



HISTORY FORM

Preparticipation Physical Evaluation

Date of Exam _____ Sport(s) _____

Name _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone _____

City, State, Zip _____

Explain 'Yes' answers below. Circle questions you don't know the answer to.

- 1. Has a doctor ever denied or restricted your participation in sports for any reasons?
2. Do you have an ongoing medical condition (like diabetes or asthma)?
... 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?
... 49. How many periods have you had in the last year?
Explain 'Yes' answers here:
Certified Athletic Trainer's Initials:

26. Have you ever used an inhaler or taken asthma medicine?
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 _____



**PHYSICAL EXAMINATION
FORM**

PREPARTICIPATION PHYSICAL EXAM

Name _____ Date of birth _____

Height _____ Weight _____ Pulse _____ BP _____ / _____ (_____ / _____) Corrected: Y N

Pupils: Equal _____ unequal _____ FMS _____

Follow-Up Questions

- | | | |
|--|--------------------------|--------------------------|
| 1. Consider additional questions on more sensitive issues | YES | NO |
| • Do you feel stressed out or under a lot of pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you ever feel sad, hopeless, depressed, or anxious? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you feel safe? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever tried cigarettes, chewing tobacco, snuff, or dip? | <input type="checkbox"/> | <input type="checkbox"/> |
| • During the past 30 days, did you use chewing tobacco, snuff, or dip? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you drink alcohol or use any other drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever taken steroids or shots without a doctor's prescription? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever taken any supplements to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain any Yes answers: _____

	Normal	Abnormal Finding	Initials
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart			
Lungs			
Abdomen			
Genitourinary			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Knee			
Leg/ankle			
Foot/Toes			

*Multiple-examiner set-up only
 **Having a third party present is recommended for the genitourinary examination.

Notes: _____

- Cleared without restriction
 Cleared, with recommendations for further evaluation or treatment for: _____

Not Cleared for All Sports Certain Sports _____ Reason: _____

Name of Physician (print/type) _____ Date: _____

Address _____ Phone: _____

Signature of physician _____, MD or DO

Chiropractor physicians WILL NOT be accepted

PHYSICALS MUST BE SIGNED & STAMPED BY M.D. OR D.O.

UNABLE TO ACCEPT PAPERWORK UNLESS SIGNED & STAMPED BY M.D. OR D.O.

SAN DIEGO COMMUNITY COLLEGE DISTRICT: ATHLETIC PARTICIPATION

RISKS OF ATHLETIC PARTICIPATION

1. There is the inherent risk of injury in *all* athletic activities. The risk of serious injury affecting your life choices or life is relatively small.
2. To reduce the risks, you, the athlete, must listen to your coaches and learn to use the correct techniques and equipment required for your sport or athletic activity. Injuries must be reported immediately to the coach or certified athletic trainer and treatment instructions followed. Since District will not be providing any equipment in connection with the Activity, participant is solely responsible for his/her own equipment and the District assumes no liability in connection with the use or suitability of the equipment.
 - 2.1. If you elect not to follow the coach's instructions, not use the correct techniques or equipment, or ignore medical treatment instructions, you alone are responsible for the results of this action.
3. The number and types of injuries differ for all sports but fall into the following general categories:
 - 3.1. **Lacerations and abrasions** (e.g., cuts and scrapes): The long-term result of these is usually minor if cared for correctly. The most common risk may result in a scar, which may be a cosmetic deformity. IF THE CUT IS DEEP ENOUGH IT MIGHT AFFECT YOUR MUSCLES, NERVES, BONES OR CIRCULATION. The result of this might be the permanent loss of the use of that muscle, paralysis, or use of the injured area.
 - 3.2. **Sprains and strains** (e.g., injuries to your joints or muscles): Most of these are minor and require only therapy to recover from them. The more serious of these may require surgery and/or casting to restore the muscle or joint. There will also be the cosmetic result of a scar. THE FORCES THAT CAUSE THESE TYPES OF INJURIES MAY ALSO INJURE OTHER BODY STRUCTURES AT THE SAME TIME SUCH AS NERVES AND BLOOD VESSELS. The therapy is much longer. Because of this type of injury you may not be able to return to the same skill level that you had before the injury. You may also have an increased chance of later problems, such as arthritis, with the joint or muscle. In the most serious cases you may not be able to run, walk, get jobs requiring physical strength or skill (e.g., police or firefighting work) or perform fine motor functions (e.g., playing the piano). You may also have difficulty in performing daily activities such as bending or walking.
 - 3.3. **Fractures** (e.g., broken bones): If even minor fractures are ignored the result may be the loss of some physical capabilities. The more serious of these may require surgery and/or casting to restore the broken bones. There may also be the cosmetic result of a scar. THE FORCES THAT CAUSE THESE TYPES OF INJURIES MAY ALSO INJURE OTHER BODY STRUCTURES AT THE SAME TIME SUCH AS NERVES AND BLOOD VESSELS. Because of this type of injury you may not be able to return to the same skill level that you had before the injury. You may also have an increased chance of later problems, such as arthritis, with the joint or muscle. In the most serious cases you may not be able to run, walk, get jobs requiring physical strength or skill (e.g., police or firefighting work) or perform fine motor functions. You may also have difficulty in performing day-to-day activities such as bending or walking.
 - 3.4. **Catastrophic injuries**: These types of injuries are rare but do happen. They are injuries to your nerves, blood vessels, heart, brain, internal organs, sexual organs, eyes, ears and nose. The long term risk of these is much more serious. You may even die from these injuries. You may lose the function of a joint or limb. You may be permanently paralyzed, not be able to move your arms or legs on your own and be confined to a wheelchair. Assistance may be required for you to perform the most basic of bodily functions, such as a bowel movement. You could be blinded or lose your hearing. Your access to the job market may be severely restricted, and your family and social life may also be very limited.

