ALL PAGES OF THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO THE SCHOOL WITH THE PHYSICAL!

Horry County Schools

ATHLETIC PRE-PARTICIPATION FORMS

Dear Parent/Guardian:

In order to ensure efficient and appropriate health care for your child, we must ask you to complete several forms before allowing your child to participate in interscholastic athletics or extracurricular activities. ***It is EXTREMELY IMPORTANT that NO*** **parts of the form be left blank. Incomplete forms will NOT be accepted!**

If you should have any questions or concerns about this process, please do not hesitate to contact the Athletic Trainer at your child's high school.

Per South Carolina High School League rules, pre-participation physicals are valid from April 1, 2017 – June 30, 2018.

ALL FORMS MUST BE COMPLETED AND RETURNED TO THE ATHLETIC TRAINING ROOM AT YOUR CHILD'S SCHOOL BEFORE YOUR CHILD WILL BE ALLOWED TO PARTICIPATE IN ANY TRY-OUT, PRACTICE, OR GAME.

Please follow the directions below for completing the attached physical forms . . .

1) Parent/Student-Athlete complete "Student-Athlete Information Form"

2) Parent ***COMPLETE, SIGN, AND DATE*** the "Authorization for Release of Medical Information Form."

3) Parent ***AND*** student-athlete ***READ, SIGN, AND DATE*** the "Mild Traumatic Brain Injury (MTBI) / Concussion Annual Statement and Acknowledgement Form for Student Athletes"

4) Parent ***AND*** student-athlete ***READ,SIGN, and DATE*** "Parent/Guardian Consent Form"

5) Parent ***COMPLETELY*** *fill out the front* of the "Pre-participation Health Screening" form, then sign and date it at the bottom**. PLEASE EXPLAIN "YES" ANSWERS.**

6) Take the forms to your doctor and have them complete the physical examination portion of the physical form

NOTE: Physical forms MUST be signed by a licensed medical doctor in South Carolina or a Certified Physician's Assistant or Family Nurse Practitioner practicing under the supervision of a licensed South Carolina MD or DO.

Chiropractor signatures are NOT valid!

Per South Carolina High School League rules, pre-participation physicals are valid from April 1, 2017 – June 30, 2018.

Horry County Schools

STUDENT-ATHLETE INFORMATION

Name _____ **Sex** {circle} M F **Grade** {circle} 7 8 9 10 11 12
FIRST MIDDLE LAST (**2017 -2018** School Year)

Date of Birth _____/_____/_____
Month Day Year

Mailing Address _____ **City** _____ **Zip Code** _____

Home Phone _____ **Cell Phone** _____ **Email** _____

Parent/Guardian Information:

Father _____ **Home Phone** _____ **Cell Phone** _____

Email _____

Employer _____ **Work Phone** _____

Mother _____ **Home Phone** _____ **Cell Phone** _____

Email _____

Employer _____ **Work Phone** _____

Emergency Contact _____**Phone** _____ **Alternate** _____

Family Doctor _____ **Phone** _____ **Alternate** _____

Is this student covered by private health care/medical insurance and/or Medicaid? _____ **Yes** _____ **No**

Medicaid Provider: _____ **Medicaid#:** _____

Name of private healthcare/medical insurance provider: _____

Policy Holder's Name: _____ **Social Security #** : _____ - _____ - _____

Group Name: _____ **Group #:** _____ **Policy #:** _____

Please indicate which school your child attends (Base school by attendance area):

_____ Aynor HS	_____ Aynor MS		
_____ Carolina Forest HS	_____Ocean Bay MS	_____Black Water MS	_____ Ten Oaks MS
_____ Conway HS	_____ Conway MS	_____ Whittemore Park MS	_____ Green Sea Floyds HS/MS
_____ Loris HS	_____ Loris MS	_____ Myrtle Beach HS	_____ Myrtle Beach MS
_____ North Myrtle Beach HS	_____ North Myrtle Beach MS	_____ Socastee HS	_____ Forest Brook MS
_____ Socastee MS	_____ St James HS	_____ St James MS	
_____ Early College	_____ AAST	_____ ATA	____ Scholars Academy

Horry County Schools

Authorization for Release of Medical Information

Student's Name: _____ **Date of Birth:** ____ / ____ / _____
First Middle Initial Last Month Day Year

Grade: _____
(2017 -2018)

I hereby authorize Horry County Schools to obtain, use, and disclose my child's protected health information ("Health Information") as defined by Federal and state law, in the manner described below. I understand that this authorization is voluntary. I also understand that if the person or entity authorized by this document to provide or receive my child's Health Information is not a health plan or health-care provider, then the disclosed Health Information may no longer be protected from further disclosure by federal or state law.

