

Riverland
COMMUNITY COLLEGE



**INTERCOLLEGIATE
ATHLETICS
STUDENT-ATHLETE
HANDBOOK
2015-2016**



**2015-2016 SCHOLASTIC MONTHLY
DESK PLANNER**

Name _____

Address _____

School Name _____

School Address _____

Home Phone () _____ School Phone () _____

Insurance Number _____ Student ID# _____

In Case of Emergency, Notify:

Name _____

Address _____

Phone () _____ Business Phone () _____

Class Schedule

Class	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**MISSION STATEMENT, GOALS, AND POLICY STATEMENT OF THE
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS**

Mission of the Program

The mission of the intercollegiate program for men and women at Riverland Community College is to provide quality athletic opportunities to students who have specialized athletic interests and abilities. We believe that meaningful intercollegiate competitive experiences will better enable the participants to make significant contributions to society. Finally, in spite of being in an era of uncertain state funding, Riverland Community College is committed to providing a broad based program in which student-athletes can strive to pursue excellence in their chosen athletic and academic endeavors.

Specific Goals of the Program

- a. To provide an intercollegiate program for men and women emphasizing academic achievement and professional development as well as athletic opportunity.
- b. To recruit high-quality student-athletes who will represent Riverland Community College as credible, contributing members of both the campus community and surrounding areas.
- c. To provide student-athletes with professional leadership in the areas of coaching, athletic training, and administration.
- d. To provide student-athletes with well-qualified staff, faculty, and administrative personnel who are concerned with the ethical dimensions of life and learning.
- e. To maintain a high level of excellence in the intercollegiate program and to consistently achieve competitive success.
- f. To foster support and recognition of diverse student populations and instill a sensitivity to the values of a multicultural world.
- g. To commit ourselves to a broad-based athletic program with due consideration to the interests and abilities of all our student-athletes.
- h. To provide goals consistent with the education mission of the college.
- i. To provide athletic experiences within the framework and in accordance with the regulations and rules of NJCAA, MCCA, and MnSCU.
- j. To provide athletic experiences in which students are encouraged and taught to develop their skills to the maximum of their potential.
- k. To provide equal opportunities in recruitment, retention, and participation for all regardless of race, color, or gender.

ACADEMICS

Important dates and procedures

The Riverland “Academic Calendar” appears online under the “Academics” tab. Make certain you read it carefully prior to the beginning of each term, and make note of those deadlines which affect setting up and altering your class schedule. You will find dates for pre-registration, dropping and adding classes, and final exams.

Each term you must pre-register for the upcoming semester. This involves first meeting with your coach to note the required athletic meeting times and competition dates, followed by a meeting with your academic counselor or advisor to be sure you will take classes appropriate for your major. It is the student-athlete’s responsibility to pre-register each semester.

Class attendance policy

All students are expected to attend all class meetings. Athletes are “high-profile” students on our campus, and class attendance for you is more sensitive than for the regular student. There may, however, be times that you must miss class to travel with your team. You should let the faculty know during the first week of class when you are scheduled to miss due to travel with your team. You are NEVER allowed to miss class for practice or scrimmages. You are always responsible for all missed information and assignments. Do NOT expect the faculty to come to you with missed work. Student athlete is not eligible once he/she drops below the 12 credit minimum load. Please see your coach, counselor, or athletic director before dropping any classes.

Academic Integrity

You are expected to maintain the highest standards of academic integrity. Cheating will not be tolerated. Plagiarism can result in consequences ranging from failing of a test or project to expulsion from the college. Information gathered through the use of the Internet must be properly documented. The use of papers or parts of papers from the web, without proper documentation, is considered plagiarism. You should always do your own work. If you have questions about plagiarism, speak to your instructor.

Graduation

A minimum total of 60 semester hours of credit is required for any two-year degree. Students must maintain a 2.0 GPA to graduate.

Student-Athlete Advising

Just as any other Riverland student, you have access to an academic advisor or counselor. This person helps you choose courses each semester and assists you in schedule changes and degree program planning.

If you have any difficulties in your school work or any questions concerning academic life, consult your coach or academic advisor. These people assist you with your academic concerns or even concerns not related directly to academics by helping you locate the College personnel and resources you need.

Athletic Study Hall

Regularly scheduled study hall exists for some Riverland athletic teams. Your coach determines who attends. Study hall provides a quiet place for student-athletes to form good study habits. Your attendance at a study hall may be required if you are new to Riverland or experience academic problems.

