VIRGINIA HIGH SCHOOL LEAGUE, INC.

1642 State Farm Blvd., Charlottesville, Va. 22911

Page 1 of 4

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

Separate signed form is required for each school year **MAY 1** of the current year through **JUNE 30** of the succeeding year.

For school year <u>2022 - 2023</u>	PART I- ATHLETIC PARTICIPATION	Male
PRINT CLEARLY	(To be filled in and signed by the student) Female
Name (Last)	(First) (Middle Initial)	Student ID#
Home Address		
City/Zip Code		
Home Address of Parents		
City/Zip Code		
Date of Birth	Place of Birth	
This is my semester in	High School, and my	semester since first entering the ninth grade. Last
		redit subjects, and I am taking credit subjects of League that appear below and believe I am eligible to
for graduation and have passed five subjects preceding year or the immediately preceding equivalent requirements.) May not repeat of the second semester must be currently of used for graduation and have passed five sulfimmediately preceding semester. (Check with immediately preceding semester. (Check with Must sit out all VHSL competition for 365 comove. (Check with your principal for except Must not have reached your nineteenth birt Must not, after entering ninth grade for the consecutive semesters. Must have submitted to your principal befor cheerleading team, an Athletic Participation, that you have been examined during this scheparticipation. Must not be in violation of VHSL Amateur, A cheerleading.) Eligibility to participate in interscholastic athletics other standards set by your League, district and sactivity might have on your eligibility, check with intent and spirit of League standards will prevent approval for my picture and name to be printed in	standing of the school you represent. It school. (Eighth-grade students may be enth day of the current semester. colled in not fewer than five subjects, or the standard special section of the current semester. The semester for schools that certify credits of courses for eligibility purposes for which contains the subjects, or their equivalent, offered for credit the your principal for equivalent requirement secutive calendar days following a school ions.) In the semester for school state the first day of August of first time, have been enrolled in or been element to the semination for the semin	igible for junior varsity) r equivalent, offered for credit and which may be used which may be used for graduation the immediately a semester basis. (Check with your principal for edit has been previously awarded. heir equivalent, offered for credit and which may be tand which may be used for graduation the ts.) cransfer unless the transfer corresponded with a family the current school year. gible for enrollment in high school more than eight as or practice as a member of any school athletic or any completely filled in and properly signed attesting ompetition and that your parents' consent to your ck with your principal for clarification about the above-listed minimum standards, but also all our eligibility or are in doubt about the effect an eptions provided under League rules. Meeting the m being penalized. Additionally, I give my consent and publication or video.

Date:_

→Student Signature:_

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

PART II- MEDICAL HISTORY (Explain "YES" answers below)

	, ,			rsical examination, for review by examining practitioner.		
	·			tion. Circle questions you don't know the answers to.		
	GENERAL MEDICAL HISTORY	YES	NO	MEDICAL QUESTIONS CONTINUED	YES	NO
1.	Do you have any concerns that you would like to discuss with your provider?			Have you had mononucleosis (mono) within the last month? Are you missing a kidney, eye, testicle, spleen or other		
2.	Has a provider ever denied or restricted your participation in sports for any reason?			internal organ? 26. Do you have groin or testicle pain or a painful bulge or hernia		
3.	Do you have any ongoing medical conditions? If so, please			in the groin area?		
	identify: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections			27. Have you ever become ill while exercising in the heat?		
4.	Other:Are you currently taking any medications or supplements on			28. When exercising in the heat, do you have severe muscle cramps?		
	a daily basis?			29. Do you have headaches with exercise?		
5.	Do you have allergies to any medications?			30. Have you ever had numbness, tingling or weakness in your		
6.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant			arms or legs or been unable to move your arms or legs AFTER being hit or falling?		
7.	Staphylococcus aureus (MRSA)? Have you ever spent the night in the hospital? If yes, why?			31. Do you or does someone in your family have sickle cell trait or disease?		
				32. Have you had any other blood disorders?		
8.	Have you ever had surgery?			33. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?		
	HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	7.1		
9.	Have you ever passed out or nearly passed out DURING or AFTER exercise?			34. Have you had or do you have any problems with your eyes or vision?		
10.	Have you ever had discomfort, pain, tightness, or pressure in			35. Do you wear glasses or contacts?		
	your chest during exercise?			36. Do you wear protective eyewear like goggles or a face shield?		
11.	Does your heart race, flutter in your chest or skip beats			37. Do you worry about your weight?		
12.	(irregular beats) during exercise? Has a doctor ever ordered a test for your heart? For			Are you trying to or has anyone recommended that you gain or lose weight?		
	example, electrocardiography or echocardiography.			39. Do you limit or carefully control what you eat?		
13.	Has a doctor ever told you that you have any heart problems,			40. Have you ever had an eating disorder?		
	including:			41. Are you on a special diet or do you avoid certain types of		
	☐ High blood pressure ☐ A heart murmur			foods or food groups?		
	☐ High cholesterol ☐ A heart infection			42. Allergies to food or stinging insects?		
	☐ Kawasaki Disease ☐ Other			43. Have you ever had a COVID-19 diagnosis? Date:		
				44. What is the date of your last Tdap or Td (tetanus) immunization (circle type) Date:	?	•
14.	Do you get light-headed or feel shorter of breath than your					
	friends during exercise?			FEMALES ONLY	YES	NO
15.	Have you ever had a seizure?			45. Have you ever had a menstrual period?		
4.0	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	YES	NO	46. Age when you had your first menstrual period:		
	Does anyone in your family have a heart problem?			47. Number of periods in the last 12 months:		
17.	Has any family member or relative died of heart problems or			48. When was your most recent menstrual period? EXPLAIN "YES" ANSWERS BELOW		
	had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?			# >>		
18	Does anyone in your family have a genetic heart problem			# <i>>></i>		
10.	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)?			# >>		
19.	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			# >>		
	BONE AND JOINT QUESTIONS	YES	NO			
20.	Have you ever had a stress fracture or an injury to a bone,		1	# >>		
	muscle, ligament, joint, or tendon that caused you to miss a practice or game?			# >>		
21.	Do you currently have a bone, muscle or joint injury that bothers you?			List medications and nutritional supplements you are currently tak	ing he	re:
	MEDICAL QUESTIONS	YES	NO	,	-	
22.	Do you cough, wheeze or have difficulty breathing during or after exercise?					
23.	Do you have asthma or use asthma medicine (inhaler, nebulizer)?					
		1	1	<u> </u>		