Any and all of the following Health Information may be obtained, used, or disclosed by Horry County Schools**:**

Please check the appropriate box…

☐ **All records**, including those listed below

☐ Pre-participation Physical Forms only

☐ Medical Records only

☐ Insurance Claims/Medical Billing and/or Medicaid Information only

This information may be obtained from, used by/for, or disclosed to, the following individual(s) and/or entities:

Please check the appropriate box…

☐ **All** of the individuals/entities listed below

☐ Affiliated Team Physicians only

☐ Affiliated Allied Health Care Providers such as Physical Therapists, Counselors, etc. only

☐ Family Physician only (Physician's Name(s): _____)

☐ School Athletic Insurance Policy Provider only

☐ Primary Insurance Policy Provider only

☐ Another school(s) in the event of a student transfer only.

☐ Other, please list the contact information here: Name:_____

Mailing Address: _____

_____

Telephone Number: _____

I understand that my child's healthcare will not be affected if I do not sign this form.

This authorization shall expire one year from the date of my signature below.

I understand that I may revoke this authorization at any time by notifying Horry County Schools in writing. I understand that my revocation of this authorization will not affect any actions taken by Horry County Schools in reliance on this authorization prior to the time it received my revocation.

I understand that I have a right to receive a copy of this authorization.

Parent/Guardian Signature: _____ **Date:** _____

Relationship to student listed above (please check one) ☐ Parent ☐ Legal guardian

***A photocopy or facsimile of this document shall be considered the same as the original document.*

ALL PAGES OF THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO THE SCHOOL WITH THE PHYSICAL!

Horry County Schools

Mild Traumatic Brain Injury (MTBI) / Concussion
Annual Statement and Acknowledgement Form for Student-Athletes
2017 - 2018

I, _____ (student-athlete), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the appropriate school staff (e.g., coaches, athletic training staff, and school nurse). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I/We acknowledge:

- My school has provided me with specific educational materials including the CDC Concussion fact sheet (http://www.cdc.gov/concussion/HeadsUp/youth.html) on what a concussion is and has given me an opportunity to ask questions.
- I/We have fully disclosed to the school medical staff any prior mild traumatic brain injuries (MBTI)/concussions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I/We am/are responsible for reporting to the coach, athletic trainer, school nurse, or other appropriate school medical staff member.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I will make every effort to report the injury to the appropriate school staff and/or school medical staff member.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student-Athlete must print their name, then sign and date below:

Print Name: _____ Signature: _____

Date: _____

Parent/Guardian must print their name, then sign and date below:

Print Name: _____ Signature: _____

Date: _____

Per South Carolina High School League rules, pre-participation physicals are valid from April 1, 2017 – June 30, 2018.

ALL PAGES OF THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO THE SCHOOL WITH THE PHYSICAL!

Horry County Schools

PARENT/GUARDIAN CONSENT, WAIVER, AND MEDICAL RELEASE FORM FOR ATHLETICS 2017 - 2018

STUDENT'S FULL NAME: _____ DATE OF BIRTH: _____

SCHOOL: _____ HOME PHONE #: _____

PARENT/GUARDIAN: _____ OTHER PHONE #:_____

I hereby give permission for the above-named student to participate in the interscholastic athletic program beginning the date I have signed this form through June 30, 2018, and to travel on athletic trips scheduled for his/her team(s). In granting this permission, I assume full responsibility for the behavior of my child and for any and all damages to person or property caused by my child.

