

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_  
 \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_  
 \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Health Questionnaire Version 4 (PHQ-4)  
*Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)*

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		
	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. 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)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS		Yes	No
14. 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?			
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?			
MEDICAL QUESTIONS		Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?			
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?			
22. Have you ever become ill while exercising in the heat?			
23. Do you or does someone in your family have sickle cell trait or disease?			
24. Have you ever had or do you have any problems with your eyes or vision?			

MEDICAL QUESTIONS (CONTINUED)		Yes	No
25. Do you worry about your weight?			
26. Are you trying to or has anyone recommended that you gain or lose weight?			
27. Are you on a special diet or do you avoid certain types of foods or food groups?			
28. Have you ever had an eating disorder?			
FEMALES ONLY		Yes	No
29. Have you ever had a menstrual period?			
30. How old were you when you had your first menstrual period?			
31. When was your most recent menstrual period?			
32. How many periods have you had in the past 12 months?			

**Explain "Yes" answers here.**

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**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete: \_\_\_\_\_

Signature of parent or 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, e-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-enhancing 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 (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_  
 Medically eligible for certain sports

\_\_\_\_\_  
 Not medically eligible pending further evaluation

Not medically eligible for any sports

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

\_\_\_\_\_  
I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

\_\_\_\_\_  
Medications: \_\_\_\_\_

\_\_\_\_\_  
Other information: \_\_\_\_\_

\_\_\_\_\_  
Emergency contacts: \_\_\_\_\_

\_\_\_\_\_  
 LAST (Student's Name) FIRST MIDDLE SCHOOL YEAR

EMERGENCY MEDICAL TREATMENT INFORMATION

STUDENT'S NAME:	DATE OF BIRTH:	AGE:
PARENT/GUARDIAN NAME:	HOME PHONE NO:	PARENT/GUARDIAN WORK NO:
FAMILY PHYSICIAN:	PHYSICIAN NUMBER:	
SPECIAL MEDICAL CONDITIONS OF STUDENT:	STUDENTS IS ALLERGIC TO:	

PERMISSION FOR MEDICAL TREATMENT

I/WE grant to the school personnel my/our permission to act on my/our behalf in securing medical attention for \_\_\_\_\_ in case of any medical emergency while participating in said activity. The local emergency facilities have my/our permission to treat \_\_\_\_\_ for any illness/injury that occurs while participating in said activity wherever conducted. I/We also understand that I/We are totally responsible for any costs incurred for medical attention.

I/We further verify that \_\_\_\_\_ is covered under the following insurance policy:

Name of Insurance Company:	
Policy Number:	
Named Insured:	
Persons Covered:	
Policy Expiration Date:	

PARENT(S)/GUARDIAN(S) SIGNATURE: \_\_\_\_\_

**\*\* Please continue on the back of this form. \*\***

**EXTRACURRICULAR AUTHORIZATION FORM**

I/We desiring that \_\_\_\_\_ participate fully in various interscholastic and extracurricular activities available through the Coweta County School System, hereby authorize and grant my/our permission for \_\_\_\_\_ to participate in the following extracurricular activities. I/We realize that such activities involve the potential for injury which is inherent in all extracurricular or sporting events. I/We hereby acknowledge that even with the best teaching and coaching, the use of the most advanced equipment, and the requirement of strict observance of all rules, injuries are still possible. I/We further realize that injuries received can be so severe as to result in total disability, paralysis, or even death. I/We hereby acknowledge that I/We have read and understand this warning and We hereby give my/our permission for \_\_\_\_\_ to participate in \_\_\_\_\_ and verify that he/she has adequate coverage of current accident and/or health insurance policy. This shall constitute the affidavit referenced in Board Policy JGA

PARENT(S)/GUARDIAN(S) SIGNATURE: \_\_\_\_\_  
**(MUST BE SIGNED IN FRONT OF A NOTARY)**

Sworn to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**INJURY AWARENESS FORM**

*(Check one only)*

- \_\_\_\_ I have viewed the Injury Awareness Film regarding the possibility of injury in extra-curricular activities for the student named above.
- \_\_\_\_ I have viewed the Injury Awareness Film regarding the possibility of injury in extra-curricular activities for another son/daughter at a previous time.

