

**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, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, 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)**

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
 Home Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 Parent's/Guardian's Name \_\_\_\_\_ Date \_\_\_\_\_  
 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 back of this form after the physical examination is completed.)

- |   |   |
|---|---|
| <b>Yes</b> <b>No</b> <b>Has this student had any?</b>                   | <b>Yes</b> <b>No</b> <b>Has this student had any?</b> |
| 1. _____ Chronic or recurrent illness or injury?                        | 16. _____ Asthma?                                     |
| 2. _____ Any illness lasting more than one (1) week?                    | 17. _____ Epilepsy or other seizures?                 |
| 3. _____ Rheumatic fever, mononucleosis?                                | 18. _____ Diabetes?                                   |
| 4. _____ Hospitalizations (Overnight or longer)?                        | 19. _____ Eyeglasses or contact lenses?               |
| 5. _____ Surgery, other than tonsillectomy?                             | 20. _____ Dental braces, bridges, plates?             |
| 6. _____ Missing organs (eye, kidney, testicle)?                        |   |
| 7. _____ Allergy to medications, insects, food?                         |   |
| 8. _____ Seasonal allergies (hay fever)?                                |   |
| 9. _____ Problems with heart, blood pressure, cholesterol?              | <b>Yes</b> <b>No</b> <b>Is there a history of?</b>    |
| 10. _____ Racing of your heart or skipped heart beats?                  | 21. _____ Injuries requiring medical treatment?       |
| 11. _____ Chest pain with exercise?                                     | 22. _____ Neck injury?                                |
| 12. _____ Frequent headaches, convulsions, dizziness, fainting?         | 23. _____ Knee injury?                                |
| 13. _____ Dizziness or fainting with exercise?                          | 24. _____ Knee surgery?                               |
| 14. _____ Concussion, unconsciousness, extremity numbness?              | 25. _____ Ankle injury?                               |
| 15. _____ Heat exhaustion, heat stroke, or other heat related problems? | 26. _____ Broken bones (fractures)?                   |
|   | 27. _____ Other serious joint injuries?               |
|   | 28. _____ Use of protective equipment or braces?      |

- Yes**    **No**    **Further History:**
29. \_\_\_\_\_ Is there a history of family or genetic disease?  
 30. \_\_\_\_\_ Has any family member died suddenly at less than 40 years of age of causes other than an accident?  
 31. \_\_\_\_\_ Has any family member had a heart attack at less than 55 years of age?  
 32. \_\_\_\_\_ Are you uncomfortably short of breath after running ½ mile (2 times around a track) without stopping?

Use this space to explain any of the above numbered YES answers or to provide additional information:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

33. List all medications you are presently taking, including asthma inhalers, and the condition the medication is for:  
 A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_
34. What is the most and least you have weighed in the past year? **Most** \_\_\_\_\_ **Least** \_\_\_\_\_
35. Year of last known: Tetanus (lockjaw) vaccination: \_\_\_\_\_ Meningitis vaccination: \_\_\_\_\_ HBV vaccination: \_\_\_\_\_

**FOR WOMEN ONLY:**

1. How old were you when you had your first menstrual period? \_\_\_\_\_  
 2. In the past year, what is the longest time you have gone between menstrual periods? \_\_\_\_\_

**PHYSICAL EXAMINATION RECORD** (To be completed by a licensed professional as designated in Article VII 36.14(1). This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

Athlete's Name \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS
1. Appearance (esp. Marfan's )			
2. Eyes/Ears/Nose/Throat			
3. Mouth & Teeth			
4. Neck			
5. Lymph Nodes			
6. Heart (Standing & Lying)			
7. Pulses (esp. femoral)			
8. Chest & Lungs			
9. Abdomen			
10. Skin			
11. Genitals - Hernia			
12. Musculoskeletal - ROM, strength, etc. (See questions 21-28)			
13. Neurological			

**Comments regarding abnormal findings:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ATHLETIC PARTICIPATION RECOMMENDATIONS**

- \_\_\_\_\_ **FULL & UNLIMITED PARTICIPATION**  
 \_\_\_\_\_ **LIMITED PARTICIPATION** - May NOT participate in the following (checked):  
           \_\_\_\_\_ Baseball    \_\_\_\_\_ Basketball    \_\_\_\_\_ Cross Country    \_\_\_\_\_ Football    \_\_\_\_\_ Golf    \_\_\_\_\_ Soccer  
           \_\_\_\_\_ Softball    \_\_\_\_\_ Swimming    \_\_\_\_\_ Tennis    \_\_\_\_\_ Track    \_\_\_\_\_ Volleyball    \_\_\_\_\_ Wrestling  
 \_\_\_\_\_ **CLEARANCE PENDING** DOCUMENTED FOLLOW UP OF \_\_\_\_\_  
 \_\_\_\_\_ **NOT CLEARED FOR ATHLETIC PARTICIPATION**

Licensed Medical Professional's Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Licensed Medical Professional's Signature \_\_\_\_\_ Phone \_\_\_\_\_  
**Parent's or Guardian's Permission and Release** (Sign after the physical examination has been completed.)