If it is determined that my child needs medical or dental treatment while participating in athletics, I will be financially responsible for any treatment determined to be necessary by a physician, dentist, athletic trainer, emergency medical personnel, or any other medical personnel. I give my permission for the school district's sports medicine staff to care for and provide appropriate medical treatment for my child in the event of his/her injury. I agree to be responsible for any expenses associated with sending my child home prior to the scheduled return time if an adult supervisor determines that it is necessary due to the health or behavior of my child.

Except as I have listed immediately below, I grant permission for athletic trainers licensed in South Carolina to administer the following over-the-counter, individually packaged, single-dose oral medications or their equivalents to my child consistent with District policy: Advil, Antacid, Benadryl, Guaifenesin, Throat Lozenges, Ibuprofen, Glucose Gel, Motrin, Pepto-Bismol, Robitussin, Robitussin DM, Rolaids, Tums, and Tylenol (indicate below the medications from the foregoing list that you do **not** want to be administered to your child):

_____

_____

_____

I agree to notify the athletic trainer immediately in writing of any changes in my child's health which requires modification to my permission. My child and I understand that all school related athletic injuries are to be reported to the Certified Athletic Trainer at their school as soon as possible. In most cases, school related athletic injuries can be handled by the school's Certified Athletic Trainer without referral to a physician or emergency room. Any change in medical status since physical date will require clearance by a licensed medical doctor in South Carolina or a Certified Physician's Assistant or Family Nurse Practitioner under the supervision of a licensed South Carolina MD or DO to return to participation in athletics/sports.

I understand that by participating in interscholastic athletics, including practices, my child is exposing himself/herself to the risk of serious injury and death. By my signature below I release and waive, and further agree to indemnify, hold harmless or reimburse the Horry County Board of Education, the individual members, employees, representatives, and agents thereof, from and against, any claim which I, any other parent or guardian, any sibling, my child, or any other person, firm, or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages, injuries, or adverse reactions arising out of, during, or in connection with my child's participation in athletic competition(s) and/or practice(s) and in connection with the administration of medication(s) to my child as specified above. I agree that a photocopy or facsimile of this document shall be considered the same as the original document. ***I HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT AND THE "INFORMATION CONCERNING PARTICIPATION IN SPORTS" PRESENTED ON THE BACK OF THIS RELEASE AGREEMENT.***

_____ _____

Signature of Student-Athlete Date

_____ _____

Signature of Parent/Guardian Date

Note: This form becomes obsolete at the end of the day June 30, 2018, but must be maintained by the school for a period consistent with the school district's records retention schedule.

Revised: 2-22-05; 3-25-09; 3-3-11; 9-2-2013

Overleaf

INFORMATION CONCERNING PARTICIPATION IN SPORTS

2017 -2018

By its very nature, competitive athletics puts students in situations in which **serious, catastrophic,** and **sometimes fatal accidents and illnesses** may occur. Many forms of athletic competition and practice result in violent physical contact. The use of athletic equipment may result in accidents, injury, or death. Strenuous physical exertion and numerous other exposures to the risk of injury occur while participating in interscholastic athletics.

A student and his/her parents must assess the risks involved in participation in competitive athletics and make a decision concerning whether or not the student participates in spite of the risks. No amount of instruction, precaution, or supervision will totally eliminate the risk of death, injury, or illness associated with participation in athletic activities. Just as driving an automobile involves risks, athletic participation by middle or senior high school students also may be inherently dangerous. The responsibility that parents and students have in making a choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic competition and/or practice. By granting permission for your child to participate in athletic competition and practice, you are acknowledging that you fully understand that such risks exist.

Students will be instructed in the proper techniques to be used in athletic competition and practice and in the proper utilization of equipment worn or used in practices and competitions. Students must always adhere to that instruction and utilization and must refrain from improper use or techniques.

Sudden Cardiac Arrest (SCA) is a potentially fatal condition in which the heart suddenly stops beating. When this happens, blood stops flowing to the brain and other vital organs. One possible cause of SCA is a sudden blunt non-penetrating blow to the chest and the use of recreational or performance-enhancing drugs and/or energy drinks. SCA is the #1 cause of death in student athletes.