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

I/We hereby acknowledge that I/We have read, understand and completed this document with full and complete understanding of its terms and that the information contained herein is true and correct. I/We give permission for my/our student to accompany any school team of which the student is a member on any of its local or out of town trips.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**PARENT(S)/GUARDIAN(S) SIGNATURE:** \_\_\_\_\_

# East Coweta Athletic Paperwork

is Digital with  **DRAGONFLY**  
- SIMPLIFIED SPORTS MEDICINE -

Coweta County require all athletes to have a full physical packet on file with the school before they condition, tryout, practice, or compete with a sports team. A “FULL” physical packet consists of many forms, not just the Physical and Emergency Medical Form. To help make this easier for parents and coaches, East Coweta is utilizing DragonFly MAX to help ensure our athletes are healthy and ready to participate in athletic competition.

## Follow the steps below to get started using DragonFly MAX.

Parents new to ECHS Athletic Paperwork/Dragonfly – A –.

Parents needing to update ECHS Athletic Paperwork for the new school year – B –.

### ---A---

#### Parents New to ECHS Athletic Paperwork and Dragonfly

1. Download the DragonFly MAX app  from the App Store or Google Play.
  - To do this on your computer, visit [www.dragonflymax.com](http://www.dragonflymax.com) .



2. Tap “Get Started” and “Sign Up for Free” then follow the prompts to create your **Parent Account** with **your** email address or phone number.
  - NOTE: Please **do not** create an account with your child’s name or contact information – you will get the chance to add your child soon!
3. Verify your account with the verification ID sent to your email address.
4. Tap “Connect to your school” to select “Parent” as your role and search for the school by school name or by entering the ECHS School Code 75JGJN.
5. Tap “Join” to request access. An administrator from the athletic department will approve your request.
6. Click “Set up your children” and follow the prompts to create your child’s profile.
7. Complete his/her participation forms electronically and upload the complete physical and both sides of the notarized CCSS Authorization Form.
  - Bring your Complete Physicals and CCSS Authorization Forms to the Athletic Office or Front Office and the Athletic Department will upload them for you.
  - **DO NOT GIVE YOUR PHYSICAL OR AUTHORIZATION FORM TO THE COACH!**
8. When you are finished, you will see a Green “Ready” Bar or a Red “Not Ready -%” Bar. If your paperwork is “Not Ready”, tap on the bar to finish.

2020


READY

2020

NOT READY - 80%

9. After completing your child’s forms, you can review his/her profile OR add another child.

## Parents needing to update ECHS Athletic Paperwork for the new school year.

1. Log into your DragonFly account on the DragonFly MAX app .
  - a. To do this on your computer, visit [www.dragonflymax.com](http://www.dragonflymax.com).
2. Click “View Details”
3. Tap “Get Started” in the Prep for 2021-22 box.
4. If your mailing address, insurance information, or Emergency Contact has changed. Please update that information by clicking on the Update Medical & Demographic info for 2021-2022.
5. Upload both sides of a new CCSS Authorization Form signed after April 1, 2020.
  - a. Bring your Complete CCSS Authorization Forms to the Athletic Office or Front Office and the Athletic Department will upload it for you.
  - b. **DO NOT GIVE YOUR AUTHORIZATION FORM TO THE COACH!**
6. Complete his/her participation forms electronically.
7. Upload updated physical if you have one.
  - a. Bring your Complete Physicals to the Athletic Office or Front Office and the Athletic Department will upload them for you.
  - b. **DO NOT GIVE YOUR PHYSICAL TO THE COACH!**
8. When you are finished, you will see a Green “Ready” Bar or a Red “Not Ready -%” Bar. If your paperwork is “Not Ready”, tap on the bar to finish.



If you have any questions, please call the school at

770-254-2850 or email

[melissa.watson@cowetaschools.net](mailto:melissa.watson@cowetaschools.net)

[allison.ingram@cowetaschools.net](mailto:allison.ingram@cowetaschools.net)