately removed from participation** if the coach, contest official, licensed healthcare provider or emergency medical care provide believe the student has a concussion based on observed signs, symptoms, or behaviors.
- (2) Once removed from participation for a suspected concussion, the **student cannot return to participation until written medical clearance has been provided** by a licensed health care provider.
- (3) A student cannot return to participation until s/he is free from concussion symptoms at home and at school.
- (4) Definitions:
 - “**Contest official**” means a referee, umpire, judge, or other official in an athletic contest who is registered with the Iowa high school athletic association or the Iowa girls high school athletic union.
 - “**Licensed health care provider**” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
 - “**Extracurricular interscholastic activity**” means any extracurricular interscholastic activity means any dance or cheerleading activity or extracurricular interscholastic activity, contest, or practice governed by the Iowa high school athletic association or the Iowa girls high school athletic union that is a contact or limited contact activity as identified by the American academy of pediatrics.
 - “**Medical clearance**” means written clearance from a licensed health care provider releasing the student following a concussion or other brain injury to return to or commence participation in any extracurricular interscholastic activity.

What is a concussion?

Concussions are a type of brain injury that disrupt the way the brain normally works. Concussions can occur in any sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or obstacles. Concussions can occur with or without loss of consciousness, but most concussions occur without loss of consciousness.

What parents/guardians should do if they think their child has a concussion?

1. Teach your child that it's not smart to play with a concussion.
2. **OBEY THE LAW.**
 - a. Seek medical attention right away.
 - b. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
3. Tell all of your child's coaches, teachers, and school nurse about ANY concussion.

What are the signs and symptoms of concussion?

Signs and symptoms of concussion can show up right after the injury or may not be noticed until days after the injury. If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be removed from play immediately. The athlete should only return to play with permission from a health care provider and after s/he is symptom free at home and at school.

Signs Observed by Parents or Coaches:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Student-Athlete:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

STUDENTS, If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

PARENTS/GUARDIANS, You can help your child prevent a concussion:

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

For more information visit: www.cdc.gov/Concussion

Le Mars Middle School Activity/Athletic Expectations

Insurance and Physical Examinations

Before any athlete will be allowed to start practice, they must have the following:

- A recent physical examination from the doctor supplied by the school or by your family physician at your own expense. Completed physicals may be turned in to your coach or the middle school nurse.
- Take out accident insurance from the school, or have a waiver form from the school signed by a parent or guardian.
- If an athlete should be injured while at practice, they must report to their coach the nature of the injury and how it happened.

Attendance in school

- A participant will be ineligible to practice or participate in his/her activity on days that they are absent due to illness.
- Participants who are absent for any other reason are ineligible on that day, unless it has been cleared in advance with the Assistant Principal or Activities Director.
- An unexcused absence from ANY class during a particular school day will make that person ineligible for that day.
- It is the expectation that students participate fully in school physical education classes if the student is participating in athletic functions before or after school.

General Conduct

- Participants will be considered as “good-will” ambassadors of Le Mars and will conduct themselves as ladies and gentlemen at all times.
- Rules listed under conduct are not intended to be all-inclusive. We expect our students to behave properly. This includes showing respect for others and for the property belonging to others. Students shall conduct themselves in a manner consistent with the policies of the school and/or the school district handbook. Any student conduct, which endangers the property, health, or safety of others or self, impedes the opportunity for that student and others to learn. Violations of school rules will not be tolerated. Police assistance will be requested when local, state, or federal laws are violated.

After School Practice Guidelines

- Students should be leave the building when practice has concluded and not return without permission from the coach.

Personal Appearance

- It is the coach’s/sponsor’s discretion to establish reasonable guidelines at the beginning of each sport’s season to protect the health and safety of each participant.

