



**SCHOOL BOARD OF SEMINOLE COUNTY, FL  
MIDDLE SCHOOL**

**SPORTS SCREENING/PHYSICAL & PARENT/STUDENT RELEASE FORM**

**PART 1: Student information (to be completed by student or parent)**  
 Student's Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Grade \_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Legal Name of Parent/Guardian: \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Home # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ City \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_ Previous School \_\_\_\_\_

**PART 2: Verification of medical insurance:** Insurance coverage is required for participation in athletic events. Athletes must have personal insurance coverage or school purchased insurance. School insurance covers all sports.

My child/ward is covered under a family policy, which has limits \$ 25,000, or school purchased policy. Sport(s) played \_\_\_\_\_  
 Individual Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_  
 School Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

**PART 3: Medical History** to be completed by student or parent. Explain "yes" answers on separate page. Please circle any questions you are unable to answer.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check or sports physical?			28. Do you have asthma?		
2. Do you have an ongoing chronic illness?			29. Do you have seasonal allergies that require medical treatment?		
3. Have you ever been hospitalized overnight?			30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?		
4. Have you ever had surgery?			31. Have you had any problems with your eyes or vision?		
5. Are you currently taking any prescription or nonprescription (over the counter) medications or pills or using an inhaler?			32. Do you wear glasses, contacts, or protective eyewear?		
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?			33. Have you ever had a sprain, strain, or swelling after injury?		
7. Do you have any allergies, for example (pollen, medicine, food or stinging insects)?			34. Have you broken or fractured any bones or dislocated any joints?		
8. Have you ever had a rash or hives develop during or after exercise?			35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?		
9. Have you ever passed out during or after exercise?			<b>If yes, check appropriate blank and explain below.</b> ___ Head ___ Elbow ___ Hip ___ Neck ___ Ankle ___ Thigh ___ Back ___ Wrist ___ Knee ___ Hand ___ Shin/Calf ___ Shoulder ___ Finger ___ Upper Arm ___ Foot ___ Forearm ___ Chest		
10. Have you ever been dizzy during or after exercise?			36. Do you want to weigh more or less than you do now?		
11. Have you ever had chest pain during or after exercise?			37. Do you lose weight regularly to meet weight requirements for your sport?		
12. Do you get tired more quickly than your friends do during exercise?			38. Do you feel stressed out?		
13. Have you ever had racing of your heart or skipped heartbeats?			39. Record the dates of your most recent immunizations (shots) for:		
14. Have you had high blood pressure or high cholesterol?			Tetanus: _____ Measles: _____		
15. Have you ever been told you have a heart murmur?			Hepatitis B: _____ Chickenpox: _____		
16. Has any family member or relative died of heart problems or sudden death before age 50?			<b>Females Only (optional)</b>		
17. Have you had a severe viral infection ( for example, myocarditis or mononucleosis) within the month?			40. When was your first menstrual period? _____		
18. Has a physician ever denied or restricted your participation in sports for any heart problems.?			41. When was your most recent menstrual period? _____		
19. Do you have any current skin problems ( for example, itching, rashes, acne, warts, fungus, or blisters)?			42. How much time do you usually have from the start of one period to the start of another? _____		
20. Have you ever had a head injury or concussion?			43. How many periods have you had in the last year? _____		
21. Have you ever been knocked out, become unconscious, or lost your memory?			44. What was the longest time between periods in the last year? _____		
22. Have you ever had a seizure?					
23. Do you have frequent or severe headaches?					
24. Have you ever had numbness or tingling in your arms, hands, legs, or feet?					
25. Have you ever had a stinger, burner, or pinched nerve?					
26. Have you ever become ill from exercising in the heat?					
27. Do you cough, wheeze, or have trouble breathing during or after activity?					