Heat cramps, heat exhaustion, and heat stroke are the result of either extreme fluid loss over a period of a few hours or continued fluid loss over a period of several days. Any athlete, in any sport, outdoor or indoor can suffer from heat related illnesses. If heat stroke is suspected, the body must be immersed fully in ice-cold water immediately to help reduce the core body temperature. This can be a life threatening condition if not treated in a timely and efficient manner.

Disordered eating can lead to adverse effects on health and physical performance. Other consequences upon health and performance depend on the athlete's immediate health status; the demands of sport-specific training; type, severity, and duration of the pathogenic weight control or eating behaviors; the degree of nutrient deficiency; presence of comorbid physical and mental disorders; and the timing and quality of therapeutic interventions. All athletes are encouraged to maintain adequate nutrition habits both in and out of season.

As previously stated, no amount of instruction, precaution, and supervision will eliminate the risk of serious, catastrophic, and fatal injury or illness.

ADDITIONAL INFORMATION CONCERNING PARTICIPATION IN FOOTBALL

Football is a collision sport and injuries can, and do, occur. Safety is the major concern of the Rules Committees of the National Federation of State High School Associations, and recent rule changes have reduced the number of serious injuries. This document does not cover all potential injury possibilities in playing football, but it is an attempt to make players and their parents aware that fundamentals and proper-fitting equipment are important to student safety and enjoyment in playing football.

By rule, the helmet is **not** to be used as a "ram." Initial contact is not to be made with the helmet. However, it is not possible to play the game safely or correctly without making contact with the helmet when properly blocking and tackling an opponent. Therefore, technique is most important to prevention of injuries.
Tackling and blocking techniques are basically the same. The play should always be in a position of balance: knees bent, back straight, body slightly bent forward, head up, target area as near to the body as possible with the main contact being made with the shoulder.

Blocking and tackling by not putting the helmet as close to the body as possible could result in shoulder injury such as a separation or pinched nerve in the neck area. The dangers of not following the safety rules in making contact with the upper body and helmet is that improper body alignment can put the spinal column in a vulnerable position for injury.

If the head is bent downward, the cervical (neck) vertebrae are in a straight line and contact on the top of the helmet could result in a dislocation, nerve damage, paralysis, or even death. If the back is not straight, the thoracic (mid-back) and lumbar (low back) vertebrae are also vulnerable to injury with similar results.

If the knees are not bent, the chance of knee injury is greatly increased. Fundamentally, a player should be in the proper hitting position at all times during live ball play. The injury could be anything such as, but not limited to, strained muscles, ankle injuries, or serious knee injuries requiring surgical care. Blocking below the waist is permitted only in a defined area known as the "free-blocking zone" and only under the conditions specified by the football rules. Cleats have been restricted in length to further help in preventing knee injuries. A runner with the ball, however, may be tackled around the legs.

In tackling, the rules prohibit initial contact with the helmet or grabbing the face mask or edge of the helmet. Serious injuries may result from non-compliance. Initial helmet contact could result in a bruise, dislocation, fracture, head injury, or internal injury to organs such as, but not limited to, kidneys, spleen, bladder, etc. Grabbing the face mask or helmet edge could cause a serious neck injury resulting in, but not limited to, muscle strain, dislocation, fracture, nerve injury, spinal damage, paralysis, or death.

If any of the foregoing is not completely understood, please contact the school's Athletic Director or Athletic Trainer for further information and clarification.

Please note…Per South Carolina High School League rules, pre-participation physicals are valid from April 1, 2017 – June 30, 2018.

HORRY COUNTY SCHOOLS

PRE-PARTICIPATION HEALTH SCREENING FOR ATHLETICS / EXTRACURRICULAR ACTIVITIES

Name _____ **Sex: M F Grade: 7 8 9 10 11 12 Date of Birth** _____/_____/_____
FIRST MIDDLE LAST (2017 - 2018 School Year) Month / Day / Year

Sports you plan to play {Circle all that apply} **Football Basketball Baseball Softball Volleyball Wrestling**
Cross Country Soccer Track Swimming Golf Lacrosse Cheerleading Tennis NJROTC Dance Team

Medical History **(Answer ALL questions by checking the YES or NO boxes. Explain ALL "Yes" answers in the space below!**

