



Wayne Township Middle School Athletic Physical Form Check-list



ALL FORMS MUST BE COMPLETED IN ORDER TO BE ELIGIBLE
FOR WAYNE TOWNSHIP ATHLETIC PARTICIPATION

Check-list of Items Needed:

- IHSAA Health History Update Questionnaire (Attached in this packet or can be completed online: <https://waynetownship.rankonesport.com/New/NewParentLogin.aspx>)
- 2020-21 IHSAA History & Physical Form (Total of 3 pages)
 - ALL 2019-20 Physical Exams are valid for the 2020-21 school year IF the physical was dated AFTER April 1st, 2019, AND the athlete answered "NO" to all questions in the IHSAA Health History Questionnaire.
- RankOne LHC Online Signature Forms
(<https://waynetownship.rankonesport.com/New/NewParentLogin.aspx>)

For any questions on these documents or if you would like to check on an athletes status please email your school's athletic trainer.

Additional Athletic Information

Lynhurst:

Athletic Director Contact:

andrew.aspaas@wayne.k12.in.us

Athletic Trainer Contact:

ashley.lewandowski@wayne.k12.in.us

LHC Athletic's Website:

<https://lhc.wayne.k12.in.us/athletic-participation-information/>

Chapel Hill:

Athletic Director Contact:

brian.kendall@wayne.k12.in.us

Athletic Trainer Contact:

logan.armstrong@wayne.k12.in.us

CHC Athletic's Website:

<https://chc.wayne.k12.in.us/athletic-information/>

Giants MS Athletic Training Google Classroom Code: 3threb7



Wayne Township Middle School Athletic Information 2020-21



WE ARE WAYNE

Fall Sports Physical Turn In Days July 20th @ CHC and July 21st @ LHC 4-6pm

Athletes may attend either day even if they will not be going to that school to get questions answered and turn in paperwork.

Fall Sports (2020)

Football Equipment Only (7th & 8th): August 10th, 5-7pm

Football First Practice (7th & 8th): August 11th, 5:00-7:00pm

Final day to join Football – August 21st, 2020

Cross Country (Boys & Girls): August 17th, 4:15-5:30pm

Final day to join Cross Country – August 21st, 2020

Volleyball Tryouts (7th & 8th): August 17th, 4:15-6:00pm

Soccer Tryouts (Boys & Girls): August 17th, 4:15-6:00pm

Golf Meeting (Girls Only): August 19th, 5pm @ Chapel Hill

Tennis (Boys Only): August 17th, 4:15-6:00pm

Final day to join Tennis – August 21st, 2020

Cheerleading Tryouts (Football): August 17th, TBD

Indiana High School Athletic Association, Inc.

2020-21 HEALTH HISTORY UPDATE
QUESTIONNAIRE
And
CONSENT & RELEASE CERTIFICATE



HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School: _____

To participate in Practices and Contests in IHSAA Recognized Sports during the 2020-21 school year on a school-sponsored team, a student who had a prior pre-participation physical examination completed and such examination was completed more than 90 days prior to the first day of official Practice for the student’s sport, may, in lieu of having a 2020-21 Pre-Participation Physical Examination form completed, provide this Health History Update Questionnaire, completed and signed by the student’s parent or guardian, or by the emancipated student. Provided, should any question on this Questionnaire be answered in the affirmative (‘Yes’), then the student must have a 2020-21 Pre-Participation Physical Examination form completed.

Student _____ Age _____ Grade _____

Date of Last IHSAA Pre-Participation Physical Examination _____

Since the last pre-participation physical examination, has your son/daughter:

- 1. Been medically advised not to participate in a sport? Yes ___ No ___
- 2. Been diagnosed with COVID-19? Yes ___ No ___
- 3. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes ___ No ___
- 4. Fainted or “blacked out?” Yes ___ No ___
- 5. Experienced chest pains, shortness of breath, “racing heart” or had any heart issues? Yes ___ No ___
- 6. Had a history of unusual fatigue or unusual tiredness? Yes ___ No ___
- 7. Been hospitalized or had surgery? Yes ___ No ___

Undersigned, a parent of a student, a guardian of a student or an emancipated student, verifies the information in this Questionnaire, acknowledges that a 2020-21 pre-participation physical examination (rule 3-10) is not required for a student who had a 2019-2020 Pre-Participation Physical Examination form completed, and with such knowledge, has elected not to have the student undergo a pre-participation physical examination and has assumed all responsibility for student’s participation in Practices for and in Contests in IHSAA Recognized Sports during the 2020-21 school year without having a pre-participation physical examination.