Tutoring

Free tutorial help is available to all students. Student-athletes should follow established guidelines to request a tutor's assistance. If a student-athlete is having academic problems, s/he is encouraged to secure a tutor through the Student Success Center with the assistance of the coach or academic advisor.

Drug Statement

The Athletic Department is concerned with the potential for drug abuse and its effect upon the well-being of the student-athletes for whom the department has responsibility. Because of their participation in intercollegiate athletics, these young people experience physical and mental demands unlike those faced by any other students at the College. Use of drugs by an athlete to the extent described above, that it threatens or impairs his/her well-being, not only can adversely affect their performance as well as that of their teammates, but more importantly could result in injury to the athlete and/or to his/her teammates.

In addition, the student-athlete is one of the more visible elements of the College community, constantly in the public eye and subject to scrutiny by the media. Thus, a drug use situation affecting the well-being of a particular athlete can have a potentially greater affectation on the well-being of others, the team, other athletes and coaches, the Department and the College.

Drug-abuse, in general, should be understood to include the use of any substance including tobacco, alcohol, legally obtained over-the-counter medications, prescription drugs or illicit drugs including anabolic steroids such that the user experiences physical, emotional or social complications which threaten or impair his/her wellbeing.

Any athlete involved in the use of drugs may face dismissal from the team as well as legal action, as it pertains to the rules and regulations published in the student code of conduct. All students are, of course, subject to the laws of the City of Austin and the State of Minnesota.



STUDENT-ATHLETE INFORMATION SHEET

Academic Year 2015-2016

Riverland Community College is asking you to provide private information in order to process your Student/Athlete Guidelines and Expectations Form. This information will be used to provide an agreement about guidelines and expectations. You are not legally required to provide this information; however, the college may not be able to effectively process your request if you do not provide sufficient information. Access to this information will be limited to school officials. Under certain circumstances, federal and state laws authorize release of private information without your consent to state and federal agencies or as otherwise permitted by other state and federal laws.

_____	_____	_____
Sport	Institution	Date
_____	_____	_____
Name	Student ID Number	Birthdate
Local Address _____	_____ (Local Phone)	
Father's First Name _____	Father's Last Name _____	
Street Address _____		
City/State/Zip _____	_____ (Home Phone)	
Mother's First Name _____	Mother's Last Name _____	
Street Address _____		
City/State/Zip _____	_____ (Home Phone)	
If father and mother have different addresses, please indicate parent who should be placed on athletic department mailing list:		
Father's Address _____	Mother's Address _____	Both _____
Major Field of Study _____		
High School _____	Date of Graduation _____	

- List any two/four year collegiate institutions in which you have registered, enrolled, or attended any classes (excluding summer session courses). For each year, indicate whether you practiced (P) and/or competed (C) for any collegiate team, include your attendance and participation at this institution. Enter in the financial (FA) column the type of financial aid that you received that was administered through the financial aid office. This includes athletic aid, grants, loans, work study, outside scholarships, tuition waiver, or government or private aid.

Year	Institution	Dates Attended	Sport	P Y/N	C Y/N	FA Y/N

All athletes who have transferred MUST have a transfer tracking from on file (Mandated by the NJCAA).

- Did you ever serve in the Armed Forces, with Federal Foreign Aid Groups, or Church Missions? Yes or No (circle)
- Have you ever received compensation for your athletic abilities in your sport (i.e., money, comparable prize or compensation for coaching on a fee or lesson basis)? Yes or No (circle)
- Have you ever taken part in any athletic competition for which you were provided compensation (i.e., newspaper, magazine, charities, radio or television appearance, billboards or personal appearances)? Have you ever received compensation for your athletic abilities in your sport (i.e., money, comparable prize or compensation for coaching on a fee or lesson basis)? Yes or No (circle)
- Have you ever lent your name to any form of commercial advertising (i.e., newspaper, magazine, charities, radio or television appearance, billboards, or personal appearances)? Yes or No (circle)
- Have you ever signed a professional contract, a contract with a professional agent, or been represented by a professional sports agent in your sport? Yes or No (circle)
- Have you ever competed for any athletic team (i.e., club teams, non-intramural teams, city-league teams other than the college's during any academic year)? Yes or No (circle)

I certify upon penalty of ineligibility for intercollegiate athletics that the above statements are complete and accurate.

