



13750 Mary's Way Woodbridge, VA 22191 Phone: 703.491.4447 Fax: 703.492.8828 www.aquinastars.org

For School Year	PART I - AT	THLETIC I	PARTICIPATION	Male
PRINT CLEARLY	(To be filled	d in and signed by the	student)	Female
Name			Student I.D#	
(Last)	(First)	(Middle Initial)		
Home Address			City/Zip Code	
Home Addressof Parents			City/Zip Code	
Date of Birth	Place of Birth			
MIDDLE SCH	OOL INTERSCHO	LASTIC ATI	HLETICS – GENERAL EI	LIGIBILITY RULES
A student may not partici October 1 of the current so grade students are allowed	pate in junior varsity chool year. Eighth gra d to participate in mi	basketball if aders may NOT iddle school va	(15) on or before September the student is fourteen (14) participate on middle school arsity sports when, in the open the skills necessary to com	years of age on or before of junior varsity teams. Sixth sinion of the coach, athletic
	ception to this must be		orts season and may not leave the school's athletic coordin	
applies to practice as well	n one subject, the stu as game participatio become eligible the	on and is effec	declared ineligible for the ne tive the day after report car es are due. Ineligible student	d distribution. Students who
Osteopathic Medicine, Nu parent/guardian before the	ties, each participant i urse Practitioner or F participant may enga	must have a ph Physician's As age in any spo	nysical examination by a Doc esistant and have permission rt. An Emergency Permission rdian. The cards shall be read	n from said examiner and n Form shall be completed
school specifying length of	f practice, criteria for	squad selection	e. Each student trying out win, equipment needed, and a soler. There will be three design	chedule of games. All squad
			ered by some type of acciden y Public Schools covers all a	
Student Signature:			Date:	

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)

Content American Content that you would like to discuss with your provider? 24. Have you had monuclacise it monow within the last moth? 3 5 5 5 5 5 5 5 5 5				sical examination, for review by examining practitioner. tion. Circle questions you don't know the answers to.			
Job Sea provider ever denied or restricted your participation in sports for any reason? Job Soy have any ongoing medical conditions? If so, please identify: Asthma Anamia Diabetes infections Other: A ray ou currently taking any medications or supplements on a daily basis? 5. Do you have allergies to any medications? 5. Do you have allergies to any medications? 5. Do you have allergies to any medications? 6. Do you have allergies to any medications? 7. Have you currently taking any medications? 8. Do you have sallergies to any medications? 8. Have you ever sport the injith in the hospital? If yes, why? 8. Have you ever sport the injith in the hospital? If yes, why? 8. Have you ever had surgery? 9. Have you ever had surgery? 10. Have you ever had surgery? 11. Does you have allergies to any injith the hospital? If yes, why? 11. Does you have allergies to any the state of the s			NO	MEDICAL QUESTIONS CONTINUED	YES	NO	
As you ware desired or restricted your participation in sports for any reason? 3. Do you have my ongoing medical conditions? If so, please identify. Asthma Anemia Diabetes Infections Other. 4. Are you currently taking any medications or supplements on a daily basis? 5. Do you have allergies to any medications? 6. Do you have allergies to any medications? 6. Do you have preverying skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphistoccurs users (MSAR). 7. Have you ever bad surgery? 8. Have you ever passed out or nearly passed out DUINING or Affitz Areaction. 8. Have you ever had discomfort, pain, tightness, or pressure in your destined you destined that you have a heart or poblems. 9. Have you ever had discomfort, pain, tightness, or pressure in your destined you destined you will have you have a shade or feel shorter of breath than your friends during exercise? 10. Lose your heart race, futter in your chest of risk pleasts (integular belast) during exercise? 11. Does you have any problems and passed of the rectanding apply. 12. Has a provided every received a test for your heart? For example, electroardingaphy to exholate or feel have the rectanding apply. 13. Has a doctor ever ordered a test for your heart? For example, electroardingaphy to exholate the feel of the provided of the problems of the problems of the problems of the provided of the problems of the prob				24. Have you had mononucleosis (mono) within the last month?			
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15. Have you ever had a seizure? HEART HEALTH QUESTIONS ABOUT YOUR FAMILY 16. Does anyone in your family have a heart problem? 17. Has any family member or relative died of heart problems or 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 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 20. Have you ever had a menstrual period? 45. Age when you had your first menstrual period: 47. Number of periods in the last 12 months: 48. When was your most recent menstrual period? EXPLAIN "YES" ANSWERS BELOW # >> # >> # >> # >> 19. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35? BONE AND JOINT QUESTIONS 20. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game? MEDICAL QUESTIONS YES NO 22. Do you courrently have a bone, muscle or joint injury that bothers you? 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,				FEMALES ONLY	VES	NO	
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nobulizor\2							