Bus Behavior

- Participants will be expected to behave as young adults at all times on bus trips.
- When food or drink is consumed on trips, participants will be responsible for their garbage and dispose of it properly.
- Students may return from an event with their parents or other chaperone only if proper arrangements have been made. This may include but is not limited to parental contact with the coach, written notes from parents or guardian, written notes from both sets of parents (if riding home with another student’s parents

Academic Eligibility

- To be eligible to participate in activities, students must have passing grades in four major subjects. Teachers report all failing grades to the office at the end of each quarter. If a student is not passing the required number of subjects, that student will not be permitted to participate in events until the reported deficiencies are satisfied. If students are not passing in four major subjects at the end of a quarter, they are ineligible for the entire next quarter.

If not passing 4 full-time courses during: the student will be ineligible during:

Quarter 1	Quarter 2
Semester 1	Semester 2
Quarter 3	Quarter 4
Semester 2	Semester 1-next year

Eligibility During Disciplinary Situations

- A student may not, under any circumstances, participate in activities when he/she is under suspension or expulsion. Should disciplinary action under Policies 502.3, 502.3.1 or 502.3.2 result in loss of eligibility greater than that outlined above, the more severe loss of eligibility shall prevail.

Code of Conduct (Code 502.1.1)

- Students are expected to conduct themselves in accordance with the policies, rules and regulations of the Le Mars Community School District and its member schools as well as in compliance with all federal, state and municipal laws. Student eligibility to participate in activities, performances or contests as representatives of the schools or school district is dependent upon the student's conduct throughout the calendar year in relation to this Code.
- Violations of this Code that will impact upon participation eligibility include but are not necessarily limited to any of the following:
 1. An admission, a finding of violation by school administration officials based on a preponderance of the evidence, a plea of guilty in court, or a court finding of guilty for possession, consumption sale or distribution of alcoholic beverages;
 2. An admission, a finding of violation by school administration officials based on a preponderance of the evidence, a plea of guilty in court, or a court finding of guilty for the possession, use, distribution or sale of illicit drug paraphernalia, substances, represented to be illicit drugs, or actual illicit drugs to include identifiable illicit drug residue;
 3. An admission, a finding of violation by school administration officials based on a preponderance of the evidence, a plea of guilty in court, or a court finding of guilty for the possession, use, distribution or sale of tobacco products;
 4. An admission, a plea of guilty in court, or a court finding of guilty for the commission of any crime with the exception of a citation for minor traffic law violations;
 5. Infractions(s) concerning school rules to include, but not necessarily be limited to, intentional damage to school property, excessive unexcused absence, flagrant and/or repeated insubordination, harassment or assaultive behavior directed toward other students or school personnel or other actions which significantly disrupt the educational process.
- In the event that a student finds himself or herself in the company of others where conduct prohibited under this Code is taking place, and he or she fails to leave the vicinity as soon as is practical under the circumstances, said student shall be deemed to be violation of this Code.

- In the event that a student transfers to the Le Mars Community Schools for any reason and school officials are, or become aware, that the student would be ineligible under his or her prior school's Code of Conduct Policy or similar policy, then the provisions of this Code of Conduct Policy shall be applied.
- An infraction shall result in loss of eligibility for seven days and a minimum of one event (public appearance). A second offense shall result in loss of eligibility for 28 days and a minimum of four events (public appearances). In the instance of infractions involving alcohol, illicit drugs or assaultive behavior, a student must agree to an immediate assessment from a school-approved treatment/counseling agency and agree to follow the recommendations of the assessment counselor. All assessment and treatment shall be at no cost to the school district. A student with a third offense will be declared ineligible for a period of twelve calendar months. Any subsequent violations of the code will result in permanent ineligibility for as long as student attends Le Mars Community Schools.

NOTE: If the code of conduct has been violated, students may be kept out of graded performances and given an alternative assignment to complete.

PROVIDERS IN LE MARS FOR ATHLETIC PHYSICALS

Floyd Valley Clinic
194 6th Ave NE
(712)546-8111

Bollin Chiropractic
212 Plymouth St SW
(712) 546-7789

Meylor Chiropractic
400 Plymouth St SW
(712) 546-5121

Manley Chiropractic
129 1st St NW
(712) 546-5944

Ritz Chiropractic
220 Plymouth St. SW
(712) 546-4004

Cost at all chiropractic clinics range from \$20 to \$25