	GENERAL MEDICAL HISTORY:	YES	NO	Don't Know
1.	**HAVE YOU HAD ANY MEDICAL PROBLEM OR PHYSICAL INJURY SINCE YOUR LAST PHYSICAL EXAM?**	☐	☐	☐
2.	DO YOU HAVE ASTHMA?	☐	☐	☐
3.	DO YOU HAVE DIABETES?	☐	☐	☐
4.	DO YOU HAVE HIGH BLOOD PRESSURE?	☐	☐	☐
5.	DO YOU HAVE SEIZURES?	☐	☐	☐
6.	DO YOU HAVE SICKLE CELL TRAIT?	☐	☐	☐
7.	HAVE YOU HAVE ANY OTHER MAJOR MEDICAL PROBLEM?	☐	☐	☐
8.	HAVE YOU EVER BEEN HOSPITALIZED OR HAD SURGERY?	☐	☐	☐
9.	DO YOU COUGH, WHEEZE, OR HAVE TROUBLE BREATHING WHEN EXERCISING?	☐	☐	☐
10.	DO YOU USE AN INHALER?	☐	☐	☐
11.	DO YOU HAVE A SINGLE ORGAN (TESTICLE OR KIDNEY)?	☐	☐	☐
12.	ARE YOU CURRENTLY TAKING ANY MEDICINES OR DO YOU TAKE ANY MEDICINES ON A REGULAR BASIS (PRESCRIPTION OR OVER-THE-COUNTER)?	☐	☐	☐
13.	HAVE YOU EVER TAKEN ANY SUPPLEMENTS OR VITAMINS TO HELP WITH WEIGHT LOSS, WEIGHT GAIN, OR TO IMPROVE PERFORMANCE?	☐	☐	☐
14.	DO YOU HAVE ANY ALLERGIES (SEASONAL, INSECTS, FOOD, OR MEDICINES)?	☐	☐	☐
15.	HAVE YOU EVER HAD A RASH OR HIVES DEVELOP DURING OR AFTER EXERCISE?	☐	☐	☐
16.	DO YOU HAVE ANY SKIN PROBLEMS OTHER THAN ACNE?	☐	☐	☐
17.	HAVE YOU EVER HAD A HEAD INJURY, BEEN KNOCKED OUT, LOST YOUR MEMORY, HAD YOUR "BELL RUNG", OR A CONCUSSION?	☐	☐	☐
18.	HAVE YOU EVER HAD NUMBNESS OR TINGLING IN YOUR ARMS, HANDS, LEGS, OR FEET?	☐	☐	☐
19.	HAVE YOU EVER HAD A "STINGER", "BURNER", OR PINCHED NERVE?	☐	☐	☐
20.	HAVE YOU EVER BECOME ILL FROM EXERCISING IN THE HEAT?	☐	☐	☐
21.	HAVE YOU HAD MONONUCLEOSIS OR ANY SIGNIFICANT ILLNESS IN THE LAST 60 DAYS?	☐	☐	☐
22.	DO YOU HAVE TROUBLE WITH YOUR EYES/VISION/WEAR GLASSES OR CONTACTS?	☐	☐	☐
23.	DO YOU HAVE TROUBLE WITH YOUR HEARING/WEAR HEARING AIDS?	☐	☐	☐
24.	DO YOU WANT TO WEIGH MORE OR LESS THAN YOU DO NOW?	☐	☐	☐
25.	DO YOU LOSE WEIGHT REGULARLY TO MEET WEIGHT REQUIREMENTS FOR YOUR SPORT OR OTHER REASONS	☐	☐	☐
26.	DO YOU FEEL STRESSED OUT, OVERLY TIRED, OR DEPRESSED?	☐	☐	☐
27.	ARE THERE ANY OTHER ISSUES YOU WOULD LIKE TO DISCUSS WITH THE DOCTOR?	☐	☐	☐
	CARDIAC HISTORY:			
1.	HAVE YOU EVER PASSED OUT DURING OR AFTER EXERCISE	☐	☐	☐
2.	HAVE YOU EVER BEEN DIZZY DURING OR AFTER EXERCISE?	☐	☐	☐
3.	HAVE YOU EVER HAD CHEST PAIN OR CHEST PRESSURE DURING OR AFTER EXERCISE?	☐	☐	☐
4.	DO YOU TIRE EASILY OR MORE QUICKLY THAN YOUR FRIENDS DURING EXERCISE?	☐	☐	☐
5.	HAVE YOU EVER HAD RACING OF YOUR HEART OR SKIPPED HEARTBEATS?	☐	☐	☐
6.	HAVE YOU EVER BEEN TOLD YOU HAD A HEART MURMUR?	☐	☐	☐
7.	HAVE YOU EVER BEEN TOLD YOU HAD AN ENLARGED HEART?	☐	☐	☐
8.	HAS ANY MEMBER OF YOUR FAMILY:	☐	☐	☐
	☐ - DIED OF HEART PROBLEMS OR SUDDEN DEATH BEFORE AGE 50? ☐ - BEEN TOLD THEY HAD A SERIOUS HEART PROBLEM BEFORE AGE 50 ☐ - BEEN TOLD THEY HAD MARFAN'S SYNDROME			
9.	HAS A PHYSICIAN EVER DENIED OR RESTRICTED YOUR PARTICIPATION IN SPORTS?	☐	☐	☐
	ORTHOPAEDIC HISTORY:			
1.	HAVE YOU EVER BROKEN OR FRACTURED ANY BONES?	☐	☐	☐
2.	HAVE YOU EVER DISLOCATED OR PARTIALLY DISLOCATED ANY JOINT?	☐	☐	☐
3.	HAVE YOU HAD ANY PROBLEMS RELATED TO YOUR:	☐	☐	☐
	☐ - NECK, SPINE, OR BACK ☐ – SHOULDERS ☐ – ELBOWS ☐ -WRISTS, HANDS, OR FINGERS ☐ – HIPS ☐ – KNEES ☐ - ANKLES, FEET, OR TOES ☐ - OTHER			
	FEMALES ONLY:			
1.	ARE YOUR PERIODS REGULAR (EVERY MONTH)?	☐	☐	☐
2.	ARE YOUR PERIODS HEAVY?	☐	☐	☐
3.	WHEN WAS YOUR FIRST PERIOD? MONTH _____ YEAR _____			
4.	WHEN WAS YOUR LAST PERIOD? MONTH _____ YEAR _____			

