Texas Association of Private and Parochial Schools
PREPARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION

STUDENT'S NAME _____ SPORT(S) _____

GENDER: _____ AGE: _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ % OF BODY FAT: _____

PULSE: _____ BLOOD PRESSURE: ___/___ (___/___, ___/___)

VISION R 20/_____ L 20/_____ CORRECTED: Y N Pupils: EQUAL _____ UNEQUAL _____

In keeping with the requirements of the Texas Association of Private and Parochial School, as a minimum requirement, this **PHYSICAL EXAMINATION FORM** must be completed prior to high school athletic participation each year of high school.

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position			
Heart – Auscultation of the heart in the standing position			
Heart – Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

☐ Cleared
☐ Cleared after completing evaluation/rehabilitation for: _____
☐ Not cleared for: _____ Reason: _____
Recommendations: _____
_____

Provider Name: _____ Date of Examination: _____

Provider Signature: _____

Provider Address: _____

Provider Phone Number: _____

Texas Association of Private and Parochial Schools
PREPARTICIPATION PHYSICAL EVALUATION
MEDICAL HISTORY

This **MEDICAL HISTORY FORM** must be completed annually by parent (or guardian) and student in order for the student to participate in **TAPPS** athletic activities. These questions are designed to determine if the student has developed or experienced any condition which would make it hazardous to participate in an athletic event.

STUDENT'S NAME: _____

GENDER: _____ AGE: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

HOME PHONE: _____ PARENT CELL: _____

SCHOOL: _____ GRADE LEVEL: _____

PERSONAL PHYSICIAN: _____

PHONE: _____

In case of emergency, contact:

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ CELL PHONE: _____

Explain any **"Yes"** answers on a separate piece of paper. Please circle questions for which you have no answer. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in **TAPPS** practices, games or matches.

		Yes	No
1.	Have you had a medical illness or injury since your last check up or sports physical?	☐	☐
2.	Have you been hospitalized overnight in the past year?	☐	☐
3.	Have you ever had surgery?	☐	☐
4.	Have you ever passed out during or after exercise?	☐	☐
5.	Have you ever had chest pain during or after exercise?	☐	☐
6.	Do you get tired more quickly than your friends do during exercise?	☐	☐
7.	Have you ever experienced racing of your heart or skipped heartbeats?	☐	☐
8.	Have you had high blood pressure	☐	☐
9.	Have you ever had high cholesterol?	☐	☐
10.	Have you ever been told you have a heart murmur?	☐	☐
11.	Has any family member or relative died of heart problems before age 50?	☐	☐
12.	Has any family member or relative died of sudden unexpected death before age 50?	☐	☐
13.	Has any family member been diagnosed with enlarged heart (Dilated Cardiomyopathy)?	☐	☐
14.	Has any family member been diagnosed with Hypertrophic Cardiomyopathy?	☐	☐
15.	Has any family member been diagnosed with Long QT Syndrome?	☐	☐
16.	Has any family member been diagnosed with ion channelopathy (Brugada syndrome, etc.)?	☐	☐
17.	Has any family member been diagnosed with Marfan's Syndrome?	☐	☐
18.	Have you had a severe viral infection (myocarditis, mononucleosis, etc.) in the past year?	☐	☐
19.	Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐

Sudden Cardiac Arrest occurs in persons of all ages. The answers to questions # 4-19 above will assist in determining whether additional testing may be required for your son or daughter. If you have answered yes to any of these questions, please review with your health care professional whether additional testing may be necessary including but not limited to EKG and /or ECG.

20.	Have you ever had a head injury or concussion?	☐	☐
21.	Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐
22.	Have you ever had a seizure?	☐	☐
23.	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐

24. Have you ever had a stinger, burner, or pinched nerve? ☐ ☐
25. Are you missing any paired organs? ☐ ☐
26. Are you presently under a doctor's care? ☐ ☐
27. Are you currently taking any prescription or non-prescription medication or inhalers? ☐ ☐
28. Do you have any allergies? ☐ ☐
29. Have you ever been dizzy before or during exercise? ☐ ☐
30. Do you currently have any skin problems (itching, acne, warts, fungus, or blisters)? ☐ ☐
31. Have you ever become ill from exercising or working in the heat? ☐ ☐
32. Have you had any problems with your eyes or vision? ☐ ☐
33. Have you ever gotten unexpectedly short of breath with exercise? ☐ ☐
34. Do you have asthma? ☐ ☐
35. Do you have seasonal allergies that require medical treatment? ☐ ☐
36. Do you use any special protective or corrective equipment? ☐ ☐
37. Have you ever had a sprain, strain, or swelling after injury? ☐ ☐
38. Have you broken or fractured any bones? ☐ ☐
39. Have you ever dislocated any joints? ☐ ☐
40. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? ☐ ☐

If yes, check appropriate box and explain below.

