

Preparticipation Physical Evaluation - History Form

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of Birth: _____ Sex: _____

Date of Examination: _____ Sport(s): _____

List past and current medical conditions: _____

 Have you ever had surgery? If yes, list all past surgical procedures: _____

 Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional): _____

 Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects): _____

General Questions. Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
Heart Health Questions About You	Yes	No
4. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography.		
9. Do you get lightheaded or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
Health Questions About Your Family	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car accident)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35?		
Bone and Joint Questions	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a game or practice?		
15. Do you have a bone, muscle, ligament or joint injury that bothers you?		

Medical Questions	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, tingling, or weakness in your arms or leg, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special Diet or do you avoid certain types of foods?		
28. Have you ever had an eating disorder?		
Females Only	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain a "Yes" answer here: _____

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date _____

Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

Name (please print) _____

As a parent or legal guardian of the above named student-athlete. I give permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Signature of Athlete _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

Mild Traumatic Brain Injury (MTBI) / Concussion Annual Statement and Acknowledgement Form for Student-Athletes

I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the appropriate school staff (e.g., coaches, athletic training staff, and school nurse). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I/we acknowledge:

- My school has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion/HeadsUp/youth.html>) on what a concussion is and the signs and symptoms.
- I/We have fully disclosed to the school medical staff any prior mild traumatic brain injuries (MTBI)/concussions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I/We am/are responsible for reporting to the coach, athletic trainer, school nurse, or other appropriate school medical staff member.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I will make every effort to report the injury to the appropriate school staff and/or school medical staff member.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- I understand return to play following a head injury requires following a graduated return to play protocol.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student-athlete must print their name, then sign and date below:

Print athlete's name: _____

Signature: _____ Date: _____

Parent/guardian must print their name, then sign and date below:

Print parent/guardian's name: _____

Signature: _____ Date: _____

2018-2019 School District of Newberry County

Concussion Management Plan

EDUCATION & ACKNOWLEDGEMENT

- The concussion fact sheet will be available as a part of the education process of athletes and their parents. Before being allowed to participate, all School District of Newberry County athletes and their parents must read the concussion fact sheet and sign the concussion awareness statement. By signing this statement, they acknowledge that they have read and understand the information and that it is their responsibility to report injury and illnesses to a staff athletic trainer, including signs and symptoms of a concussion.
- All School District of Newberry County coaches will complete the National Federation of High Schools course “**Concussion in Sports: What You Need to Know**” in accordance with South Carolina High School League rules.
- Coaches are not expected to “diagnose” a concussion. Each member of the athletic department staff should be aware of the signs, symptoms and behaviors of a possible concussion. If it is suspected that the athlete may have a concussion, then the athlete must be removed from all physical activity.
- When an athlete is concussed, an attempt to contact his/her parent will be made as soon as possible. Both parent and athlete should have further education in concussion management, including but not limited to the “Athlete Information” portion of the SCAT5 form and/or individual advice from the athletic training staff on concussion signs, symptoms and care.

EVALUATION

- Any athlete experiencing symptoms should report them to the athletic training staff as soon as possible.
- Any athlete exhibiting signs, symptoms or behaviors consistent with concussion shall be removed from athletic activities by an athletic trainer (or coach in the absence of the athletic trainer) and evaluated by a medical staff member (staff athletic trainer or team physician) as soon as possible.
- A physical examination using a battery of neurological tests will be performed by a staff athletic trainer as soon possible after the time of injury for all athletes exhibiting signs, symptoms or behaviors consistent with concussion.
- All concussed athletes should be evaluated by a team physician, or the physician of the parent’s choice trained in concussion management.
- A concussed athlete should regularly report to the athletic training room for assessment of symptoms (ideally each school day). In the instance the concussed athlete is a middle school student, the assessments will be provided by the school nurse if transportation is a problem until the athlete is asymptomatic.

RETURN TO PLAY CRITERIA

- Upon knowledge of a concussion, the concussed athlete will NOT return to play the same day.
- All concussed student athletes must be cleared by a physician trained in concussion management.
- Once a concussed athlete is asymptomatic the athlete will complete stepwise exertional testing over several days as described in the Zurich Consensus Statement. Upon successful completion of the stepwise program without recurring symptoms, the athlete may return to play.

<i>Day 1 – light aerobic exercise</i>	<i>Day 4 – sports-specific practice</i>
<i>Day 2 – moderate aerobic exercise</i>	<i>Day 5 – full contact practice</i>
<i>Day 3 – heavy non-contact activity</i>	<i>Day 6 – return to competition</i>

Note: If the athlete experiences post-concussion symptoms during any phase, the athlete should drop back to the previous asymptomatic level and resume the progression after 24 hours.

- In the event that a symptomatic athlete is cleared by a physician, the athlete will not return to play until the return to play protocol outlined in the consensus statement is followed and passed.

OTHER CONSIDERATIONS

- The school nurse will be notified by a staff athletic trainer of a concussed athlete. The school nurse will notify the athlete’s guidance counselor, and a notification will be made to the athlete’s teachers. A concussion fact sheet and/or a list of classroom accommodations will be provided as needed.
- This plan will be updated and reviewed annually, or as new standards of care become available.