SIGNED: _____
(Student-Athlete)

(Date)



STUDENT-ATHLETE ALCOHOL AND DRUG CONDUCT POLICY

The following offenses that occur during the regular season for your sport constitute a violation of this policy. Violations can occur both on and off campus and include but are not limited to:

- * DWI
- * Illegal drug use
- * Possession of illegal drugs (in any discernible amount)
- * Possession of illicit drugs (including marijuana) will result in permanent suspension from intercollegiate athletic competition`.
- * Legal intoxication (as defined by state code)
- * Minor consumption (as defined by state code)
- * Illegal sale to minor (as defined by state code)
- * Arrested/cited for alcohol-related incident
- * Alcohol violation on campus (as determined by the Student Conduct Policy)
- * Alcohol violation while traveling with the team.
- * Tobacco usage

If a student-athlete is found to have violated the policy, the following sanctions will be in effect:

FIRST OFFENSE

1. Student-athlete will have a conference with the Head Coach, Athletic Director, and Dean of Student Affairs.
2. Student-athlete will be suspended in a timely manner for a minimum of one regular season contest.

SECOND OFFENSE

1. Student-athlete will have a conference with Head Coach, Athletic Director, and Dean of Student Affairs.
2. Student-athlete will be suspended for a minimum of two regular season contests. Suggested second offense suspensions are three games for basketball, softball, and baseball, two games in volleyball, and two games in soccer. Games suspensions can be staggered but must be timely.
3. Student-athlete may be required to attend an evaluation meeting with a college counselor.

THIRD OFFENSE

1. Student-athlete may be permanently suspended from intercollegiate athletic competition at Riverland Community College.

NOTE: Violations of student-athlete conduct policies also constitute a violation of the college student conduct policy and as a result may subject the student to additional sanctions. Off-season conduct violations will be managed through the Riverland student conduct policy.



ALCOHOL, DRUG, AND TOBACCO GUIDELINES

Alcohol and Drug Policy

The standards of conduct at Riverland Community College prohibit the unlawful possession, use, or distribution of drugs and alcohol by students and employees on the college premises OR in conjunction with any college-sponsored activity or event, whether on or off campus.

The college will impose sanctions on students who violate this policy per the provisions of the Student Conduct Policy or the Student-Athlete Conduct Policy.

Disciplinary action may include written reprimand, suspension or dismissal and referral for prosecution under local, state, and federal law. A referral for rehabilitation may also be a course of action pursued by the college.

Tobacco Policy

All Riverland buildings and grounds are smoke-free. Student usage of tobacco and smokeless tobacco products is prohibited in any part of the Blue Devil gymnasium, on any of our athletic fields, or during any athletic event as per NJCAA and Minnesota Community College Conference rules and regulations. Note: See references to the Student Code of Conduct at:

<http://www.riverland.edu/policy/Student%20Code%20of%20Conduct.pdf>

Student/Athlete: I have read the above policies on drug, alcohol, and tobacco use and understand that it is absolutely prohibited for me as a Blue Devil athlete to violate these rules during any athletic/school sponsored activities and or competitions. This also includes all fall and spring training trips and is in effect from the time the team leaves and until the team returns. I understand that I am a member of a sanctioned NJCAA intercollegiate team and will respect and honor these rules. I understand the importance of why rules are in place for athletic programs and I am dedicated to making the effort to be positive with every opportunity to be a successful member of this team.

Athlete Signature: _____ Date: _____



STUDENT/ATHLETE GUIDELINES AND EXPECTATIONS

1. Treat coaches, staff, and faculty with respect and cooperation.
2. Attend classes regularly and complete assignments.
3. Notify my Coach and Athletic Director of any difficulty; personal, academic, or otherwise; that may interfere with my success as a student.
4. Make use of all available student academic support services on campus as needed.
5. Get approval from the Athletic Director, Counselor, or Coach for any changes made to my academic class/credit schedule.
6. Notify my Coach and Athletic Director when I am graduating, transferring, or leaving the college, (even if leave is temporary).
7. Give the Athletic Department permission to obtain information from instructors on my progress in class and work with faculty on my behalf, as long as I am a participant in the college athletic program.

Failure to abide by this agreement could result in being declared ineligible to participate in the college athletic program.

