■ 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: _____

Date of examination: _____ Sport(s): _____

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).

_____

_____

Patient Health Questionnaire Version 4 (PHQ-4)

Over 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
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 requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (*CONTINUED*)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART 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 years (including drowning or unexplained car crash)?		
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 polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an 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 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, had tingling, had 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 foods or 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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■ PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here.

_____

_____

_____

Please indicate whether you have ever had any of the following conditions:

	Yes	No
Atlantoaxial instability		
Radiographic (x-ray) evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

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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■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

1. 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, e-cigarettes, chewing tobacco, snuff, or dip?
   - During the past 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 used any other performance-enhancing 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?
2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: Weight:		
BP: / (/) Pulse: Vision: R 20/ L 20/ Corrected: ☐ Y ☐ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart[a] • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant *Staphylococcus aureus* (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a comination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

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I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for the purposes of participation in athletics and activities.

Parent or Legal Guardian Signature _____ *Date* _____

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

_____

_____

☐ Medically eligible for certain sports

_____

_____

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

_____

_____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

_____

_____

Medications: _____

_____

_____

Other information: _____

_____

_____

Emergency contacts: _____

_____

_____

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To be completed for students participating in any NSAA activities.

Student and Parent Consent Form

School Year: 20_____-20_____
Member School: _____
Name of Student: _____
Date of Birth: _____ Place of Birth: _____

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above named Student and are collectively referred to as "Parent".

The Parent and Student hereby:
(1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;

(2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; and, (d) even the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;

(3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,

(4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

(5) Consent and agree to authorize licensed sports injury personnel to evaluate and treat any injury or illness that occurs during the student's participation in NSAA activities. This includes all reasonable and necessary preventive care, treatment and rehabilitation for these injuries. This would also include transportation of the student to a medical facility if necessary. Such licensed sports injury personnel are independent providers and are not employed by the NSAA.

(6) Acknowledge that Parents are obligated to pay for professional medical and/or related services; the NSAA shall not be liable for payment of such services. We give permission to any and all of the Student's health care providers and the NSAA and its employees, staff, agents, and consultants to release and discuss all records and information about the Student including otherwise confidential medical information and records. We understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, or emergency.

I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

_____ _____ _____
Name of Student [Print Name] Student Signature Date

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (2) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for _____[insert student name] to practice and compete for the above named high school in activities approved by the NSAA, **except those crossed out below:**

Baseball	Golf	Tennis	Play Production	Basketball	Swimming/Diving
Track	Football	Speech	Cross Country	Soccer	Volleyball
Music	Unified Bowling	Softball	Wrestling	Debate	Journalism

_____ _____ _____
Parent [Print Name] Parent Signature Date

Revised July 2018

EXHIBIT A
to
Athletic Trainer Services Agreement

[This document may be included with a School District consent to participate in athletics document]

CONSENT FOR TREATMENT

I hereby authorize certified athletic trainers acting on behalf of Faith Regional Health Services to evaluate and treat any injury that occurs as a result of my participation in athletics at the School District. This includes all reasonable and necessary preventive care, treatment and rehabilitation for these injuries.

_____ _____
Printed Parent/Guardian Name Date

_____
Signature of Parent/Guardian

Notice of Privacy Practices

I hereby acknowledge receipt of the Faith Regional Health Services Notice of Privacy Practices.

_____ _____
Printed Parent/Guardian Name Date

_____
Signature of Parent/Guardian

EXHIBIT B
to
Athletic Trainer Services Agreement

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Name: _____

D.O.B.: _____ Address: _____

Phone: _____

I hereby authorize Faith Regional Health Services (the "Hospital") to disclose to School District's athletic coaches and/or other School District officials my protected health information created or obtained by the Hospital in the course of conducting an injury clinic and athletic training services. This disclosure is made at my request. The Hospital may disclose any and all information which it has created or obtained regarding my care at such injury clinic or through the athletic training services.

***I understand and acknowledge that*:**

1. I can revoke this Authorization at any time by giving my written revocation to the Hospital at the following address: Faith Regional Health Services, 1500 Koenigstein Avenue, Norfolk, Nebraska 68701. My revocation is not effective as to disclosures already made and actions already taken in reliance upon this Authorization.

