

The New Mexico Activities Association physical form provides schools, parents and providers with a recommended form.

If the NMAA recommended Physical Form is to be used, please ensure that your child's school grants permission to use this form and that no additional documentation is needed to gain athletic participation eligibility (i.e. parental permission form).



MEDICAL EXAMINATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

(Cover sheet)

New Mexico Activities Association
6600 Palomas NE
Albuquerque, NM 87109
www.nmact.org

NOTE: The NMAA does not need a copy of this form. Please return to your school's athletic department.

Medical History – Parent/Guardian please fill out prior to examination.

Student Athlete Name (<i>Last, First, M.I.</i>):				
Home Address:			Grade:	
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
DOB:			AGE:	
Name of Parent/Guardian				
Home Address:			Phone:	Work:
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	Cell:
Emergency Contact			Phone:	Work:
<i>Name</i>		<i>Relationship</i>	Cell:	
Address:				
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
SPORT/ACTIVITY STUDENT WILL PARTICIPATE IN (CHECK ALL THAT APPLY)				
Sports/Activities				
<input type="checkbox"/> Baseball	<input type="checkbox"/> Football	<input type="checkbox"/> Cheer/Drill	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Bowling
<input type="checkbox"/> Track/Field	<input type="checkbox"/> Tennis	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Golf	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cross country	<input type="checkbox"/> Soccer	<input type="checkbox"/> Softball	<input type="checkbox"/> Basketball	
Please answer all health history questions on the following page PRIOR to your visit to the doctor. Please fill in the student athlete's personal information (name, gender and birth date) on each page of the form and return the entire packet to the school's athletic department.				

Concussion Management

A concussion is a disturbance in the function of the brain that can be caused by a blow to the body or head and may occur in any sport or activity. Effects of a concussion may include a variety of symptoms (headache, nausea, dizziness, memory loss, balance problem) with or without a loss of consciousness. I/we understand there is a concussion management protocol established that includes care and return to play criteria.

Student-Athlete Signature

Date

Parent or Court Appointed Legal Guardian Signature

Date

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking	

Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify specific allergy below.	
<input type="checkbox"/> Medicines	<input type="checkbox"/> Pollens <input type="checkbox"/> Food <input type="checkbox"/> Stinging Insects

Explain “Yes” answers below. Circle questions you don’t know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain “yes” answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

■ 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 • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • 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 • 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 _____,



NMAA

New Mexico Activities Association

CONCUSSION IN SPORTS

A Fact Sheet for Athletes and Parents

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Observed by the Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not “feel right”

Observed by the Parent / Guardian

- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events after hit or fall
- Appears dazed or stunned

WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE PRESENT

Athlete

- TELL YOUR COACH IMMEDIATELY!
- Inform Parents
- Seek Medical Attention
- Give Yourself Time to Recover

Parent / Guardian

- Seek Medical Attention
- Keep Your Child Out of Play
- Discuss Plan to Return with the Coach

It’s better to miss one game than the whole season.

Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

RETURN TO PLAY GUIDELINES UNDER THE SB1

1. Remove immediately from activity when signs/symptoms are present.
2. Must not return to full activity prior to a minimum of one week..
3. Release from medical professional required for return.
4. Follow school district's return to play guidelines.
5. Coaches continue to monitor for signs/symptoms once athletes return to activity.

Students need cognitive rest from the classroom, texting, cell phones, etc.

REFERENCES ON SENATE BILL 1 AND BRAIN INJURIES

Senate Bill 1:

<http://www.nmlegis.gov/Sessions/10%20Regular/final/SB0001.pdf>

For more information on brain injuries check the following websites:

<http://www.nfhs.org/resources/sports-medicine>

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

<http://www.stopsportsinjuries.org/concussion.aspx>

<http://www.ncaa.org/health-and-safety/medical-conditions/concussions>



SIGNATURES

By signing below, I acknowledge that I have received and reviewed the attached NMAA's *Concussion in Sports Fact Sheet for Athletes and Parents*. I also acknowledge and I understand the risks of brain injuries associated with participation in school athletic activity, and I am aware of the State of the New Mexico's Senate Bill 1; Concussion Law.

Athlete's Signature

Print Name

Date

Parent/Guardian's Signature

Print Name

Date

CLOVIS CHRISTIAN SCHOOLS

ATHLETICS CODE OF CONDUCT

If I am selected to represent the Clovis Christian Schools in its athletic program, I will be sincerely interested in contributing my best to the success of our program during the coming school year. I, therefore, agree to conduct myself according to the following Code of Conduct. I also realize that in case I do not live up to this agreement that I am willing to be removed from that particular sport in which I am involved.