Student-Athlete Signature

Date

Riverland Community College Athletic Director

Date



RIVERLAND COMMUNITY COLLEGE
ACADEMIC RELEASE OF INFORMATION AGREEMENT

I, _____ hereby authorize the Riverland Community College Registrar's Office to release any of my academic records to the Riverland Community College Athletic Department for the purpose in assisting me in my academic endeavors, and to determine my continued eligibility to participate in Riverland's Athletic programming.

Print Name: _____

Student-Athlete Signature Date

Parent Signature Date
(if student is under 18)



TEAM TRAVEL GUIDELINES AND POLICY

1. Student-athletes and an approved coach must travel with the team to all competitions.
2. Personal cars may only be driven with the approval of the Head Coach and the Athletic Director. If such permission has been granted, then the private vehicle must follow the team vehicle (s) to the site of the competition. A **form** must be signed and filled out by the coach and athlete and **be** pre-approved by the Athletic Director.
3. Student athletes **MUST** travel back to the college with the team unless they have had prior approval to leave with their parents or spouse from the opponent's site. All requests must be in writing and signed by both the parent/spouse and the athlete (see attached form). This written request must be given to your coach a minimum of (1) day prior to departure. Approval of these requests must be obtained from your Head Coach and the Athletic Director.
4. There shall be no transporting or use of recreational drugs or alcohol while traveling with any Riverland Community College Blue Devil Athletic team by anybody in the official traveling group.
5. When lodging is involved, Riverland Community College will take care of the room charges only. Telephone, pay TV or other costs are the responsibility of the occupants of the room. Any damages to the room shall be the responsibility of the occupant. *You will not be allowed to participate in any further practices or contests and a hold will be put on your records until the restitution is paid.*



TRAVEL REQUEST FORM

I, _____ agree to take full responsibility for the
Name of Parent/Guardian/Spouse

transportation of _____. I understand that in
Name of Student/Athlete

signing this form, I release all responsibility and travel liability from Riverland
Community College Athletic Department.

Print Student name: _____

Signature: _____ Date: _____
Parent/Guardian/Spouse

***NOTE: This must be submitted to the Athletic Director a *minimum of 24 hours prior* to the departure of the respective team's travel to the athletic event.**

Office use only:
Date received _____

Athletic Director Approval: _____
Signature Date

Coaches Approval: _____
Signature Date



INSURANCE ACKNOWLEDGEMENTS

I, acknowledge that I have received information on the following topics regarding insurance:

1. _____ I understand that the College requires every athlete to have insurance that covers athletic-
(initials) related injuries. I understand that I CANNOT participate in the Riverland intercollegiate sports without proof of insurance.

2. _____ I received information on the state insurance program...www.mnsure.org.
(initials)

Student-Athlete Signature _____ Date _____

Parent Signature _____
(if student is under 18) _____ Date _____



MEDICAL RELEASE INFORMATION

The Health Insurance Portability and Accountability Act (HIPAA) was signed into federal law in 1996 and took effect in April 2003. It requires additional procedures to insure all patient information is secure and private. It also requires a signed release before any information pertaining to your health and welfare is discussed with health professionals.

I, _____, agree to allow the Athletic Trainer assigned by the college, Athletic Director, Coaches, and Staff at Riverland Community College in conjunction with any treating physicians or medical personnel, release of my medical information as deemed necessary by the above named individuals.

This release will be in effect until August 15, 2016.

Student-Athlete Signature Date

Parent Signature Date
(if student is under 18)



PARTICIPANT INFORMATION AND PROOF OF INSURANCE

Personal Information

Name _____ Student ID No. or Social Security #: _____

Local Address: _____

Permanent Address: _____

Email Address: _____

Local Phone: _____ Permanent Phone: _____

Health Insurance Information

Company Name: _____

Group#: _____ Subscriber#: _____

Name of Person You are Insured Through: _____

Does Your Policy Cover Athletic Activity-Related Injuries: Yes _____ No _?___

(If you answered "No", you must provide proof that you hold a policy that covers such injuries)

If Applicable, Supplemental Insurance Policy (Company and Policy Number):

Other Insurance, if any: _____

(Continued on next page)

Medical History and Emergency Contact Information

Name and Number of Emergency Contact:

Name and Number of Personal Physician:

Prescription Medication You Currently Take:

Do you have a medical condition requiring care? Yes ___ No ___

If so, please describe: _____

Previous Injuries: _____

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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? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food 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

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

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

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

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 _____, MD or DO

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

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

EMERGENCY INFORMATION

Allergies _____

Other information _____