2. The Hospital may NOT condition treatment, enrollment, or eligibility for benefits on whether I sign this Authorization.

3. I am authorizing disclosure of information protected under federal law. This information, once disclosed, may be subject to re-disclosure by the recipient and no longer be protected by state or federal law.

4. This Authorization is effective for 12 months after the date it was signed.

A photocopy or exact reproduction of this signed Authorization shall have the same force and effect as the original.

_____ _____
Printed Parent/Guardian Name Date

_____
Signature of Parent/Guardian

NORFOLK, NEBRASKA
STUDENTS' RIGHTS AND RESPONSIBILITIES IN EXTRACURRICULAR ACTIVITIES
August, 2019

The following rights and responsibilities are designed to strengthen self-discipline, to enhance physical and mental conditioning, to improve the health of the participant, and to provide due process to protect all students participating in extracurricular activities while attending the Norfolk Public Schools. It is the belief of the Norfolk Public Schools that students participating in activities should be held to a higher standard.

All students in grades 9 - 12 may be excluded from participation in extracurricular activities for the following infractions:

- Conduct constituting grounds for suspension or expulsion from the academic program as established in board policy.
- Any other violation of rules or standards of behavior under this policy.

Such exclusion shall be made only after the building administrator has made an investigation of the alleged conduct or violation and has determined that the student is guilty of the rules or standards of behavior contained in this policy. Before the exclusion(s) shall take effect, the student shall be given oral or written notice of the charges, an explanation of the evidence the authorities have, and an opportunity to present his/her version of the incident.

Activities Covered

All students engaged in activities, such as:

- Interscholastic activities, including but not limited to, speech, debate, band, choir, orchestra, DECA, FFA, FBLA, and athletics;
- Elected to a position of responsibility, including but not limited to, class officer, student council, or position of responsibility in any school activity;
- Representing the school in all school sponsored activities, including but not limited to, drama, Pink Panthers, band, and cheerleaders; or
- Honor Positions, including but not limited to Homecoming, Winter Royalty, and Prom will be governed by the following rules.

These rules apply to student conduct during the entire calendar year. If a student violates one or more of these rules, he/she shall be subject to discipline as described in this policy.

Eligibility

In order to compete in Nebraska School Activities Association sanctioned activities, and all school sponsored activities, students must:

- Successfully complete 20 academic credits the prior semester and,
- Be enrolled in 20 academic credits during the current semester.

Rules/Standards

The following rules and standards concerning student conduct for extracurricular activities are established to assist the Norfolk Public Schools in carrying out the function of the activity. The infractions are:

1. Possess, use, be under the influence of, sell or distribute alcohol or illegal drugs or possess drug paraphernalia.
    a. In alcohol/drug related incidents, school administration shall recommend to families that students have an alcohol/drug evaluation performed by a qualified drug/alcohol counselor. The purpose of the evaluation is to help the individual student and the family. A list of local agencies is available from the principal, school nurse, or guidance counselor.
2. Possession or use of tobacco.
3. Engaging in any activity which is classified as a Class III Misdemeanor or more serious offense, as provided by the laws of the state of Nebraska. Offenses include but are not limited to: assault, threats and intimidation of students and/or faculty, shoplifting, theft, etc.
4. Classified as a Class IV or V Misdemeanor under the following categories:
    a. Tobacco use by minors
    b. Minor misrepresenting age to obtain tobacco
5. Knowingly and voluntarily bringing to school, possessing, handling, or transmitting or using any gun, knife, or other dangerous weapon in school, on school grounds, or at a school function off of school grounds.
6. Violation of the Norfolk Public Schools' Harassment Policy.
7. Offenses which are not specifically identified above, but which constitutes a danger to other students, interferes substantially with any extracurricular activity, or is deemed by the administration to be unacceptable.

Committing any act, which is classified as a felony by the State of Nebraska, may be considered a third offense under the exclusion section of this policy.

The above listing is not inclusive and the administration and school reserves the right to deal with all infractions and violations on an individual basis. All violations will be dealt with in an equitable manner.

