



1000 Brookhaven Drive • Aiken, South Carolina 29803

Pre-participation Physical Evaluation

An annual physical evaluation is required for all student athletes prior to participating in any and all school sanctioned athletic practices or events. This requirement is mandated by the South Carolina High School League. The following three (3) forms must be completed in full:

- Physical Examination Form
- History Form
- Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

All three (3) completed and signed forms should be submitted to the student athlete's coach, athletic trainer, or athletic director. It is recommended that the student athlete's physician keep a copy of the History Form for the student's medical chart.

These documents will be treated as private and personal health information and access to this information will be restricted based on demonstrated need. These records will be maintained by the athletic director in a secure environment. The student athlete's coaches, athletic trainers, and athletic director may access these records. In addition, similar staff at off-site athletic event locations may access these records as necessary.

Please direct any questions regarding this requirement to your school's Athletic Director.

Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

Name (please print) _____

As a parent or legal guardian of the above named student-athlete. I give permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Signature of Athlete _____

Date: _____

Signature of Parent/Guardian _____

Date: _____

Preparticipation Physical Evaluation - Physical Form

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____

Examination			
Height:	Weight:		
BP: / (/)	Pulse:	Vision: R 20/ L 20/	Corrected ____ Yes ____ No

Medical	Normal	Abnormal Findings
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency)		
Eyes / Ears / Nose / Throat - Pupils equal / Hearing		
Lymph Nodes		
Heart - Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver)		
Lungs		
Abdomen		
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis		
Neurologic		
Musculoskeletal:		
- Neck		
- Back		
- Shoulders/Arm		
- Elbow/Forearm		
- Wrist/Hand/Fingers		
- Hip/Thighs		
- Knees		
- Leg/Ankles		
- Foot/Toes		
- Functional: Double-leg squat test, single leg squat test, and box drop or step drop test		

Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those.

Preparticipation Physical Evaluation

- ☐ 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. If conditions arise after the athlete had 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

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: _____ Sex: _____

Date of Examination: _____ Sport(s): _____

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): _____

General Questions		Yes	No	Medical Questions		Yes	No
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.							
1. Do you have any concerns that you would like to discuss with your provider?				16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
2. Has a provider ever denied or restricted your participation in sports for any reason?				17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			
3. Do you have any ongoing medical issues or recent illness?				18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
Heart Health Questions About You		Yes	No	19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?			
4. Have you ever passed out or nearly passed out DURING or AFTER exercise?				20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				21. Have you ever had numbness, tingling, or weakness in your arms or leg, or been unable to move your arms or legs after being hit or falling?			
6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?				22. Have you ever become ill while exercising in the heat?			
7. Has a doctor ever told you that you have any heart problems?				23. Do you or someone in your family have sickle cell trait or disease?			
8. Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography.				24. Have you ever had or do you have any problems with your eyes or vision?			
9. Do you get lightheaded or feel shorter of breath than your friends during exercise?				25. Do you worry about your weight?			
10. Have you ever had a seizure?				26. Are you trying to or has anyone recommended that you gain or lose weight?			
Health Questions About Your Family		Yes	No	27. Are you on a special Diet or do you avoid certain types of foods?			
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car accident)?				28. Have you ever had an eating disorder?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?				Females Only		Yes	No
13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35?				29. Have you ever had a menstrual period?			
Bone and Joint Questions		Yes	No	30. How old were you when you had your first menstrual period?			
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 game or practice?				31. When was your most recent menstrual period?			
15. Do you have a bone, muscle, ligament or joint injury that bothers you?				32. How many periods have you had in the past 12 months?			
				Explain a "Yes" answer here: _____			

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 _____



AIKEN COUNTY INFORMED CONSENT, RELEASE OF LIABILITY, ASSUMPTION OF RISK FOR COVID-19

(Student Participant) desires to participate in the Aiken County Public School District ("District") athletic program. I, _____
(Parent/Guardian/Student 18 or older), for myself and my child, understand and agree as follows regarding risks associated with the COVID 19 pandemic:

1. **Voluntary Participation:** I voluntarily elect for my child/Student Participant to access and use the District's premises, facilities, and equipment, and on other school districts' properties in the course of participating in the athletic activity, so that my child may participate in the District's athletic program. I voluntarily elect for my child/Student Participant to receive athletic instruction and training from District employees and volunteers. I understand that if I do not feel it is safe or appropriate to begin in-person workouts at this time, the student participant will be allowed to return to team activities without repercussions when I feel it is appropriate to do so, and the student participant may participate without mandatory attendance requirements during the summer period.
I understand that student participants who either have pre-existing medical conditions that place the Student Participant at higher risk of infection, or those who do not want to risk contracting COVID-19, should refrain from participating in high school sports at this time.
2. **Acknowledgment of Risk:** I warrant that I am fully aware of the inherent risks of infection from the COVID 19 virus and pandemic, among other communicable diseases, in all public spaces, and particularly in recreational facilities such as those used by the District for its athletic programs. I understand that use of the District's premises, or other premises and locations, and participation in athletic activities may result in an increased risk of exposure to COVID 19 because of, among other things, the sharing of equipment, close contact with other individuals during many athletic activities, and the prevalence of high touch surfaces inherently associated with the activities, the increased respiration and emission of respiratory droplets associated with physical exertion, the use of water bottles and other personal use objects, and the inherent and natural interaction and sharing behaviors of students.
I understand that COVID 19 is considered a highly contagious virus that may have serious health consequences that could result in prolonged hospitalization, permanent injury, and even death, and the potential spread to other individuals, including other household members, and I acknowledge that such risk cannot be fully mitigated or controlled.
3. **No Warranty:** I understand that the District will make reasonable efforts to comply with guidelines of South Carolina Department of Education, South Carolina High School League, Centers for Disease Control, South Carolina Department of Health and Environmental Control. However, the District cannot eliminate the risk of exposure to COVID 19, or guarantee that the facilities and athletic activities will be free of COVID 19; that faculty, staff, and volunteers will be or will remain free of infection; or that infected and contagious students or their families will not be present on the premises or participating in the activity. Accordingly, the District cannot and does not warrant, guarantee, or offer assurances that individuals will not be exposed to COVID 19 while on the premises or engaged in athletic activities, or that individuals will not then expose others to COVID 19.
4. **Assumption of Risk:** I understand and acknowledge that my or my child's access and use of the premises, facilities, equipment, and participation in the activities involve inherent risks to me or my child, and I understand the District has no control over these risks, nor the ability or duty to eliminate such risks, and even strict adherence to guidelines cannot eliminate risk. Consequently, for myself, and for my child, I assume such dangers, risks, and hazards by participating in athletic activities at this time.

5. **Indemnification, Waiver, Release:** I hereby waive, release, discharge, and hold harmless the District, including its employees, Board, directors/officials, officers, agents, and volunteers from any and all liability associated with any injury to the Student Participant, including personal injury or illness or even death, loss of income or educational opportunity, property damage, and all losses, damages, expenses, liabilities, or claims of any nature arising out of, related to, or in any way connected to the Student Participant use of the premises, facilities, and participation in the activities.
6. **Other Acknowledgements:**
- a. I represent that I have the authority to give this Informed Consent, Release of Liability, Assumption of Risk for the Student Participant's participation in the District's athletic program and use of District premises and facilities. I am the parent/legal guardian of the Student Participant, or I am 18 years of age or older, and have the unrestricted right to enter into this Informed Consent, Release of Liability, Assumption of Risk.
 - b. I have received a copy of information on COVID 19, including FAQ Regarding Return to Team Sports and Guidelines for Return of High School Sponsored Team Sports and shall abide by them and make all reasonable efforts to equip and instruct my child to abide by them at all times while on the District's premises, or while otherwise engaged in the athletic activity, even on other districts' premises, for purposes of participating in the District's athletic program.
 - c. I agree that in the event that the Student Participant or any member of our household tests positive for COVID 19, is informed by a health care provider that that the Student Participant or member of my household is likely symptomatic for COVID 19 infection, or otherwise becomes aware of information that a reasonable person should in good faith recognize as indicating exposure to COVID 19, I will immediately notify the District.
 - d. I hereby give consent for emergency transportation and treatment in the event of illness or injury, and I accept responsibility for the payment of any emergency transportation or treatment on behalf of my child.
 - e. To the best of my knowledge I further certify that my child is in good physical condition and has no medical or physical conditions that would restrict his/her participation in this event.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS **INFORMED CONSENT, RELEASE OF LIABILITY, ASSUMPTION OF RISK**; I FULLY UNDERSTAND ITS TERMS; I UNDERSTAND THAT I AM WAIVING RIGHTS BY SIGNING IT; AND I HAVE SIGNED IT FREELY AND VOLUNTARILY. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE EXTENT ALLOWED BY LAW.

Signature of Parent/Guardian for Minor Student

Date

Signature of Student Participant

Date

Print Name of Parent/Guardian

Print Name of Student Participant

Employee/Coach

Date



AIKEN COUNTY

PUBLIC SCHOOLS

Athletic Participation Form for Athletes with Chronic Medical Conditions

Student Athlete: _____ Date of Birth: _____

Sport(s): _____

Diagnosed chronic medical condition(s):

I have discussed the risk factors related to COVID19 and athletic participation with the physician treating my student athlete for the above condition(s).

Parent's signature

Printed name of parent

Date

TO BE COMPLETED BY PHYSICIAN:

Please check:

_____ Student athlete is cleared for participation in the sports listed above without restrictions

_____ Student athlete may participate with restrictions: _____

_____ Student athlete's medical condition places him/her at greater risk of complications from COVID19 and therefore he/she should NOT participate in athletic programs until next evaluation

Physician's Signature

Physician's Telephone

Date

Insert physician's name and address stamp

6/8/2020