A FACT SHEET FOR High School Athletes



This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

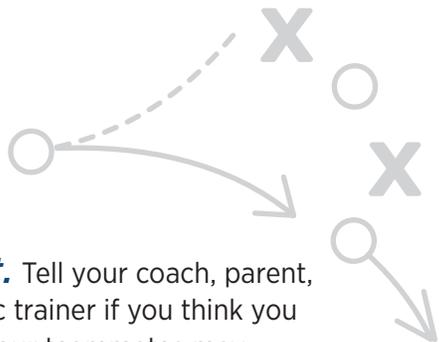
WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

What Should I Do If I Think I Have a Concussion?



Report It. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. It's up to you to report your symptoms. Your coach and team are relying on you. Plus, you won't play your best if you are not feeling well.



Get Checked Out. If you think you have a concussion, do not return to play on the day of the injury. Only a healthcare provider can tell whether you have a concussion and when it is OK to return to school and play. The sooner you get checked out, the sooner you may be able to safely return to play.



Give Your Brain Time to Heal.

A concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.

Why Should I Tell My Coach and Parent About My Symptoms?



- Playing or practicing with a concussion is dangerous and can lead to a longer recovery.
- While your brain is still healing, you are much more likely to have another concussion. This can put you at risk for a more serious injury to your brain and can even be fatal.

GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.



cdc.gov/HEADSUP

How Can I Tell If I Have a Concussion?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:

-  **Get a headache**
-  **Feel dizzy, sluggish, or foggy**
-  **Are bothered by light or noise**
-  **Have double or blurry vision**
-  **Vomit or feel sick to your stomach**
-  **Have trouble focusing or problems remembering**
-  **Feel more emotional or “down”**
-  **Feel confused**
-  **Have problems with sleep**

Concussion symptoms usually show up right away, but you might not notice that something “isn’t right” for hours or days. A concussion feels different to each person, so it is important to tell your parents and doctor how you are feeling.

How Can I Help My Team?



Protect Your Brain.

Avoid hits to the head and follow the rules for safe and fair play to lower your chances of getting a concussion. Ask your coaches for more tips.



Be a Team Player.

You play an important role as part of a team. Encourage your teammates to report their symptoms and help them feel comfortable taking the time they need to get better.

The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.

Revised January 2019

To learn more,
go to cdc.gov/HEADSUP



A FACT SHEET FOR High School Parents



This sheet has information to help protect your teens from concussion or other serious brain injury.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Teens Safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

Talk with your teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*

How Can I Spot a Possible Concussion?

Teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don't feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the 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* or *after* a hit or fall

Symptoms Reported by Teens

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not “feeling right,” or “feeling down”

**GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**



cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH TEEN DIFFERENTLY.

While most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



Plan ahead. What do you want your teen to know about concussion?

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1, or take your teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a teen for a lifetime. It can even be fatal.



What Should I Do If My Teen Has a Possible Concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your teen's healthcare provider for written instructions on helping your teen return to school. You can give the instructions to your teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

Revised January 2019

To learn more,
go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



Hoja informativa para **PADRES DE ESTUDIANTES DE ESCUELA SECUNDARIA**



Esta hoja contiene información para ayudarle a proteger a los adolescentes de una conmoción cerebral u otra lesión cerebral grave.

¿Qué es una conmoción cerebral?

Una conmoción cerebral es un tipo de lesión cerebral traumática o TBI (por sus siglas en inglés) causada por un golpe, impacto o sacudida en la cabeza o por un golpe en el cuerpo que hace que la cabeza y el cerebro se muevan rápida y repentinamente hacia adelante y hacia atrás. Este movimiento rápido puede hacer que el cerebro rebote o gire dentro del cráneo y provoque cambios químicos en el cerebro, y a veces hace que las células cerebrales se estiren y se dañen.

¿Cómo puedo mantener a mi hijo adolescente a salvo?

Los deportes son una buena manera para que los adolescentes se mantengan saludables y los ayudan a que les vaya bien en la escuela. Para ayudar a reducir la probabilidad de que su hijo adolescente tenga una conmoción cerebral, usted debe:

- Ayudar a crear una cultura de seguridad para el equipo.
 - › Junto con el entrenador, enséñele maneras de disminuir las probabilidades de sufrir una conmoción cerebral.
 - › Ponga énfasis en la importancia de notificar las conmociones cerebrales y tomarse el tiempo para recuperarse de estas.
 - › Asegúrese de que siga las reglas de seguridad del entrenador y las reglas del deporte.
 - › Explíquelo a su hijo adolescente que espera que mantenga el espíritu deportivo en todo momento.
- Cuando sea adecuado para el deporte o la actividad, enséñele a que debe usar un casco para disminuir su probabilidad de sufrir los tipos más graves de lesiones en la cabeza o el cerebro. No existe un casco "a prueba" de lesiones cerebrales. Incluso con un casco, es importante que los adolescentes eviten golpes en la cabeza.

¿Cómo puedo indentificar una posible conmoción cerebral?