A committee will be formed to deal with and interpret violations not listed or in question. The committee membership will be representative of the entire School Staff.

Exclusions

Exclusion(s) is (are) to take place in the activity or activities that the student is currently engaged in or in the next activity in which the student participates.

Students will not be allowed to serve exclusion in an activity if they were not involved in that activity the prior season or school year. They will not be allowed to participate in any other activity until the suspension is completed.

First Offense

When a student violates one of the previously listed infractions the building administrator (Assistant Principal) will exclude that student from their current activity or activities or their next activity for a term equal to one-fourth of the season.

Self Reporting

On a student's first violation of a rule listed in this policy, the student may reduce the exclusion from the activity or activities by one-half by:

- Self-reporting to the school administrator or current activity coach/sponsor within the first school day after the violation occurs, including Summer School days.

Self-reporting is an admission that the student violated a rule.

And

- In drug/alcohol violations completing an evaluation performed by a qualified drug/alcohol counselor/ (at the parent's/student's expense) and following the recommendations.
- In other violations an intervention with the student, parent, coach, Activities Director, and Counselor will be held. Students that violate a rule at school, at a school activity, or being witnessed by a school staff member may not Self-Report.

*****The Self-Report option is only available for first-time offenders once during their high school (grades 9-12) career.***

Second Offense

The second time a student violates one of the previously listed individual rule or a combination of rules the building administrator will exclude the student from their current activity (activities) and/or their next activity for the equivalent of an entire season.

Third Offense

When a student accumulates a third violation of an individual rule or combination of rules listed previously the building administrator will exclude that student from extracurricular activities for a period of 12 months.

Fourth Offense

Any student accumulating four violations of an individual rule or combination of rules in paragraph I.A. of this policy will be excluded from extracurricular activities for the remainder of their high school career.

Procedures Of Disciplinary Consequences

Disciplinary consequences are to be administered with as much uniformity as possible. Students who are excluded from participation in extracurricular activities will be provided due process.

A. The administration shall, as soon as is reasonably possible:

- Summarize in a written statement to the student and the student's parent or guardian, the student's alleged conduct or violation of the rules or standards.
- Make a reasonable effort to establish a conference between the parent or guardian and the student with the appropriate personnel before the student rejoins the activity.
- File a copy of the written summary with the Building Head Principal .

B. If the administrator makes a decision to discipline a student who is participating in an extracurricular activity and the parent or guardian does not accept this decision, the parent or guardian may appeal to the Building Head Principal . The student or the student's parent or guardian shall file the appeal within five school days of the receipt of the written notice. The Building Head Principal shall review the incident and the disciplinary action imposed by the administrator. The Building Head Principal shall inform the parent or guardian of his/her decision within seven calendar days from the date that the appeal is received.

C. If the parent or guardian does not accept the decision made by the Building Head Principal, he/she may appeal, within five school days, to the Director of Student Services. The Director of Student Services shall review the incident and the disciplinary action imposed by the Building Head Principal. The Director of Student Services shall inform the parent or guardian of his/her decision within seven calendar days from the date the Director of Student Services decision is appealed.

D. If the parent or guardian does not accept the decision made by the Director of Student Services, he/she may appeal, within five school days, to the Superintendent of Schools. The Superintendent shall review the incident and the disciplinary action imposed by the building administrator and/or the Director of Student Services . The Superintendent shall inform the parent or guardian of his/her decision within seven calendar days from the date the Director of Student Services decision is appealed.

E. If the parent or guardian does not accept the decision made by the Superintendent of Schools, he/she may appeal to the Norfolk Public Schools' Board of Education, within five school days. The Board of Education shall review the incident and the decision made by the Superintendent of Schools. They shall inform the parent or guardian of their decision within thirty calendar days from the date that the appeal is received. Nothing in this policy shall preclude the student or the student's parent/guardian or representative from discussing and settling this matter with appropriate school personnel prior to the conference with the Director of Student Services, the Superintendent of Schools or the Board of Education.

_____ _____

(Print Student's Name) (Parent/Guardian Signature)

_____

(Student Signature)