Revised April 2007

VIRGINIA HIGH SCHOOL LEAGUE, INC.
1642 State Farm Blvd., Charlottesville, Va. 22911

Athletic Participation/Parental Consent/Physical Examination Form

Separate examination is required for each school year May 1 of the current year through June 30 of the succeeding year.

PART I - ATHLETIC PARTICIPATION

(To be filled in and signed by the student)

For School Year_____ Male_____ Female_____

Name _____ Student I.D # _____

(Last) (First) (Middle Initial)

Home Address_____

City/Zip Code _____

Home Address of Parents _____

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 semester I attended_____ School and passed_____ credit subjects, and I am taking_____ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

INDIVIDUAL ELIGIBILITY RULES

To be eligible to represent your school in any VHSL interscholastic athletic contest, you--

- must be a regular bona fide student in good standing of the school you represent.
- must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity.)
- must have enrolled not later than the fifteenth day of the current semester.
- for the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements). **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- for the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- must not have reached your nineteenth birthday on or before the first day of August of the current school year.
  must not, after entering the ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parental Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for athletic competition and that your parents consent to your participation.
- must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification in regard to cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules**. Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

Student Signature: _____ Date: _____

Providing false information will result in ineligibility for one year.

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PART II - - MEDICAL HISTORY

This form must be completed and signed, prior to the physical examination, for review by examining physician. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

MEDICAL HISTORY OF STUDENT & FAMILY	Yes	No	MEDICAL HISTORY OF STUDENT & FAMILY	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐	32. Do you have any rashes, pressure sores, or other skin problems?	☐	☐
2. Do you have an ongoing medical condition (like diabetes or asthma)?	☐	☐	33. Have you ever had herpes skin infection?	☐	☐
3. Are you currently taking any prescription or non prescription (over the counter) medicines or pills?	☐	☐	34. Have you ever had a head injury or concussion?	☐	☐
4. Do you have allergies to medicines, pollens, foods or stinging insects?	☐	☐	35. Date of last head injury or concussion: Date: _____		
5. Do you have prescriptions for use of epinephrine, adrenalin, inhaler, or other allergy medications?	☐	☐	36. Have you ever been hit in the head and been confused or lost your memory?	☐	☐
6. Have you ever passed out or nearly passed out during or after exercise?	☐	☐	37. Have you ever been knocked unconscious?	☐	☐
7. Have you ever passed out or nearly passed out at any other time?	☐	☐	38. Have you ever had a seizure?	☐	☐
8. Have you ever had discomfort, pain, or pressure in your chest during exercise?	☐	☐	39. Do you have headaches with exercise?	☐	☐
9. Have you ever had to stop running after ¼ to ½ mile for chest pain or shortness of breath?	☐	☐	40. Have you ever had a numbness, tingling, or weakness in your arms or legs after being hit or falling?	☐	☐
10. Does your heart race or skip beats during exercise?	☐	☐	41. Have you ever been unable to move your arms or legs after being hit or falling?	☐	☐
11. Has a doctor ever told you that you have (check all that apply): ☐High Blood Pressure ☐A heart murmur ☐High cholesterol ☐A heart infection			42. When exercising in heat, do you have severe muscle cramps or become ill?	☐	☐
			43. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	☐	☐
12. Has a doctor ever ordered a test for your heart?	☐	☐	44. Have you had any other blood disorders or anemia?	☐	☐
13. Has anyone in your family died suddenly for no apparent reason?	☐	☐	45. Have you had any problems with your eyes or vision?	☐	☐
14. Does anyone in your family have a heart problem?	☐	☐	46. Do you wear glasses or contact lenses?	☐	☐
15. Has any family member or relative died of heart problems or sudden death before age 50? (This does not include accidental death)	☐	☐	47. Do you wear protective eyewear, such as goggles or a face shield?	☐	☐
16. Does anyone in your family have Marfan syndrome?	☐	☐	48. Are you happy with your weight?	☐	☐
17. Have you ever spent the night in a hospital?	☐	☐	49. Are you trying to gain or lose weight?	☐	☐
18. Have you ever had surgery?	☐	☐	50. Do you limit or carefully control what you eat?	☐	☐
19. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	☐	☐	51. Has anyone recommended you change your weight or eating habits?	☐	☐
20. Have you had any broken or fractured bones or dislocated joints?	☐	☐	52. Do you have any concerns that you would like to discuss with a doctor?	☐	☐
21. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	☐	☐	53. What is the date of your last Tetanus immunization? Date: _____		
			FEMALES ONLY 54. Have you ever had a menstrual period?	☐	☐
22. Have you ever had a stress fracture?	☐	☐	55. Age when you had your first menstrual period? _____		
23. Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?	☐	☐	56. How many periods have you had in the last 12 months? _____		
24. Do you regularly use a brace or assistive device?	☐	☐	57. Do you take a calcium supplement?	☐	☐
25. Have you ever been diagnosed with asthma or other allergic disorders?	☐	☐	**Explain "Yes" answers here:**		
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐	☐			
27. Is there anyone in your family who has asthma?	☐	☐			
28. Have you ever used an inhaler or taken asthma medicine?	☐	☐			
29. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	☐	☐			
30. Have you had infectious mononucleosis (mono) within the last three months?	☐	☐			
31. Have you ever had mono or any illness lasting more than two weeks?	☐	☐			