Los adolescentes que muestran o notifican uno o más signos y síntomas enumerados a continuación, o simplemente dicen que no se "sienten del todo bien" después de un golpe, impacto o sacudida en la cabeza o el cuerpo, podrían tener una comoción cerebral u otra lesión cerebral grave.

Signos observados por los padres

- Parece estar aturdido o desorientado.
- Se olvida de una instrucción, está confundido sobre su deber o posición, o no está seguro del juego, puntaje u de quién es su oponente.
- Se mueve con torpeza.
- Responde a las preguntas con lentitud.
- Pierde el conocimiento (*aunque sea por poco tiempo*).
- Muestra cambios de ánimo, comportamiento o personalidad.
- No puede recordar eventos *antes* o *después* de un golpe o una caída.

Síntomas reportados por los adolescentes

- Dolor de cabeza o "presión" en la cabeza.
- Náuseas o vómitos.
- Problemas de equilibrio o mareo, o visión borrosa o doble.
- Sensibilidad a la luz o al ruido.
- Se siente débil, desorientado, aturdido o grogui.
- Confusión o problemas de concentración o memoria.
- No se siente "del todo bien" o está "bajoneado".

Hable con los adolescentes sobre las conmociones cerebrales. Pídales que notifiquen sus síntomas de conmoción cerebral de inmediato tanto a usted como al entrenador. Algunos adolescentes piensan que las conmociones cerebrales no son graves o les preocupa que si notifican la conmoción cerebral pueden perder su posición en el equipo o verse débiles. Recuérdeles que es preferible perderse un juego que toda la temporada.



Centers for Disease
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National Center for Injury
Prevention and Control

**LOS BUENOS COMPAÑEROS SABEN QUE:
ES MEJOR PERDERSE UN JUEGO QUE TODA LA TEMPORADA.**

Las conmociones cerebrales afectan a cada adolescente de manera diferente. Mientras que la mayoría de los adolescentes con una conmoción cerebral se sienten mejor después de un par de semanas, algunos tienen síntomas que duran meses o más tiempo. Hable con el proveedor de atención médica de su adolescente si los síntomas no desaparecen o si empeoran después de que regresa a las actividades normales.



Planifique.

¿Qué quiere que su hijo adolescente sepa sobre las conmociones cerebrales?

¿Cuáles son algunos signos de peligro más graves a los que debo prestar atención?

En raras ocasiones, después de un golpe, impacto o sacudida en la cabeza o en el cuerpo puede acumularse sangre (hematoma) de forma peligrosa en el cerebro y ejercer presión contra el cráneo. Llame al 9-1-1 o lleve a su hijo adolescente a la sala de urgencias de inmediato si después de un golpe, impacto o sacudida en la cabeza o el cuerpo, presenta uno o más de estos signos de riesgo:

- Una pupila más grande que la otra.
- Mareo o no puede despertarse.
- Dolor de cabeza persistente y que además empeora.
- Dificultad de dicción, debilidad, entumecimiento o menor coordinación.
- Náuseas o vómitos, convulsiones o ataques (temblores o espasmos) periódicos.
- Comportamiento inusual, mayor confusión, inquietud o nerviosismo.
- Pérdida del conocimiento (desmayado o inconsciente). Incluso una breve pérdida del conocimiento debe considerarse como algo serio.



Usted también puede descargar la aplicación de CDC **HEADS UP** (en inglés) para obtener información a su alcance sobre las conmociones cerebrales. Simplemente scanee con su teléfono celular inteligente el código QR de la imagen a la izquierda.

¿Qué debo hacer si creo que mi hijo adolescente tiene una posible conmoción cerebral?

Como padre, si usted cree que su hijo puede tener una conmoción cerebral, usted debe:

1. Retirarlo del juego.
2. No permitir que regrese a jugar el día de la lesión. Su adolescente debe ver a un proveedor de atención médica y solo podrá regresar a jugar con el permiso de un profesional médico con experiencia en la evaluación de conmociones cerebrales.
3. Pedirle al proveedor de atención médica de su adolescente que le dé instrucciones por escrito sobre cómo ayudarlo a que regrese a la escuela. Usted puede darle indicaciones a la enfermera de la escuela e instrucciones sobre cómo regresar al juego al entrenador o instructor deportivo.

No trate usted mismo de juzgar la gravedad de la lesión. Solo un proveedor de atención médica debe evaluar a un adolescente de una posible conmoción cerebral. Es posible que al principio usted no sepa qué tan grave es la conmoción cerebral y algunos síntomas pueden tardar horas o días en aparecer. El regreso del adolescente a la escuela y los deportes debe ser un proceso gradual manejado y vigilado por un proveedor de atención médica.

➤ **Los adolescentes que continúan jugando mientras tienen síntomas de conmoción cerebral o que regresan al juego muy temprano, mientras el cerebro todavía se está curando, tienen mayor probabilidad de tener otra conmoción cerebral. Tener otra conmoción cerebral que ocurra mientras el cerebro todavía se está curando de la primera lesión puede ser muy grave y puede afectar al adolescente de por vida; hasta puede ser mortal.**

Febrero del 2016



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

Para obtener más información, visite:

www.cdc.gov/headsup/youthsports/index-esp.html