

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- 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, 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 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?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 		
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 		
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____ MD or DO

TULSA PUBLIC SCHOOLS



STUDENT/ATHLETE
PLEDGE OF SPORTSMANSHIP

As a Tulsa Public Schools Student-Athlete, I understand the use of foul language, taunting, trash talking or the use of inappropriate physical contact, directed at opposing players, coaches or fans, is not in the spirit of fair play and sportsmanship the district expects of its students.

I understand that any unsportsmanlike behavior related to an athletic event may result in disciplinary action for me or my team.

By signing this form, I agree that participation in interscholastic athletics is a privilege, not a right, and I pledge my efforts to promote good sportsmanship throughout Tulsa Public Schools.

STUDENT/ATHLETE _____

Parent/Guardian Signature _____

Students that are suspended are removed from the squad for the remainder of the school year.

Students placed in ISI may not practice or play.

*A. Nolt
Athletic
Director*

Carver Middle School Contract of Agreement

- * If selected, I understand the Carver Middle School program overview and guidelines, Student handbook policy and OSSAA regulations regarding eligibility will apply to my participation.
- * If selected, I understand that I will be responsible for personal costs outlined for this program. I have received the cost estimation outline.
- * If selected, I understand that summer practices are mandatory.
- * If selected, I understand the attendance guidelines set forth in this contract and the consequences for not adhering to these guidelines.
- * If selected, I will uphold the Carver Middle School guidelines and serve as a respectful and dedicated member of the squad.
- * If selected, I understand that violation of the program guidelines may lead to temporary suspension or permanent dismissal from the squad.
- * ~~If selected, I understand my squad is required to be uniformed.~~

Student Signature

Date

As parents, we understand that membership in the Carver Middle School Athletic program is both an honor and a commitment to hard work and dedication. We have read and understand the expectations set forth in the Carver Middle School Athletic Guidelines. We understand that our child will be expected to abide by these rules. If our child is selected, we will make every effort to support him/her throughout the year. We understand that if our child violates the program guidelines, she will risk the consequences of temporary suspension and/or permanent dismissal from the squad.

EXECUTION CLAUSE

I, the undersigned parent or guardian, hereby authorizes Carver Middle School of Tulsa, OK to use photographs of my student (minor), and/or publish the same with a name, real or fictitious, for any purpose of publicity, illustration, commercial art, or in the advertising of the activities of Carver Middle School. Carver Middle School and the staff shall not be liable for any damage arising from personal injuries sustained by my child in or about the premises. I assume full responsibility for all injuries and damages which may occur in or about the premises, and we do hereby, full and forever release and discharge Carver Middle School and the staff from any and all claims, demands, or rights of action, present or future, resulting in, from, or arising out of my child's use of the school and/or its facilities.

Parent Signature

Date

Parent Signature

Date