Participant's Name (Last, First): _____

*A separate waiver is needed for each participant per sport.

SAN DIEGO COMMUNITY COLLEGE DISTRICT: ATHLETIC PARTICIPATION

WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

For and in consideration of permitting the undersigned participant, (Participant's Name) _____ (the "ACTIVITY") or in any athletic activities sponsored by SAN DIEGO CITY COLLEGE (the "COLLEGE"), one of the colleges of the SAN DIEGO COMMUNITY COLLEGE DISTRICT (the "DISTRICT"), the undersigned agrees as follows:

1. ASSUMPTION OF RISK

- 1.1. The undersigned has been fully and completely advised of the potential dangers incidental to engaging in the activity and instructing of (Type of Activity) _____ (the "ACTIVITY"). The undersigned has also read and understands the attached section, "Risks of Athletic Participation" (on reverse). The undersigned fully understands that there is the *risk of serious injury or death* while participating in athletic activities (whether or not on the property of the COLLEGE).
- 1.2. Because of the dangers of participating in athletic activities whether or not on the property of the COLLEGE, the undersigned acknowledges the importance of following instructions from any staff regarding ACTIVITY techniques, training, equipment, and rules.
- 1.3. The undersigned hereby asserts *his/her participation in athletic activities is voluntary* and he/she *knowingly assumes any and all such risks of athletic participation, INCLUDING any risk created by the active negligence of other co-participants, observers or faculty personnel.*

2. WAIVER OF LIABILITY

- 2.1. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby *voluntarily release, discharge, waive, relinquish, and covenant not to sue for any and all claims, including any negligence by the DISTRICT's or COLLEGE's* board of trustees, officers, employees, agents, representatives, coaches, volunteers, athletic directors, certified athletic trainers, student managers, or athletic training students for *personal injury, property damage, death, or loss of any kind whatsoever* to the fullest extent by law, whether the same shall arise from instruction or participation in the ACTIVITY, or otherwise.

3. INDEMNIFICATION AND HOLD HARMLESS

- 3.1. The undersigned for him/herself, his/her heirs, executors, administrators, and assigns agrees that in the event any claim for personal injury, property damage, death or loss of any kind whatsoever shall be prosecuted against the COLLEGE's or DISTRICT's board of trustees, officers, employees, agents, representatives, coaches, volunteers, athletic directors, certified athletic trainers, student managers, or athletic training students, *the undersigned shall hold harmless and indemnify for any and all claims, including any negligence by the DISTRICT's or COLLEGE's* board of trustees, officers, employees, agents, representatives, coaches, volunteers, athletic directors, certified athletic trainers, student managers, or athletic training students from *any and all claims or causes of action* by whomever or wherever made or presented for personal injury, property damage, death, or loss of any kind *whatsoever as a result of the undersigned's involvement in the ACTIVITY, or otherwise.*

4. ACKNOWLEDGMENT

- 4.1. *The undersigned has read this assumption of risk, waiver of liability, indemnification and hold harmless agreement, fully understands its terms, and understands that he/she is giving up substantial rights, including the right to sue. The undersigned acknowledges that he/she had the option to seek review by an independently retained attorney, and is signing the agreement freely and voluntarily.*
- 4.2. The undersigned acknowledges that this release contains the ENTIRE AGREEMENT between the parties hereto, and the terms of this waiver are contractual.
- 4.3. The undersigned acknowledges that he/she intends this document to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Participant

Age

Date

Signature of Parent/Guardian, if participant is under 18 years of age

Date



Name: _____

Sport: _____

IN CASE OF EMERGENCY, CONTACT:

Name: _____

Relationship: _____

Phone Number(s): _____

Please indicate if number is home(h), cell(c), or work(w).

VERIFICATION OF INSURANCE

I have NO health insurance: _____

I have health insurance: _____

Primary Insurance Company Name: _____

Address: _____

Phone Number: _____ HMO ___ PPO ___ OTHER ___

Policy Number: _____

What Facility should be used? _____

Secondary Insurance Company Name: _____

Address: _____

Phone Number: _____ HMO ___ PPO ___ OTHER ___

Policy Number: _____

What Facility should be used? _____

I understand that any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning facts material thereto, commits a fraudulent act, which is a crime.

Signature: _____

Date: _____