Parent/Guardian Signature: _____ Athlete's Signature: _____

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PART III – PHYSICAL EXAMINATION

(Physical examination is required each school year after May 1 of the preceding school year and is good through June 30th of the current school year)**

NAME: _____ SCHOOL: _____

HEIGHT: _____ WEIGHT: _____ SEX: _____ AGE: _____ DOB: _____

*Tanner Stage or Maturation Index: (males only) _____ BP: _____

*Percent Body Fat: _____ Pulse: *(rest) _____
*(Exercise) _____
*Audiogram _____ * (Recovery) _____
*FEV or Peak Flow (rest) _____
*Vision: Corrected (L) _____(R) _____ (Both) _____ *(Exercise) _____
Uncorrected (L) _____(R) _____ (Both) _____ *(Recovery) _____

	N	ABNORMAL		N	ABNORMAL
Eyes			Cervical Spine/neck		
Ears			Back		
Nose			Shoulders		
Throat			Arm/elbow/wrist/hand		
Teeth			Knees/hips		
Skin			Ankle/feet		
Lymphatic			Marfan Screen		
Lungs			*Urine		
Heart			*Hemoglobin or HCT and or Iron stores		
Peripheral pulses			^Echocardiogram		
Abdomen			^Neuropsyc Testing		
Genitalia/hernia (male only)			^Pelvic Examination		

***WHEN MEDICALLY INDICATED**
(Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

^WITH SPECIAL INDICATIONS
(These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

- ❑ **CLEARED WITHOUT RESTRICTIONS**
- ❑ Cleared **AFTER** further evaluation or treatment for: _____
  _____
- ❑ Cleared for **Limited participation** (check and explain "reason" for all that apply):
  - ❑ Not cleared for (specific sports)_____
  - ❑ Cleared only for (specific sports) _____

  Reason(s): _____
- ❑ **NOT CLEARED FOR PARTICIPATION**: _____
  Reason(s): _____
- ❑ Other Recommendations: _____
  - ❑ Recommend close monitoring during early conditioning because of weight/fitness/other
  - ❑ Recommend restrictions or monitoring of weight loss or gain
  - ❑ Other _____

  Reason(s): _____

Physician Signature: _____ + M.D. Date of Examination** _____
+(MD, DO, LNP, PA)

Date Signed: _____

Examiner's Name and degree (print): _____Phone Number _____

Address: _____ City _____ State _____ Zip _____

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PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(To be completed and signed by parent/guardian)

I give permission for _____(name of child/ward) to participate in any of the following sports that are not crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swimming/diving, tennis, track, volleyball, wrestling, other (identify sports). _____ _____.

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another 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 accident insurance available through the school (yes___ no___); has athletic participation insurance coverage through the school (yes__ no__); is insured by our family policy with:

Name of Company: _____

Policy Number: _____ Name of Policy Holder: _____

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 participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or heath 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.

PART V - EMERGENCY PERMISSION FORM

(To be completed and signed by parent/guardian)

STUDENT'S NAME_____ **GRADE** _____ **AGE** _____
HIGH SCHOOL_____**CITY** _____

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency

_____
_____
_____

Please list any allergies to medications, etc._____

_____

Has student been prescribed an inhaler or epipen?_____
Is student presently taking medication? _____If so, what type? _____
Does student wear contact lenses? _____ Please list date of last tetanus shot_____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _____High School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in emergency)_____

Evening time phone number (where to reach you in emergency)_____

Signature of parent or guardian_____ Date_____

Relationship to student_____

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.

I certify all the above information is correct_____

Parent/Guardian Signature