1. I will not use/possess/sell alcoholic beverages, illegal drugs or substances of any kind.
2. I will not use or possess tobacco products of any kind.
3. I will meet all academic eligibility standards.
4. I will comply with hair/grooming standards based on health/hygiene, safety, discipline, team unity, and impact on performance and positive image for Clovis Christian Schools in keeping with the Board policy.
5. I will dress in accordance with the school dress code.
6. I will be on time to practice and game attendance, etc.
7. I will be responsible for all athletic equipment trusted to my use and return it to the school in the best possible condition.
8. I will create, maintain, and promote the elements of good sportsmanship.
9. I will represent my school at home or away in a Christ-like manner promoting good citizenship.

If an athlete fails to meet these standards, a proper course of action will be taken first by the coach in counseling the athlete; and/or by dismissing the athlete from the team for the remainder of the season or length of time which would be fair and just.

Any athlete who quits or is removed from the team for disciplinary reasons will be dropped from the athletic class and will receive **NO CREDIT/F** grade for that class. The coaches, at their discretion, may reschedule the athlete into another sport if they feel it is to the advantage of the athlete.

I recognize that this Code of Conduct has been set forth with the purpose to allow me the privilege and honor of being a part of a successful organization that seeks to honor and glorify God in every arena, to give me the full opportunity of becoming a better competitor who endeavors to reflect Christ in my words and conduct, and to instill the desirable traits of good citizenship.

The parent(s)/guardian(s) and the athlete must sign the CCS Code of Conduct before he/she can participate on any athletic team in the Clovis Christian Schools.

I have read the above information and hereby give my approval for _____
to participate in the Clovis Christian Schools Athletic program.

Parent Signature

Athlete's Signature

Date

CLOVIS CHRISTIAN SCHOOLS
INTERSCHOLASTIC ATHLETIC PARTICIPATION FORM

Name of Student _____ Date: _____ Grade: _____

School: _____ DOB: _____ Birth Place: _____

I. Note to Parents

Clovis Christian Schools strives to provide the best possible athletic program for its students. We want athletic participation to be a valuable educational experience at all levels. This form is to be fully completed and filed at the school **BEFORE** your child will be allowed to practice or compete. We require this physical examination to ensure that your child is physically able to participate in athletics and in the event of an accident, we may notify you in a relatively short period of time. Please read the following carefully.

II. Academic Eligibility

Academic eligibility for participation in extracurricular activities is based on the immediate previous grading period (9 weeks). Clovis Christian Schools requires that a participant meet the following requirements:

1. A student shall have passed a minimum of four classes which are acceptable for graduation credit.
2. A student shall have achieved a 2.5 GPA with no F's based on the preceding nine-week grading period.
3. A student shall maintain a 2.5 GPA based on progress reports.

III. Acknowledgment of Injury Risks/Insurance/Authorization for Medical Services

We, parent(s)/guardian(s) and student-athlete, are aware that preparation for and participation in Interscholastic athletics involves many risks of serious and permanent injury to the student-athlete. We understand and acknowledge the danger of these severe injuries as inherent in physical activity, which may involve vigorous physical contact. The financial responsibility for securing care of the student-athlete injuries is a matter between the parent/guardian and physician and/or dentist selected by the parent/guardian. The New Mexico Activities Association has ruled that all students participating in interscholastic athletics MUST be covered under an accident/hospitalization insurance policy.

We have accident insurance through _____
Name of Insurance Company

Medicaid No. (if applicable): _____

Parent/Guardian Signature: _____

IV. Emergency Medical Information

We request that we be contacted within a reasonable time in the event of illness or injury requiring medical service. In the event we cannot be reached, we hereby designate the Athletic Director, Team Coach, Athletic Trainer, or his/her designee to act in our behalf to authorize such hospitalization, medical attention, and surgery as may be required in an emergency because of illness or injuries sustained by our student-athlete while participating in school activities. In the event we cannot be reached, and the situation calls for medical attention, we recognize and relinquish our responsibility to practicing physician and/or medical personnel acting in the best interest of our child. We hereby assume financial responsibility for hospitalization, medical attention, and surgery provided.

Family Physician _____ Phone # _____

Address _____

Family Dentist _____ Phone # _____

Address _____

Hospital _____

Known Allergies _____

Emergency Contact _____ Phone # _____

V. Parental/Guardian Consent

We, parent(s)/guardian(s), do hereby give our consent for our son/daughter to engage in state association approved athletic activities as a representative of his/her school. We also give our consent for our child to accompany the team, as a member, on its out-of-town trips and in case of accident release the school and its personnel from liability. We have completely read, fully understand, and voluntarily accept and agree to all of the aforementioned terms and conditions.

_____ Parent/Guardian Signature	_____ Business Phone	_____ Home Phone
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_____ Parent/Guardian Signature	_____ Business Phone	_____ Home Phone
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_____ Student-Athlete Signature	_____ Date
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Athlete's Signature

Date