→ Parent/Guardian Signature:	Date:	→ Student Signature:	
	The state of the s		

PART III- PHYSICAL EXAMINATION

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

NAME			DA1	TE OF BIRTH_		SCHOOL		
Height		Weight			Male		Female	
BP /	Resting pulse	1 -0	Vision	R 20/	L 20/	Corrected	Yes	No
	MEDI	CAL		1	NORMAL	ABNO	RMAL FINDI	NGS
Appearance (Mar	fan stigmata: kyphosc	oliosis, high	-arched p	alate, pectus				
	nodactyly, hyperlaxity	, myopia, m	itral valve	prolapse, and	1			
aortic insufficienc								
	hroat (Pupils equal, he	aring)						
Lymph nodes								
	auscultation standing,	supine, +/-	Valsalva)					
Pulses								
Lungs						- A		
Abdomen	dan dan badan a		2004					
	lex virus, lesions sugg	estive of Mi	RSA or tine	ea corporis)				
Neurological	MUSCULO	VELETAL			21000444	4000	DAGAL FIND	1000
Neck	MUSCULOS	KELETAL			NORMAL	ABNU	RMAL FIND	NGS
Back								
Shoulder/arm								
Elbow/forearm						8		
Wrist/hand/finge	rc							
Hip/thigh	13							v.*
Knee								
Leg/ankle								
Foot/toes								
	ouble leg squat, single	leg squat h	ox drop o	r sten dron te	st)			
	ations required on-sit			inephrine	Glucagon	Other:		
	I have reviewed th				r medical histo	ry form and make th	ıe followin	g
MEDICALLY ELIG	IBLE FOR ALL SPORTS			•				
MEDICALLY ELIG	IBLE FOR ALL SPORTS	WITHOUT R	RESTRICTI	ON WITH REC	OMMENDATION	FOR FURTHER EVALU	ATION OR T	REATMENT OF:
MEDICALLY ELIG	IBLE <u>ONLY</u> FOR THE FO	LLOWING !	SPORTS:_					
Reason:								
NOT MEDICALLY	ELIGIBLE PENDING FU	RTHER EVA	LUATION	OF:				
NOT MEDICALLY	ELIGIBLE FOR ANY SP	DRTS						
Ву	this signature, I atto				pove student a of Part II- Medi	nd completed this p cal History.	re-particip	ation
> PRACTITIONER	SIGNATURE:				(MD,	DO, NP or PA) * DATE*	*:	
XAMINER'S NAME	AND DEGREE (PRINT)	:				PHONE NUMBER:		
ADDRESS:			C	ITY:		STATE:	;	<u> </u>
+Only sig	nature of Doctor of		-	•	hic Medicine, l ted States will	Nurse Practitioner o be accepted.	r Physician	's Assistant
Rule 288-1 (3) Ph	nysical Examination Rule/	Transfer Stu	dent (10-90	0)- When an out	-of-state student v	who has received a currer	t physical exa	mination elsewher

transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.

PART IV- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT

(To be completed by parent/guardian) I give permission for____ _____(name of child/ward) to participate in any of the following sports that are NOT crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swim/dive, tennis, track, volleyball, wrestling, other (identify sports): I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts or some other means. He/she has student medical/accident insurance available through the school (yes no); has athletic participation insurance coverage through the school (yes__no_); is insured by our family policy with: Name of medical insurance company: ____ Name of policy holder: ___ Policy number:__ I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team. By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) of health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary. Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video. To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to www.coverva.org or calling 855-242-8282. PART V- EMERGENCY PERMISSION FORM* (To be completed and signed by the parent/guardian) STUDENT'S NAME:_____ GRADE: AGE: DOB: HIGH SCHOOL: Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency: PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC: IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN?____LIST THE EMERGENCY MEDICATION: ____ IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION?______ IF SO, WHAT? ______ DOES THE STUDENT WEAR CONTACT LENSES?______DATE OF LAST Tdap OR Td (TETANUS) SHOT: _____ EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of____ High School to hospitalize, secure proper treatment for and to order the injection and/or anesthesia and/or surgery for the person named above. DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _ EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): ______ CELL PHONE NUMBER: → SIGNATURE OF PARENT/GUARDIAN: DATE: RELATIONSHIP TO STUDENT: _____ *Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment in needed. → 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.