

**Middle School Physical Evaluation
2018-2019 School Year**



Parent / Guardian: Please Complete Parts I and II

Part I: Please Print

Name _____ Sex: M F Age _____ Date Of Birth _____
Last First (Circle)

Parents Name _____ Home Telephone _____

Address _____
Street City Zip Code

School: **Fort Bend Christian Academy** Grade _____ Sport(s) _____

In Case of Emergency Contact: Name _____ Relationship _____ Phone/Pager/Cell _____

Part II:

- | | | | | | |
|---|--------------------------|--------------------------|---|--------------------------------|-----------------------------------|
| | Yes | No | Yes | No | |
| 1. Have you ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> | 21. Do you wear glasses or contacts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 22. Do you use any special protective equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are presently taking any medication | <input type="checkbox"/> | <input type="checkbox"/> | 23. Have you ever had a sprain, strain, or swelling after injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Supplements or nonprescription drugs? | <input type="checkbox"/> | <input type="checkbox"/> | 24. Have you had any injuries since your last Physical? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any allergies such as medicine, pollen, or bee stings? | <input type="checkbox"/> | <input type="checkbox"/> | 25. Have you broken any bones or dislocated any joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | If YES check the appropriate box below: | | |
| 7. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Neck | <input type="checkbox"/> Head | <input type="checkbox"/> Shoulder |
| 8. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Back | <input type="checkbox"/> Chest | <input type="checkbox"/> Elbow |
| 9. Have you ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Arm | <input type="checkbox"/> Wrist | <input type="checkbox"/> Hand |
| 10. Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Hip | <input type="checkbox"/> Thigh | <input type="checkbox"/> Knee |
| 11. Has any relative died suddenly before the age of 50? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shin / Calf | <input type="checkbox"/> Ankle | <input type="checkbox"/> Foot |
| 12. Do you have any current skin problems? | <input type="checkbox"/> | <input type="checkbox"/> | 26. Have you been ill the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever had a head injury? | <input type="checkbox"/> | <input type="checkbox"/> | 27. Have you had any other medical problems or recurring illness? Please explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever been knocked out or unconscious? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| 15. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| 16. Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ | | |
| 17. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| 18. Do you cough, wheeze, or have trouble breathing? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| 19. Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| 20. Have you had problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |

Part III: To be completed by qualified medical personal only.

Height _____ Weight _____ BP _____ / _____ Pulse _____ Vision: R 20/ _____ L 20/ _____

	<i>Normal</i>	<i>Abnormal</i>		<i>Normal</i>	<i>Abnormal</i>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Neck	<input type="checkbox"/>	<input type="checkbox"/>	Explanation of findings: _____ _____ _____
Eyes, ears, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	Back	<input type="checkbox"/>	<input type="checkbox"/>	
Heart and pulses	<input type="checkbox"/>	<input type="checkbox"/>	Shoulders	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	Hips	<input type="checkbox"/>	<input type="checkbox"/>	
Genitalia (Men only)	<input type="checkbox"/>	<input type="checkbox"/>	Knees	<input type="checkbox"/>	<input type="checkbox"/>	
Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Ankles	<input type="checkbox"/>	<input type="checkbox"/>	

This form must be signed by either a Physician, Physician Assistant, (licensed by the State Board of Physician Assistant Examiners), or a Registered Nurse (Recognized as an **Advanced Practice Nurse** by the Board of Nurse Examiners).

I certify the above student athlete as being physically able to participate in supervised athletic activity as checked below:

- Cleared for all sports activities.
 Cleared after completing evaluation / rehabilitation for: _____
 Not cleared for (list exceptions): _____ Reason _____

Recommendation: _____

Name of Physician (print) _____ Office Phone: _____

Signature of Physician: _____ Date: _____

Office stamp or attach receipt here:

Signature of Parent / Guardian: _____

FORT BEND CHRISTIAN ACADEMY

2018-2019 SCHOOL YEAR

ATHLETIC LIABILITY RELEASE AND MEDICAL CONSENT FORM

NAME OF ATHLETE _____

ATHLETIC LIABILITY RELEASE

I/We the parent(s)/guardian(s) of _____ do attest that our child is in good physical health.

I/We understand that participation in sports can result in injury. I/we hereby give my/our consent to allow my/our child to participate in FBCA athletic programs not specifically excluded by the parent or physician on the "medical history forms" included in this packet during the 2018-2019 season, and including off season training.

I/We assume all of the risks, hazards, and financial obligations incidental to the activity of the sport.

