



## PHYSICAL EXAMINATION AND PARENT PERMIT FOR ATHLETIC PARTICIPATION - PART I

I hereby certify that I have examined \_\_\_\_\_ and that the student was found physically fit to engage in high school sports (except as listed on back).

Student's birth date \_\_\_\_\_ Exp. Date (good for 365 days) \_\_\_\_\_

### PARENT OR GUARDIAN PERMIT

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC INJURY.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

**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 and understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.** By signing this form it allows my students medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.

I hereby give my consent for \_\_\_\_\_ to compete in athletics for \_\_\_\_\_ High School in Colorado High School Activities Association approved sports, except as listed on back, and I have read and understand the general guidelines for eligibility as outlined in the CHSAA *Competitor's Brochure*.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read, understand and agree to the General Eligibility Guidelines as outlined in the CHSAA *Competitor's Brochure*.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

No student shall represent their school in interschool athletics until there is a statement on file with the superintendent or principal signed by his/her parent or legal guardian and a signed physical form certifying that he/she has passed an adequate physical examination within the past year, noting that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, is physically fit to participate in high school athletics; that student has the consent of his/her parents or legal guardian to participate; and, the parent and participant have read, understand and agree to the CHSAA guidelines for eligibility.

**NOTE:** It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician, physician assistant, or nurse practitioner.

If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

**NOTE:** The CHSAA urges an adequate physical examination be given when a student athlete changes levels of competition, i.e. Little League to Middle School, Middle School to High School.

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.

NO	YES	NO	YES	NO	YES
1.	<input type="checkbox"/>	1.	<input type="checkbox"/>	32.	<input type="checkbox"/>
2.	<input type="checkbox"/>	2.	<input type="checkbox"/>	33.	<input type="checkbox"/>
3.	<input type="checkbox"/>	3.	<input type="checkbox"/>	34.	<input type="checkbox"/>
4.	<input type="checkbox"/>	4.	<input type="checkbox"/>	35.	<input type="checkbox"/>
5.	<input type="checkbox"/>	5.	<input type="checkbox"/>	36.	<input type="checkbox"/>
6.	<input type="checkbox"/>	6.	<input type="checkbox"/>	37.	<input type="checkbox"/>
7.	<input type="checkbox"/>	7.	<input type="checkbox"/>	38.	<input type="checkbox"/>
8.	<input type="checkbox"/>	8.	<input type="checkbox"/>	39.	<input type="checkbox"/>
9.	<input type="checkbox"/>	9.	<input type="checkbox"/>	40.	<input type="checkbox"/>
10.	<input type="checkbox"/>	10.	<input type="checkbox"/>	41.	<input type="checkbox"/>
11.	<input type="checkbox"/>	11.	<input type="checkbox"/>	42.	<input type="checkbox"/>
12.	<input type="checkbox"/>	12.	<input type="checkbox"/>	43.	<input type="checkbox"/>
13.	<input type="checkbox"/>	13.	<input type="checkbox"/>	44.	<input type="checkbox"/>
14.	<input type="checkbox"/>	14.	<input type="checkbox"/>	45.	<input type="checkbox"/>
15.	<input type="checkbox"/>	15.	<input type="checkbox"/>	46.	<input type="checkbox"/>
16.	<input type="checkbox"/>	16.	<input type="checkbox"/>	47.	<input type="checkbox"/>
17.	<input type="checkbox"/>	17.	<input type="checkbox"/>	48.	<input type="checkbox"/>
18.	<input type="checkbox"/>	18.	<input type="checkbox"/>	49.	<input type="checkbox"/>
19.	<input type="checkbox"/>	19.	<input type="checkbox"/>	50.	<input type="checkbox"/>
20.	<input type="checkbox"/>	20.	<input type="checkbox"/>	51.	<input type="checkbox"/>
21.	<input type="checkbox"/>	21.	<input type="checkbox"/>	52.	<input type="checkbox"/>
22.	<input type="checkbox"/>	22.	<input type="checkbox"/>	53.	<input type="checkbox"/>
23.	<input type="checkbox"/>	23.	<input type="checkbox"/>	54.	<input type="checkbox"/>
24.	<input type="checkbox"/>	24.	<input type="checkbox"/>	55.	<input type="checkbox"/>
25.	<input type="checkbox"/>	25.	<input type="checkbox"/>	56.	<input type="checkbox"/>
26.	<input type="checkbox"/>	26.	<input type="checkbox"/>	57.	<input type="checkbox"/>
27.	<input type="checkbox"/>	27.	<input type="checkbox"/>		
28.	<input type="checkbox"/>	28.	<input type="checkbox"/>		
29.	<input type="checkbox"/>	29.	<input type="checkbox"/>		
30.	<input type="checkbox"/>	30.	<input type="checkbox"/>		
31.	<input type="checkbox"/>	31.	<input type="checkbox"/>		

Parent/Guardian Signature: \_\_\_\_\_  
 Athlete's Signature: \_\_\_\_\_

PART III -- PHYSICAL EXAMINATION

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
 HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_  
 BP: \_\_\_\_\_  
 \*Tanner Stage or Maturation Index? (males only): \_\_\_\_\_  
 \*Percent Body Fat: \_\_\_\_\_  
 \*Audiogram \_\_\_\_\_  
 \*Vision: Corrected: (L) \_\_\_\_\_ (R) \_\_\_\_\_ (Both) \_\_\_\_\_  
 Uncorrected: (L) \_\_\_\_\_ (R) \_\_\_\_\_ (Both) \_\_\_\_\_

	N	Abnormal		N	Abnormal
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Cervical Spine/neck	<input type="checkbox"/>	<input type="checkbox"/>
Ears	<input type="checkbox"/>	<input type="checkbox"/>	Back	<input type="checkbox"/>	<input type="checkbox"/>
Nose	<input type="checkbox"/>	<input type="checkbox"/>	Shoulders	<input type="checkbox"/>	<input type="checkbox"/>
Throat	<input type="checkbox"/>	<input type="checkbox"/>	Arm/elbow/wrist/hand	<input type="checkbox"/>	<input type="checkbox"/>
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Knees/hips	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Ankles/feet	<input type="checkbox"/>	<input type="checkbox"/>
Lymphatic	<input type="checkbox"/>	<input type="checkbox"/>	Marfan Screen	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	*Urine	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	*Hemoglobin or HCT and or iron stores	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral pulses	<input type="checkbox"/>	<input type="checkbox"/>	^Echocardiogram	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	^Neurophys. Testing	<input type="checkbox"/>	<input type="checkbox"/>
Genitalia/hernia (male only)	<input type="checkbox"/>	<input type="checkbox"/>	^Pelvic Examination	<input type="checkbox"/>	<input type="checkbox"/>

\*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 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 monitoring during early conditioning because of weight/fitness/other
- Recommend restrictions or monitoring of weight loss or gain
- Other: Reason(s): \_\_\_\_\_

MD/DO, PA, NP, DE-SPC#, Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
 Date of Examination: \_\_\_\_\_  
 NAME OF PHYSICIAN/PA/NURSE PRACTITIONER/CERTIFIED-REGISTERED CHIROPRACTOR and degree: (print): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_