

PREPARTICIPATION PHYSICAL SCREENING - MEDICAL HISTORY

This medical history and exam is only intended to determine ability to participate in sports and is not a substitute for regular exams by your physician.

Last Name _____ First Name _____ Sex: F M DOB _____ Age _____

Address _____ Phone _____

Personal Physician _____ Phone _____

Insurance Carrier _____ Policy Number _____

Parent/Guardian _____ Phone (H) _____ Phone (W) _____

Emergency Contact _____ Phone (H) _____ Phone (W) _____

Grade _____ Sports You Intend Play: Fall _____ Winter _____ Spring _____

Schools Attended (other than Woodcreek) in last 12 months _____

Record the date of your last tetanus immunization (required every 10 years) _____

- | | | |
|-----|----|--|
| Yes | No | 1. Have you had a medical illness or injury since your last check up or sports physical? Do you have an ongoing or chronic illness? |
| Yes | No | 2. Have you ever been hospitalized overnight? Have you ever had surgery? |
| Yes | No | 3. Are you currently taking any prescription or non prescription medication or pills, or do you use an inhaler? |
| Yes | No | 4. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? |
| Yes | No | 5. Do you have any drug addiction, mental illness, or nervous disorder |
| Yes | No | 6. Do you have any allergies (medication, food, insect bites or stings, etc)? Have you ever had a rash or hives develop during or after exercise? |
| Yes | No | 7. Do you have diabetes, hypoglycemia, or excessive thirst? |
| Yes | No | 8. Do you have anemia, leukemia, or any blood disorder? |
| Yes | No | 9. Have you ever passed out, been dizzy, or had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise? |
| Yes | No | 10. Have you ever had racing of your heart or skipped heartbeats? Have you ever been told you have a heard murmur? Has a physician ever denied or restricted your participation in sports for any heart problems? |
| Yes | No | 11. Have you had high blood pressure or high cholesterol? |
| Yes | No | 12. Has a family member or relative died of heart problems or of sudden death before age 50? |
| Yes | No | 13. Have you had a severe viral infection (myocarditis or mononucleosis) within the last month? |
| Yes | No | 14. Do you have any current skin problems? |
| Yes | No | 15. Have you ever had a head or neck injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? Have you ever had a seizure? Do you have frequent or severe headaches? Do you have curvature of the spine? |
| Yes | No | 16. Have you ever had numbness or tingling in your arms, hands, legs or feet? Have you ever had a stinger, burner, or pinched nerve? |
| Yes | No | 17. Have you ever become ill from exercising in the heat? |
| Yes | No | 18. Do you cough wheeze, or have trouble breathing during or after exercise? Do you have asthma? Do you have seasonal allergies that require medication? |
| Yes | No | 19. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (knee brace, retainer, hearing aid)? |
| Yes | No | 20. Have you had any problems with your eyes or vision? Do you wear glasses, contacts, or protective eyewear? |
| Yes | No | 21. Have you ever had a sprain, strain, or swelling after injury? Have you broken or fractured any bones or dislocated any joints? |
| Yes | No | 22. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? |
| Yes | No | 23. Have you ever had a hernia, kidney problem, or testicle problem? |
| Yes | No | 24. Do you lose weight regularly to meet weight requirements for your sport? |
| Yes | No | 25. Do you know of any reason why you should not participate in sports? |

Explain "Yes" answers here (use additional sheet if necessary):

CONSENT TO TREAT: In case of medical emergency, illness or injury, I/We hereby give permission to school district personnel to transport my son/daughter to a medical facility to receive emergency treatment.

Mother/Father/Guardian's Name (Please Print)

Mother/Father/Guardian Signature

Date

PREPARTICIPATION PHYSICAL SCREENING- PHYSICAL EXAMINATION

Name _____ Height _____ Weight _____

Pulse _____ Blood Pressure _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
General Appearance			
Eyes/Ears/Nose/Throat			
Teeth			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Hernia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back/Spine			
Shoulder/Arm			
Elbow/forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

PHYSICIAN'S CLEARANCE

Cleared for Full Participation

No Participation: _____

Reason: _____

Able to participate with the following limitations: _____

Signature of Physician: _____ Date _____

For Office Use Only:

Fines Cleared:

Fall

Winter

Spring

Contribution Fee Paid:

Fall

Winter

Spring



ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT

Agreement for Student Athlete and Parent/Guardian Regarding Use of Steroids

Print Name of Student Athlete _____

Directions: As a condition of membership in the California Interscholastic Federation (CIF), the Board of Trustees of the Roseville Joint Union High School District has adopted Board Policy 5131.63 prohibiting the use and abuse of androgenic/anabolic steroids. CIF Bylaw 524 requires that participating students and their parents/guardians sign this agreement.

