

## **CRHS PHYSICAL PACKET 2020-2021**

CRHS Athlete:

Thanks for showing interest in our Athletic Program. Below is a check off list of Items that you will need before you can attend try-outs. All forms must be completed and submitted to the Athletic Department **at least 24 hours before the tryout date and will not be accepted after 2:45pm during the school day.**

**PLEASE NOTE THAT INCOMPLETE PACKETS WILL NOT BE ACCEPTED!**

\_\_\_\_\_ **At least a 2.0 GPA**

\_\_\_\_\_ **Proof of Health Insurance (A Copy of the Card is required)**

\_\_\_\_\_ **FHSAA Athletic Clearance online registration completed**

\_\_\_\_\_ **FHSAA EL2 Physical form completed**

\_\_\_\_\_ **FHSAA Concussion in Sports, Sudden Cardiac Arrest, and Heat Illness Prevention online courses completed and certificates turned in (if not watching them as a team)**

## Online Athletic Clearance

1. Visit [www.AthleticClearance.com](http://www.AthleticClearance.com) and choose your state.
2. Watch quick tutorial video.
3. **Register:** PARENTS register with valid email username and password. You will be asked to type in a code to verify you are human. If this step is skipped, your account will not activate. If this step is skipped, please contact us to activate your account.
4. Login using your email address that you registered with.
5. Select "**New Clearance**" to start the process.
6. Choose the school year in which the student plans to participate. *Example: Football in September 2020 would be the 2020-2021 school year.* Choose **Crystal River Section 2** as the school that the student attends, then choose the sport.
7. Complete all required fields for student information, educational history, medical history, and signature forms. **(If you have gone through the AthleticClearance.com process before, you will select the student and parent/guardian from the dropdown menu on those pages).**
8. Optional Donation to your athletic program or pay participation fees (private schools only).
9. Once you reach the **Confirmation Message** you have completed the process.
10. If you would like to register for additional sports/activities you may check off those sports below the confirmation message. Electronic signatures will be applied to the additional sports/activities.
11. All of this data will be electronically filed with your school's athletic department for review. When the student has been **cleared for participation**, an email notification will be sent.

## **Online Athletic Clearance FAQ**

### What is my username?

Your username is the email address that you registered with.

### Multiple Sports

Once you complete a clearance for one sport and arrive at the confirmation message, you will have the option to check off additional sports/activities for the current school year. If you decide to participate in an additional sport/activity later on, you can access the multiple sport check boxes by clicking on "Print" under the confirmation message of your original clearance for that specific year.

### Physicals, Insurance, Concussion Videos

The physical form can be downloaded off of our school website under the ATHLETICS tab. Please turn in a copy to the athletic department as well as a copy of your insurance card, and copies of the Concussion videos (please see attached instructions).

### Why haven't I been cleared?

Your school will review the information you have submitted, upload all your information, and clear or deny your student for participation. You will receive an email when the student is cleared.



As per FHSAA Policies **40.1.1**, **41.1** and **42.1.1**, all student-athletes are required to watch the following FREE NFHS Learn courses annually.

- Concussion for Students
- Heat Illness Prevention
- Sudden Cardiac Arrest

### **Course Ordering**

**Step 1:** Go to [www.nfhslearn.com](http://www.nfhslearn.com).

**Step 2:** “**Sign In**” to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.

OR

If you do not have an account, “**Register**” for an account.

**Step 3:** Click “**Courses**” at the top of the page.

**Step 4:** Scroll down to the specific course from the list of courses.

**Step 5:** Click “**View Course**”.

**Step 6:** Click “**Order Course.**”

**Step 7:** Select “**Myself**” if the course will be completed by you.

**Step 8:** Click “**Continue**” and follow the on-screen prompts to finish the checkout process. (Note: There is no fee for these courses.)

### **Beginning a Course**

**Step 1:** Go to [www.nfhslearn.com](http://www.nfhslearn.com).

**Step 2:** “**Sign In**” to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.

**Step 3:** From your “**Dashboard,**” click “**My Courses**”.

**Step 4:** Click “**Begin Course**” on the course you wish to take.

For help viewing the course, please contact the help desk at NFHS. There is a tab on the upper right hand corner of [www.nfhslearn.com](http://www.nfhslearn.com). If you should experience any issues while taking the course, please contact the NFHS Help Desk at (317) 565-2023.



# Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. **This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.**

## Part 1. Student Information (to be completed by student or parent)

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Grade in School: \_\_\_\_ Sport(s): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Person to Contact in Case of Emergency: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Personal/Family Physician: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

## Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

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

### FEMALES ONLY (optional)

42. When was your first menstrual period? \_\_\_\_\_  
 43. When was your most recent menstrual period? \_\_\_\_\_  
 44. How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
 45. How many periods have you had in the last year? \_\_\_\_\_  
 46. What was the longest time between periods in the last year? \_\_\_\_\_

Explain "Yes" answers here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)

Temperature: \_\_\_\_\_ Hearing: right: P \_\_\_\_\_ F \_\_\_\_\_ left: P \_\_\_\_\_ F \_\_\_\_\_

Visual Acuity: Right 20/\_\_\_\_ Left 20/\_\_\_\_ Corrected: Yes No Pupils: Equal Unequal

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS\*

MEDICAL

- 1. Appearance
2. Eyes/Ears/Nose/Throat
3. Lymph Nodes
4. Heart
5. Pulses
6. Lungs
7. Abdomen
8. Genitalia (males only)
9. Skin

MUSCULOSKELETAL

- 10. Neck
11. Back
12. Shoulder/Arm
13. Elbow/Forearm
14. Wrist/Hand
15. Hip/Thigh
16. Knee
17. Leg/Ankle
18. Foot

\* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

Cleared without limitation
Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_
Precautions: \_\_\_\_\_
Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_
Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
Referred to \_\_\_\_\_ For: \_\_\_\_\_

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

Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_



# Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.  
**This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.**

Student's Name: \_\_\_\_\_

**ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)**

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_ Cleared without limitation

\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

\_\_\_ Precautions: \_\_\_\_\_

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

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

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

Name of Physician (print): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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

Signature of Physician: \_\_\_\_\_

*Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.*