**PART 4: Physical Examination (to be completed by physician).**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_/\_\_\_\_ ( \_\_\_\_/\_\_\_\_ . \_\_\_\_/\_\_\_\_ ) Visual Acuity: Right 20/ \_\_\_\_ Left 20/ \_\_\_\_ Corrected : Yes No  
 Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

FINDINGS	NORMAL	ABNORMAL	FINDINGS INITIALS	NORMAL	ABNORMAL	INITIALS	NORMAL	ABNORMAL	INITIALS
<u>MUSCULOSKELETAL</u>									
1. Neck	_____	_____	_____	9. Foot	_____	_____	16. E/E/N/T	_____	_____
2. Back	_____	_____	_____	10. Appearance	_____	_____	17. Skin	_____	_____
3. Shoulder/Arm	_____	_____	_____	<u>MEDICAL</u>			18. Genitalia (Males only)	_____	_____
4. Elbow/Forearm	_____	_____	_____	11. Heart	_____	_____			
6. Hip/Thigh	_____	_____	_____	12. Pulses	_____	_____			
7. Knee	_____	_____	_____	13. Lymph Nodes	_____	_____			
8. Leg/Ankle	_____	_____	_____	14. Lungs	_____	_____			
				15. Abdomen	_____	_____			

**ASSESSMENT**

Cleared without limitation.

Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_, MD or DO

**PART 5: Parental/Guardian Consent, Acknowledgement and Release**

- I/We do hereby approve of my child's participation in approved athletic activities (practice, games, competition and travel) as a representative of his/her middle school.
- I/We clearly understand that participation in athletic activities creates a risk of severe injury (including paralysis or death) normally associated with such activities and that the risk increases as the sport becomes more vigorous and involves more bodily contact.
- I/We acknowledge that the Seminole County Public Schools, Contest Officials Associations or the Athletic Trainers are not liable for medical expenses (i.e., hospital, physician, emergency transportation, etc.) or other charges incurred for such services, as may be rendered for or on behalf of my child as a result of injury or illness.
- I/We understand that if my child is injured or becomes ill, the Seminole County Public Schools will not be liable unless the injury or illness is the result of negligent conduct on the part of any employee of the Seminole County Public Schools.
- I/We do hereby approve emergency treatment, as deemed necessary by the hospital and/or medical personnel (Physician, Physical Therapist, Emergency Medical Services, Athletic Trainer, and Coaches) attending to my child on site.
- I/We do hereby give permission for the information contained in the Sports Screening/Physical form to be given to any medical personnel and emergency care facility administering treatment to my child.
- I/We understand that this health examination is entirely voluntary on my part and the part of the doctors; therefore, I agree to release doctors and personnel involved in the examination of any circumstances that might arise (directly or indirectly) from said examination.
- I/We understand a release (note) from my child's doctor must be submitted to the office each time my child is seen by a doctor to continue to participate in sports during the school year.
- I/We understand that participation may necessitate early dismissal from classes.
- Furthermore I grant the released parties the right to photograph and/or videotape my child's/wards face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.
- I give my consent for my child/ward to participate in the following interscholastic sport(s) not crossed out: volleyball, cross country, track and field, cheerleading other \_\_\_\_\_.
- I/We also state that all questions have been answered correctly and my eligibility will be forfeited for false answers or failure to follow the requirements.

**PART 6: STUDENT CONSENT, ACKNOWLEDGE AND RELEASE**

I have read the rules and know of no reason that I am not eligible to participate in my school's athletic competition. As a representative I agree to abide by my school's rules, regulations and decisions. I know that participating is a privilege and I understand that serious injury and even death is possible. I agree to accept this responsibility and fully understand all risks involved. I voluntarily accept all responsibility for my own safety and welfare. Should I be 18 or become emancipated from my parent(s) I release and hold harmless my school, schools I compete against, and contest officials of any and all responsibility and liability for any injury or claim resulting from my athletic participation and agree to take no legal action because of any accident or mishap. I grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

**I / WE PARENT (S) AND STUDENT ATHLETE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE**

PRINT NAME (S) CLEARLY PLEASE

Student \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_