Head	☐	Shoulder	☐	Wrist	☐	Thigh	☐	Foot	☐
Neck	☐	Upper Arm	☐	Hand	☐	Knee	☐		
Back	☐	Elbow	☐	Finger	☐	Shin/Calf	☐		
Chest	☐	Forearm	☐	Hip	☐	Ankle	☐		

41. Do you want to weigh more or less than you do now? ☐ ☐
42. Do you lose weight regularly to meet weight requirements for your Extra-curricular activities ☐ ☐
43. Do you feel stressed out? ☐ ☐
44. Have you been diagnosed with or treated for Sickle Cell Trait or Sickle Cell Disease? ☐ ☐

Females Only

45. When was your first menstrual period? _____
46. When was your most recent menstrual period? _____
47. How much time elapses from the start of one period to the start of another? ____days
48. How many periods have you had in the last year? _____
49. What was the longest time between periods in the last year? ____days

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither **Texas Association of Private and Parochial Schools** nor the school assumes any responsibility in case an accident occurs. The possibility of transfer of disease exists whenever blood transfer occurs. While the risk is minimal with high school activities, by signature below we recognize the possibility exists relating to blood borne pathogens and the transfer of disease such as Hepatitis or HIV.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or illness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school, TAPPS and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful and complete responses could subject the student in question to penalties determined by the Texas Association of Private and Parochial Schools.

STUDENT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN NAME (PRINT): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

For School Use Only:

This Medical History Form reviewed by: NAME: _____ **DATE:** _____

SUDDEN CARDIAC ARREST

What is Sudden Cardiac Arrest (SCA)?
Sudden Cardiac Arrest is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is not a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction of the heart's electrical system, causing the heart to stop beating.

How common is Sudden Cardiac Arrest?
While studies differ in the actual rate of occurrence, the American Heart Association information indicates that there are approximately 300,000 SCA events outside hospitals each year in the United States. About 2000 patients under the age of 25 die of SCA each year. Studies now being performed in Texas and other states indicate the occurrence rate for high school age athletes may be greater than this figure.

Are there warning signs?
Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

Dizziness	Fatigue	Lightheadedness
Extreme tiredness	Shortness of breath	Nausea
Difficulty breathing	Vomiting	Racing or fluttering heartbeat
Chest Pains	Syncope (fainting)	

These symptoms can be confusing and unclear in athletes. Often people confuse these warning signs as physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

For this reason these symptoms are included on the Medical History form provided by TAPPS and required for each student prior to participation in athletic events each year. As parents and student athletes, your truthful answers to these simple questions will assist your medical practitioner when performing the annual physical examination.

What are the risks of participation and playing with these symptoms?
Continued participation brings with it increased risk. This includes playing in practices and games. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just minutes. Most people who experience a SCA die from the event.

While TAPPS does not mandate Cardiac Screening prior to participation, TAPPS and the TAPPS member schools recognize the importance of our students' health and highly recommend discussing screening options with your health care provider. Any student who shows signs of SCA should be removed by the parents from play. This includes all athletic activity, practices or contests. Before returning to play, the student should be examined and receive clearance by a licensed health care professional of the parents' choosing.

I have reviewed the above material. I understand the symptoms and warning signs of SCA. Additional information is available on the Health and Safety page at www.tapps.net.

Parent Signature / Date: _____

Student Signature / Date: _____

CONCUSSION AND TRAUMATIC BRAIN INJURY

What is a concussion?
A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body
- Can change the way a student's brain normally functions
- Can occur during practice or contests in any sport
- Can occur in activities both associated and not associated with the school
- Can occur even if the student has not lost consciousness
- Can be serious even if a student has just been "dinged" or had their "bell rung"

Are the symptoms of a concussion?
Concussions cannot be seen; however, in a potentially concussed student, one or more of the following symptoms may become apparent. The student may not "feel right" soon after, a few days after or even weeks after the injury event.