By signing below, we agree that the student shall not use androgenic/anabolic steroids or any dietary supplement banned by the U.S. Anti-Doping Agency as well as the substance synephrine, without the written permission of a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition.

We recognize that under CIF Bylaw 200.D, the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to the CIF.

We understand that the student's violation of the District's policy regarding steroids may result in discipline against him/her, including, but not limited to, restriction from athletics, suspension, or expulsion.

Signature of Student Athlete _____

Date _____

Signature of Parent/Guardian _____

Date _____



Roseville Joint Union High School District

**Athletic Contribution Response Form
School Year 2011-12**

Student's Name _____

Date of Birth _____

School _____

Grade _____

Sport(s) for Which Contribution is Being Requested _____

Instructions: For student athletics/activities planning purposes, it is important we receive your response to our request for a voluntary Athletic Contribution as soon as possible. This form records your response and pledge amount. At each school, the Assistant Principal over Athletics oversees these responses and communications regarding the Athletic Contribution in such a way that student-athletes pledging less than the recommended/requested amount (see below) will not be overtly identified.

Recall that we are requesting the following voluntary Athletic Contribution amount(s) on a per student per sport basis:

First Sport	\$125
Second Sport	\$100
Third Sport	\$75

Four (4) sport athletes or athletes who participate in two (2) sports during the same season will only be asked to make one (1) Athletic Contribution for participation in two (2) sports in the same season.

- YES** – I will support my student’s athletics program with the full Athletic Contribution amount.
- YES** – I will support my student’s athletics program with the following alternative Athletic Contribution amount of \$_____.
- NO** – I am not able to support my student’s athletic program by means of an Athletic Contribution at _____ this time.

The Roseville Joint Union High School District has been able to maintain a quality comprehensive athletic program, providing multiple competitive and educational opportunities for students throughout its five comprehensive high schools. This is due, in part, to donations from generous families such as yours.

We are grateful for your support! Thank you for your generous contribution to the Roseville Joint Union High School District’s athletic teams.

For your donation records and filing reference, the RJUHSD’s nonprofit federal tax identification number is 94-6002478. Please contact your tax consultant for guidance concerning the tax deductibility of this contribution.

Signed _____
(Parent/Guardian)

Date _____



Information for Incoming Athletes 2011-12

ATHLETIC CLEARANCE

Every student wishing to participate in a sport must have *Athletic Clearance*. Prior to *Athletic Clearance*, all fines incurred by the student must be paid. The student and the student's parent or guardian must complete all of the forms in the Athletic Clearance packet each year **after May 23rd**. Packets are available in the school office after May 16th, and contain the following sections to be completed:

1. Athletic Contribution Response Form
2. Proof of Insurance, Athletic Handbook, and Parent Permission Form
3. Preparticipation Physical Screening Form - Completed by Physician
4. Preparticipation Physical Screening – Medical History Form (Include date of tetanus shot)
5. Residential Eligibility Information

PHYSICAL NIGHT

Woodcreek High School offers an "Athletic Physical Night," where students may receive an on-campus preparticipation medical screening. Local doctors provide these screenings and ask for a \$20 donation, half of which is returned to the school's athletic department. In order to receive this screening, the student's parents must sign the "consent for screening form."

TETANUS BOOSTER

The district currently requires that all athletes have a tetanus booster within the last ten years. The date must be listed on the health history form. Students of parents with religious objections may be excluded.

COMPLETED PAPERWORK

Completed paperwork must be given to Mrs. Becker in the main office. Paperwork generally takes one full day to process. Don't wait until the first day of tryouts or you may not have your Clearance Card in time to participate!



2010-11 Athletic Physicals

Wednesday, May 25th 3:00
Woodcreek High School
Big Gym
\$20.00