

Instructions for Physicals at Personal Physician

The following items are included in this packet:

1. Permission Form to participate in sports at St. Benedict at Auburndale.
2. **TSSAA Medical Evaluation Form for Personal Physician**
3. TSSAA pre-participation medical evaluation form.
4. Emergency Treatment Form.
5. The HIPPA form. This form must be signed in order for the on-campus trainer to be able to discuss the physical condition of the athletes with their coaches.
6. **PLEASE TURN IN ALL PHYSICALS TO THE ATHLETIC DEPARTMENT – NOT THE COACH. THIS WILL PREVENT LOST PHYSICALS DURING THE YEAR.**

TSSAA Medical Evaluation Form for Personal Physician

Name of Athlete _____

General Physical Examination

Examiner: _____

Height _____ Weight _____ BP _____/_____ Pulse _____

Vision: R 20/____ L 20/____ Corrected? yes no Pupils _____

	Normal	Abnormal Findings
Ear, nose, throat		
Heart		
Chest/lungs		
Skin/Lymphatic		
Abdominal		
Genitalia/Hernia		

Examiner: _____

Musculoskeletal Examination

	Normal	Abnormal Findings
Neck/Back		
Upper Extremities		
Lower Extremities		
Flexibility		

Optional Lab

Urine Sugar _____

Urine Protein _____

Urine Hematest _____

Official Recommendation

A. This athlete may may not compete in athletics based on the data gathered from this exam.

B. Prior to participation, treatment or follow up on the following is recommended:

C. Recommend further consultation with _____

Signature of physician _____ Date: _____

TSSAA PREPARTICIPATION MEDICAL EVALUATION FORM

Personal History

Name	Sex	Age	DOB
Grade	Sport(s)		
School			

Personal Physician	Address	Telephone
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Have you ever had a pre-participation physical before? Yes No If yes, when/where _____

Please explain "Yes" answers below.

	Yes	No
1. Have you ever been hospitalized? Have you ever had surgery?	_____	_____
2. Are you presently taking any medications or pills?	_____	_____
3. Do you have allergies (medicine, bees or other stinging insects)?	_____	_____
4. Have you ever passed out during exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain/discomfort during exercise? Have you had excessive, unexpected or unexplained shortness of breath during exercise? Do you tire more quickly than your friends during exercise? Have you ever had high blood pressure? Have you ever been told that you have a heart murmur? Has anyone in your family died of heart problems or a sudden death before the age of 50? Has anyone in your family developed a disability from heart disease before the age of 50?	_____	_____
5. Do you have any skin problems (itching, rashes, acne)?	_____	_____
6. Have you ever had a head injury? Have you ever been knocked unconscious? Have you ever had a seizure? Have you ever had a stinger, burner or pinched nerve?	_____	_____
7. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat?	_____	_____
8. Do you have trouble breathing or do you cough during or after activities?	_____	_____
9. Do you use any special equipment (pads, braces, neck role, mouth guard, eye guard)?	_____	_____
10. Have you had any problems with your eyes or vision? Do you wear glasses or contacts or protective eye wear?	_____	_____
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling of any bones or joints? _____ Head _____ Shoulder _____ Thigh _____ Neck _____ Elbow _____ Knee _____ Chest _____ Forearm _____ Shin/Calf _____ Foot _____ Back _____ Wrist _____ Ankle _____ Hip _____ Hand	_____	_____
12. Have you ever had any other medical problem (infectious mononucleosis, diabetes)?	_____	_____
13. Have you ever had a medical problem since your last evaluation?	_____	_____
14. Have you lost/gained more than 15 lbs over the last 6 months?	_____	_____
15. When was your last tetanus shot? When was your last measles shot?	_____	_____
16. When was your first menstrual period? When was your last menstrual period? When was the longest time between your periods last year?	_____	_____

Please explain "yes" answers here:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct, and with my signature give Campbell Clinic permission to perform pre-participation physical on my child.

Signature of Athlete	Signature of Parent/Guardian	Date
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EMERGENCY TREATMENT

To All Parents:

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without parent's consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school or it's representative, this will allow the hospital to treat the injury.

I. EMERGENCY INFORMATION

Name: _____ Sport: _____ Sex: M _____ F _____

Grade: _____ Age: _____ Date of Birth: ____/____/____

Parent's Name: _____

Father's SS#: _____ Mother's SS#: _____

Work Address: _____

Phone Number: _____

Home Address: _____

Phone Number: _____

Another Person to Contact: _____

Relationship: _____ Phone Number: _____

Insurance Name: _____

Policy and Group Numbers: _____

ALLERGIES: _____

Consent Statement: Authorizing Treatment

Parent's Signature: _____ Student's

Signature (if over age 18): _____

II. PARENT'S CONSENT FOR ATHLETIC PARTICIPATION

I hereby give my consent for _____ to represent

(Name of Student)

_____ in the sport of _____.

(Name of School)

Date: _____ Signature: _____

**Student-Athlete Authorization
For
Disclosure of Protected Health Information**

I hereby authorize the physicians, athletic trainers, physical therapists and sports medicine personnel representing Campbell Clinic to disclose protected health information regarding any injury or illness affecting the student-athlete's training for and participation in athletics at St. Benedict at Auburndale High School. Campbell Clinic is authorized to disclose this protected health information to any coach, the athletic director, or any school official in connection with his/her participation in interscholastic sports. This protected health information may concern the student-athlete's medical status, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be disclosed to other health care providers within the Campbell Clinic system; to St. Benedict at Auburndale High School Administrators; and to officials of the Tennessee Secondary School Athletic Association.

I, _____, parent or guardian of _____,
(name of parent/guardian) (name of student)

understand that parent/legal guardian authorization/consent for the disclosure of the student-athlete's protected health information is a condition for participation as an interscholastic athlete at St. Benedict at Auburndale High School and for care during interscholastic athletics. I understand that my child's protected health information is protected by the federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment). This protected health information may not be disclosed without parent/legal guardian authorization under HIPAA or consent under the Buckley Amendment. I, the parent/legal guardian, understand that once information is disclosed per authorization or consent, the information is subject to re-disclosure and may no longer be protected by HIPAA and/or the Buckley Amendment. I, the parent/legal guardian, understand that I may revoke this authorization/consent at any time by notifying in writing Campbell Clinic. If authorization or consent is revoked, it will not have any effect on the actions Campbell Clinic personnel took in reliance on this authorization/consent prior to receiving the revocation. This authorization/consent is enacted on the date of signature and expires on May 31, 2010. Campbell Clinic will not condition your treatment on the signing of an authorization, except for any possible research-related treatment.

REQUIRED SIGNATURE FOR PARTICIPATION FOR INTERSCHOLASTIC SPORTS

Print Student-Athlete's Name

Signature of Parent/Legal Guardian

Date