Headache	"Pressure" in the head	Nausea	Vomiting
Balance problems	Dizziness	Blurry Vision	Double Vision
Sensitivity to Light	Sensitivity to Noise	Confusion	Memory Problems
Difficulty paying attention	Feeling sluggish, hazy, foggy or groggy		

If you have concerns regarding any of the above symptoms, your doctor should be consulted for further information and/or examination. Your physician or medical professional can best determine your student's physical condition and ability to participate in athletics.

What should students do if they believe that they or someone else may have a concussion?

- Students should immediately notify their coach or school personnel.
- Student should be examined by appropriate medical personnel of the parent's choosing. The medical provider should be trained in the diagnosis and treatment of concussions
- If no concussion is diagnosed, the student shall be cleared to return to athletic participation.
- If a concussion is diagnosed, the school protocol for return to play from a concussion shall be enacted. Under no circumstances shall the student be allowed to return to practice or play without the approval of a licensed medical provider trained in the treatment of concussions.

I have reviewed the above material. I understand the symptoms and warning signs of CONCUSSIONS. Additional information is available on the Health and Safety page at www.tapps.net. All concussions should be reported to the school as soon as possible. Previous concussions should be reported on the Medical History form to allow the medical practitioner the best information possible when conducting the annual physical examination.

Parent Signature / Date: _____

Student Signature / Date: _____

CONCUSSIONS – Don't hide it. Report it. Take time to recover.

PARENT AND STUDENT NOTIFICATION
STEROID USE AGREEMENT FORM

State law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.

State law requires that only a medical doctor may prescribe a steroid for a person.

State law provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person in good health is not a valid medical purpose.

Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

HEALTH CONSEQUENCES ASSOCIATED WITH ANABOLIC STEROIDS

(source: National Institute on Drug Abuse)
http://www.nida.nih.gov/Infofacts/steroids.html

For boys and men - shrinking of the testicles, reduced sperm count, infertility, baldness, development of breasts, increased risk for prostate cancer.

For girls and women - growth of facial hair, male-pattern baldness, changes in or cessation of the menstrual cycle, enlargement of the clitoris, deepened voice.

For adolescents - growth halted prematurely through premature skeletal maturation and accelerated puberty changes. This means that adolescents risk remaining short for the remainder of their lives if they take anabolic steroids before the typical adolescent growth spurt.

For all ages - potentially fatal liver cysts and liver cancer; blood clotting, cholesterol changes, and hypertension which can promote heart attack and stroke; and acne. Available evidence may suggest that anabolic steroid abuse, particularly in high doses, promotes aggression that can manifest as fighting, physical and sexual abuse, and property crimes. Upon stopping anabolic steroids, some abusers may experience symptoms of depressed mood, fatigue, restlessness, loss of appetite, insomnia, headaches, muscle and joint pain and the strong desire to return to the use of anabolic steroids.

For injectors - infections resulting from the use of shared needles or non-sterile equipment, including HIV / AIDS, hepatitis B and C, and infective endocarditic, a potentially fatal inflammation of the inner lining of the heart. Bacterial infections can develop at the injection site, causing pain and abscess.

STUDENT CERTIFICATION

I have read the above information and agree that I will not use illegal anabolic steroids.

_____ _____
Student Signature Date

PARENT / GUARDIAN CERTIFICATION

I have read the above information and agree to my knowledge my student will not use illegal anabolic steroids.

_____ _____
Parent / Guardian Signature Date

Texas Association of Private and Parochial Schools
Student Acknowledgement of Rules

Student Name: _____

Date of Birth: _____ Grade Level: 9 10 11 12

Is the student transferring from another high school this year? ☐ YES ☐ NO

This form must be completed by the student and parent/guardian each year prior to participation in TAPPS activities at the member school. In accordance with the TAPPS Constitution and By-Laws, we attest that the above named student:

- has not reached 19 years of age prior to September 1 of the current year.
- has not graduated from high school
- did not enroll in the ninth grade more than four years ago
- did not enroll in the tenth grade more than three years ago
- did not participate with or against high school students more than four years ago

Student presently resides with biological or adoptive parents? ☐ YES ☐ NO

If the student is not presently living with biological or adoptive parents,

- If a US citizen, the student must be in compliance with the rules set forth in Section 80 of the TAPPS By-Laws and approved by TAPPS prior to varsity participation in Fine Arts or Athletics.
- If not a US citizen, the student must be in compliance with the rules set forth in Section 102 of the TAPPS By-Laws and approved by TAPPS prior to varsity participation in Fine Arts or Athletics.