Please explain YES answers from above in this space: _____

_____

_____

Signature of parent/guardian: _____ **Date signed:** _____

***A photocopy or facsimile of this document shall be considered the same as the original document.*

Please note…Per South Carolina High School League rules, pre-participation physicals are valid from April 1, 2017 – June 30, 2018.

Please *note…Per South Carolina High School League rules, pre-participation physicals are valid from April 1, 2017 – June 30, 2018*

Horry County Schools
Pre-participation Health Screening Examination

Physical Examination **Date of Examination:** _____

Name: _____ **Age:** _____ **Date of Birth:** _____/_____/_____

Height _____ Weight _____ BP _____/_____ Pulse _____ Respiration _____

Vision L 20/_____ R 20/ _____ Corrected (CIRCLE): Yes No If yes, with? (CIRCLE) Glasses Contacts

GENERAL MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
CARDIOPULMONARY			
PULSES (INCLUDING FEMORAL)			
HEART (SUPINE, SITTING, STANDING)			
LUNGS			
SKIN			
ABDOMINAL			
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**	**INITIALS**
NECK			
SHOULDER			
ELBOWS			
WRISTS			
HANDS			
BACK/SPINE			
HIP/PELVIS			
KNEES			
ANKLES			
FEET			
DENTAL	**NORMAL**	**ABNORMAL FINDINGS**	**INITIALS**
GUMS AND TONGUE			
TEETH			
TMJ JOINT			

Clearance (check one): ☐ CLEARED

☐ Cleared ***after*** completing evaluation/treatment for: _____

☐ **NOT CLEARED** for sport/activity (list) _____

☐ **NOT CLEARED FOR ANY SPORTS PARTICIPATION** due to: _____

Other recommendations: _____

Physician Office Name: _____ Phone Number: _____

Name of Examining Physician: _____

Signature of Examining Physician: _____ Date: _____

Please note…Per South Carolina High School League rules, pre-participation physicals are valid from April 1, 2017 – June 30, 2018