I hereby 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, athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

Typed or printed Name of Parent or Guardian \_\_\_\_\_ Signature of Parent of Guardian \_\_\_\_\_

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

This form has been developed with the assistance of the Committee on Sports Medicine of the Iowa Medical Society and has been approved for use by the Iowa Department of Education, Iowa High School Athletic Association, and Iowa Girls High School Athletic Union. 7/06

**Waukon Jr. / Sr. High Good Conduct Rule**

The following information is a synopsis of the Good Conduct Rule that applies to all students who choose to participate in the activities program at Waukon Jr. / Sr. High. *Student-participants and guardians are responsible for knowing the contents of the entire Good Conduct Rule, which is printed in full and available at the Jr. & Sr. High Offices.*

**Purpose**

The Board of Directors of the Allamakee Community School District offers a variety of voluntary activities designed to enhance the classroom education of its students. Students who participate in extracurricular activities serve as ambassadors of the school throughout the calendar year, whether away from or at school. Students who wish to exercise the privilege of participating in extracurricular activities must conduct themselves in accordance with board policy and must refrain from activities that are illegal, immoral, unhealthy, or highly inappropriate. Participation in these activities is a privilege, conditioned upon meeting the eligibility criteria established by the board, administration, and individual activity coaches and sponsors.

**Violations**

A student may lose eligibility under the Good Conduct Rule for any of the following behaviors: possession, use, or purchase of tobacco products, regardless of the student's age; possession, use, or purchase of alcoholic beverages, including beer and wine (having the odor of alcohol on one's breath is evidence of "use"); possession, use, purchase, or attempted sale/purchase of illegal drugs, or the unauthorized possession, use, purchase, or attempted sale/purchase of otherwise lawful drugs; engaging in any act that would be grounds for arrest or citation in the criminal or juvenile court system (excluding minor offenses such as traffic or hunting/fishing, violations), regardless of whether the student was cited, arrested, convicted, or adjudicated for the act(s); exceedingly inappropriate or offensive conduct such as serious hazing or harassment of others. NOTE: This could include group conduct.

**Consequences**

A participant in the activities program found to be in violation of the Good Conduct Rule shall suffer the following consequences:

**First Offense**

The student shall be declared ineligible for one-third (1/3) of the interscholastic program(s) he/she is currently participating in. If the student is not participating in an interscholastic program when the violation occurs, ineligibility shall be for the next interscholastic program in which the student is a bona fide competitor.

**Second Offense**

The student shall be declared ineligible for two-thirds (2/3) of the interscholastic program(s) he/she is currently participating in. If the student is not participating in an interscholastic program when the violation occurs, ineligibility shall be for the next interscholastic program in which the student is a bona fide competitor.

**Third Offense**

The student shall be declared ineligible for 12 months from all interscholastic programs. Additionally, students will no longer be eligible to participate in; FFA, FCCLA, FBLA

**Student Name (Please Print)**

**Grade:** \_\_\_\_\_

**Academic / Attendance Requirements**

The following eligibility standards have been adopted by the Iowa High School Athletic Association, Iowa Girls High School Athletic Union, and Waukon Jr. / Sr. High Schools.

**Academic Performance:**

A student must receive credit in at least 4 subjects at all times. A student must pass all subjects and make adequate progress toward graduation. A student must be passing all classes at check points to remain eligible for participation in the activities program. Poor classroom conduct can result in suspension from an activity.

**School Attendance:**

Students who are absent during any portion of the school day are ineligible for participation in any part of the activities program on the day of the absence unless the absence is **pre-approved** by principal's office personnel. Typically the only approved absences are those that involve a family emergency or medical appointment – a doctor's note is required upon return to school.

**Student Insurance**

The school district does not purchase accident insurance to cover injuries incurred by students at school. All families are encouraged to have accident coverage on their children prior to participation in any sport or school sponsored activity. A student insurance program is available to families in need of coverage. If a family chooses the plan available through the school, it assumes responsibility for completion of necessary paperwork during the annual August registration period.

**Please place an X by the statement below that best describes the insurance plan for the student in question.**

\_\_\_\_\_ The student will enroll in the plan offered by Student Assurance Services.

\_\_\_\_\_ The student has adequate insurance coverage and; therefore, will not enroll in the plan offered by Student Assurances Services.

A family is responsible for notifying the school of any insurance coverage changes throughout the school year.

**Activities Program Eligibility Agreement**

In signing below, we are confident that all conditions necessary for activities program eligibility have been fulfilled. The student has completed the athletic physical, agrees to the terms of the Good Conduct Rule, understands the academic & attendance requirements, and has proper insurance coverage. Hence, the student has permission to participate in the activities program at Waukon Jr. / Sr. High for the 2011-2012 school year.

\_\_\_\_\_  
(Student signature) (Date)

\_\_\_\_\_  
(Parent signature) (Date)