Date: _____ Parent/Guardian/Emancipated Student (X) _____

Printed _____

PREPARTICIPATION PHYSICAL HISTORY FORM



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

Name: _____ Date of birth: _____

Date of examination: _____ Grade: _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

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). _____

Are your required vaccinations current? _____

Patient Health Questionnaire Version 4 (PHQ-4)

Overall, during the last 2 weeks, how often have you been bothered by any of the following problems? (Circle Response.)

| | Not at all | Several Days | Over half the days | Nearly every day |
|---|------------|--------------|--------------------|------------------|
| Feeling nervous, anxious, or on edge | 0 | 1 | 2 | 3 |
| Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

| GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.) | Yes | No | HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED) | Yes | No |
|--|-----|----|--|-----|----|
| 1. Do you have any concerns that you would like to discuss with your provider? | | | 9. Do you get light-headed or feel shorter of breath than your friends during exercise? | | |
| 2. Has a provider ever denied or restricted your participation in sports for any reason? | | | 10. Have you ever had a seizure? | | |
| 3. Do you have any ongoing medical issues or recent illness? | | | HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | Yes | No |
| HEART HEALTH QUESTIONS ABOUT YOU | Yes | No | 11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)? | | |
| 4. Have you ever passed out or nearly passed out during or after exercise? | | | 12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic poly-morphic ventricular tachycardia (CPVT)? | | |
| 5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | | 13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35? | | |
| 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 requested a test for your heart? For example, electrocardiography (ECG) or echocardiography. | | | | | |

| 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 practice or game? | | |
| 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 had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? | | |
| 21. Have you ever had numbness, tingling, weakness in your arms or legs, 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 does 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? | | |

| MEDICAL QUESTIONS (CONTINUED) | Yes | No |
|--|-----|----|
| 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 food and food groups? | | |
| 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 "Yes" answers 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: _____

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PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3-10

Name _____ Date of Birth _____ Grade _____ IHSAA Member School _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the last 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or use any other appearance/performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?



- Consider reviewing questions on cardiovascular symptoms (questions 5-14)

| EXAMINATION | | | | | |
|---|--------|---|-----------------------------|----------------|-------------------|
| Height | Weight | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| BP / (/) | Pulse | Vision R 20/ | L 20/ | Corrected? Y N | |
| MEDICAL | NORMAL | ABNORMAL FINDINGS | | | |
| Appearance | | | | | |
| • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) | | | | | |
| Eyes/ears/nose/throat | | | | | |
| • Pupils equal | | | | | |
| • Hearing | | | | | |
| Lymphnodes | | | | | |
| Heart | | | | | |
| • Murmurs (auscultation standing, supine, +/- Valsalva) | | | | | |
| • Location of point of maximal impulse (PMI) | | | | | |
| Pulses | | | | | |
| • Simultaneous femoral and radial pulses | | | | | |
| Lungs | | | | | |
| Abdomen | | | | | |
| Genitourinary (males only) | | | | | |
| Skin | | | | | |
| • MSV, lesions suggestive of MRSA, tinea corporis | | | | | |
| Neurologic | | | | | |
| MUSCULOSKELETAL | | | | | |
| | NORMAL | ABNORMAL FINDINGS | | NORMAL | ABNORMAL FINDINGS |
| Neck | | | Knee | | |
| Back | | | Leg/ankle | | |
| Shoulder/arm | | | Foot/toes | | |
| Elbow/forearm | | | Functional | | |
| Wrist/hand/fingers | | | • Duck-walk, single leg hop | | |
| Hip/thigh | | | | | |

Cleared for all sports without restriction
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
 Not cleared
 Pending further evaluation
 For any sports
 Reason _____
 Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Health Care Professional (print/type) _____ Date _____
 Address _____ Phone _____ License # _____
 Signature of Health Care Professional _____, MD, DO, PA, or NP (Circle one)