I/We hereby release, absolve, indemnify, and hold harmless Fort Bend Christian Academy and the coaches, teachers, administrators, board members, volunteers, and participants and any other person or entity duly acting on behalf of Fort Bend Christian Academy from any claims arising out of any injuries, of any nature, to my/our child while participating in FBCA activities.

MEDICAL CONSENT FORM

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunizations for the above named student if I, as a parent/guardian, am not present. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary in the best interest of the above named student may be given.

In the event that an emergency arises during a practice session, every effort will be made to contact the parents/guardians as soon as possible. Permission is also granted to Fort Bend Christian Academy to provide the needed emergency treatment to the athlete prior to his admission to the medical facilities.

Note: This liability release is valid for one calendar year from date signed below.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Phone Numbers where Parents/Guardians may be reached:

Office	_____	_____
Home	_____	_____
Cell	_____	_____
Other	_____	_____

Name of Family Physician _____ Phone Number _____

Insurance Company _____ Group/Policy Number _____

SUDDEN CARDIAC ARREST

What is Sudden Cardiac Arrest (SCA)?

Sudden Cardiac Arrest is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is not a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction of the heart's electrical system, causing the heart to stop beating.

How common is Sudden Cardiac Arrest?

While studies differ in the actual rate of occurrence, the American Heart Association information indicates that there are approximately 300,000 SCA events outside hospitals each year in the United States. About 2000 patients under the age of 25 die of SCA each year. Studies now being performed in Texas and other states indicate the occurrence rate for high school age athletes may be greater than this figure.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

Dizziness	Fatigue	Lightheadedness
Extreme tiredness	Shortness of breath	Nausea
Difficulty breathing	Vomiting	Racing or fluttering heartbeat
Chest Pains	Syncope (fainting)	

These symptoms can be confusing and unclear in athletes. Often people confuse these warning signs as physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

For this reason these symptoms are included on the Medical History form provided by TAPPS and required for each student prior to participation in athletic events each year. As parents and student athletes, your truthful answers to these simple questions will assist your medical practitioner when performing the annual physical examination.

What are the risks of participation and playing with these symptoms?

Continued participation brings with it increased risk. This includes playing in practices and games. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just minutes. Most people who experience a SCA die from the event.

While TAPPS does not mandate Cardiac Screening prior to participation, TAPPS and the TAPPS member schools recognize the importance of our students' health and highly recommend discussing screening options with your health care provider. Any student who shows signs of SCA should be removed by the parents from play. This includes all athletic activity, practices or contests. Before returning to play, the student should be examined and receive clearance by a licensed health care professional of the parents' choosing.

**I have reviewed the above material. I understand the symptoms and warning signs of SCA.
Additional information is available on the Health and Safety page at www.tapps.net.**

Parent Signature / Date: _____

Student Signature / Date: _____

CONCUSSION AND TRAUMATIC BRAIN INJURY

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body
- Can change the way a student's brain normally functions
- Can occur during practice or contests in any sport
- Can occur in activities both associated and not associated with the school
- Can occur even if the student has not lost consciousness
- Can be serious even if a student has just been "dinged" or had their "bell rung"

Are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, one or more of the following symptoms may become apparent. The student may not "feel right" soon after, a few days after or even weeks after the injury event.

Headache	"Pressure" in the head	Nausea	Vomiting
Balance problems	Dizziness	Blurry Vision	Double Vision
Sensitivity to Light	Sensitivity to Noise	Confusion	Memory Problems
Difficulty paying attention	Feeling sluggish, hazy, foggy or groggy		

If you have concerns regarding any of the above symptoms, your doctor should be consulted for further information and/or examination. Your physician or medical professional can best determine your student's physical condition and ability to participate in athletics.

What should students do if they believe that they or someone else may have a concussion?

- Students should immediately notify their coach or school personnel.
- Student should be examined by appropriate medical personnel of the parent's choosing. The medical provider should be trained in the diagnosis and treatment of concussions
- If no concussion is diagnosed, the student shall be cleared to return to athletic participation.
- If a concussion is diagnosed, the school protocol for return to play from a concussion shall be enacted. Under no circumstances shall the student be allowed to return to practice or play without the approval of a licensed medical provider trained in the treatment of concussions.

I have reviewed the above material. I understand the symptoms and warning signs of CONCUSSIONS. Additional information is available on the Health and Safety page at www.tapps.net. All concussions should be reported to the school as soon as possible. Previous concussions should be reported on the Medical History form to allow the medical practitioner the best information possible when conducting the annual physical examination.

Parent Signature / Date: _____

Student Signature / Date: _____

CONCUSSIONS – Don't hide it. Report it. Take time to recover.