→ Parent/Guardian Signature:	Date:	→ Athlete's Signature:

Page 3 of 4

PART III- PHYSICAL EXAMINATION

(Physical examination form is required each school year dated after <u>May 1</u> of the preceding school year and is good through June 30 of the current school year)**

leight		Weight			□ Male	Δ		☐ Fem	ale
P /	Resting pulse	Weight	Vision	R 20/	L 20/		Corrected	☐ Yes	□ No
,	,		I						-
	MEDIC				NORMAL		ABNO	RMAL FIN	DINGS
	an stigmata: kyphosco	_							
	odactyly, hyperlaxity,	myopia, m	itral valve	prolapse, and					
ortic insufficiency) roat (Pupils equal, hea	ring)							
Lymph nodes	roat (Pupiis equal, fiea	iring)							
<u> </u>	uscultation standing, s	supine. +/-	Valsalva)						
Pulses		, ,							
Lungs									
Abdomen									
Skin (Herpes simpl	ex virus, lesions sugge	stive of MF	RSA or tine	ea corporis)					
Neurological									
	MUSCULOS	KELETAL			NORMAL		ABNO	RMAL FIN	DINGS
Neck									
Back Shoulder/arm									
Elbow/forearm									
Wrist/hand/fingers	.								
Hip/thigh									
Knee									
Leg/ankle									
Foot/toes									
Functional (i.e. Do	uble leg squat, single l	eg squat, b	ax dran ai	r sten dron test)					
						_ 0.1			
	tions required on-site				ilucagon	□ Other:			
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Rule 28B-1 (3) Physical Examination Rule/Transfer Student (10-90)- When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.

Page 4 of 4

PART IV- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT

(To be completed by parent/guardian)

	/wawaa af ab:	نفسمم معالم سمييا الماك	simple in any of the		
I give permission forfollowing sports that are NOT crossed out: baseball, basketball, cheerle	(name of cni eading. cross cour	ntry, field hockey	cipate in any of the		
lacrosse, soccer, softball, swim/dive, tennis, track, volleyball, wrestling					
I have reviewed the individual eligibility rules and I am aware					
my child/ward. I understand that the degree of danger and the serious			·		
with contact sports carrying the higher risk. I have had an opportunity written handouts or some other means. He/she has student medical/a					
has athletic participation insurance coverage through the school (yes_					
Name of medical insurance company:					
Policy number:					
I am aware that participating in sports will involve travel with sport and with the travel involved and with this knowledge in mind, grand travel with the team.	ant permission for	r my child/ward t	o participate in the sport		
By this signature, I hereby consent to allow the physician(s) are					
school to perform a pre-participation examination on my child and to			_		
participation in athletics/activities for his/her school during the school physician(s) of health care provider(s) to share appropriate information					
athletics and activities with coaches and other school personnel as dee		and that is releas	ant to participation in		
Additionally, I give my consent and approval for the above na	med student's pic	ture and name to	be printed in any high		
school or VHSL athletic program, publication or video.					
To access quality, low-cost comprehensive health insurance the	hrough FAMIS for	your child, pleas	e contact Cover Virginia by		
going to www.coverva.org or calling 855-242-8282.					
PART V- EMERGENCY PER	RMISSION FORM*	•			
(To be completed and signed by	y the parent/guardi	an)			
STUDENT'S NAME:	GRADE:	AGE:	DOB:		
HIGH SCHOOL:		CITY:			
Please list any significant health problems that might be significant to a					
PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC:					
IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN?	LIST THE EM	IFRGENCY MEDIC	`ATION:		
IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION? IF SO, WHAT?					
OES THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION? IF SO, WHAT? DATE OF LAST Tdap OR Td (TETANUS) SHOT:					
EMERGENCY AUTHORIZATION : In the event I cannot be reached in an the coaches and staff of H	ligh School to hos				
order the injection and/or anesthesia and/or surgery for the person na					
DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY					
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→ I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT: _____

Parent/Guardian signature

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.