Student is a returning high school student or incoming ninth grade student? ☐ YES ☐ NO

If transferring from a high school,

- the student was withdrawn from the previous high school, enrolled in and attending the new school prior to the TRANSFER DEADLINES as posted on the TAPPS website.
- The student is in compliance with the provisions presented in Section 104 of the TAPPS By-Laws
- The student has not participated on a high school team, select, AAU, club, 7 on 7 team or similar organized activity coached or directed by a staff member at the new school in the past 12 months.

The above named student

- is a full time day student at the member school as defined in the TAPPS Constitution and By-Laws
- has not represented a college in any contest
- is in compliance with the TAPPS awards rule as presented in the TAPPS By-Laws
- is in compliance with all TAPPS eligibility requirements as presented in the TAPPS Constitution and By-Laws

The school has explained and we are/will be incompliance with the TAPPS governance pertaining to In Season, Off Season and Summer Participation.

The school has explained and we are/will be incompliance with TAPPS governance preventing unattached participation in TAPPS activities.

I understand and attest that the burden of proof pertaining to the eligibility of my child rests solely with the student and parents. In the event eligibility is subject to review, we will provide all information requested by TAPPS included but not limited to birth certificate, transcripts, financial information and all reasonable and pertinent information necessary to establish the student's eligibility to compete.

_____ Parent Signature / Date

_____ Student Signature / Date

Texas Association of Private and Parochial Schools
Student Acknowledgement of Rules

The health and safety of our student athletes is a primary concern of TAPPS and TAPPS member schools. In compliance with TAPPS governance, the school has

- Provided the school's injury reporting policy
- The school's day of contest attendance policy
- The school's return to play policy and procedures
- The school has provided education and training regarding:
  - **CONCUSSIONS**
  - **SUDDEN CARDIAC ARREST**
  - **STEROID ABUSE**
  - **HEAT STRESS** and
  - **DEHYDRATION**
  - **BLOOD BORNE PATHOGENS**
- We have provided the school with a current medical history and physical form which includes any previous or current injuries/conditions for the student prior to practice or participation.
- We will accurately report all injuries and illness to the school in a timely manner.
- We agree that the school may report all information pertaining to injuries to TAPPS or assigned entity.
- We agree that the student's name, likeness and information may be shared with TAPPS and other entities as determined by TAPPS.

The parent and student understand and agree that even though protective equipment may be worn and precautions taken, the possibility of accidental injury remains. Neither TAPPS, nor representative of TAPPS, assumes responsibility should an injury occur.

I attest that my child will abide by all TAPPS rules as they are presented in the TAPPS Constitution, By-Laws and Contest rules. I understand that if the student is found to be out of compliance with TAPPS rules and governance, the student's eligibility to compete and the school's eligibility to compete in any activity in which the student participated may be in question. The minimum penalty for participation by an ineligible player is forfeiture of contests in which the player participated.

I understand and agree that the executive management, control and final authority for this association rest with the TAPPS Executive Board. The Executive Board shall determine all governance and subsequent compliance therewith.

We attest that we are in compliance with all information presented in this Acknowledgement of Rules form. It is our understanding that non compliance with the terms presented may result in sanctions presented to the student, team and school.

By signature below, we attest that participation in TAPPS activities is voluntary and that the student/parents assume all risk for death, injury or personal loss to the participant. The undersigned promise to forever hold harmless the Texas Association of Private and Parochial Schools (TAPPS), its officers, employees and representatives against loss, damage or expense from any and all claims, demands or actions that may be brought against any or all of the said parties because of accident or occurrence while said participant is in route to or from, or participating in a TAPPS sponsored contest.

_____ _____

Parent Signature / Date Student Signature / Date