



ArbiterAthlete™

Thinking about playing a sport in 2018-19?

IMPORTANT INFO BELOW!

Dear Parent/Guardian:

In 2017 Horry County Schools implemented a new electronic registration system for athletics. Parents and students are required to create an online account and complete the pre-participation physical packet online. The online packet must be completed before any participation in athletic activities will be allowed. To complete this process, please follow the instructions outlined below.

If you have already completed a parent and student account previously on PlanetHS, then simply log in using your same account username and password and complete the required information for 2018-2019.

Visit www.arbiterathlete.com and click "sign up" or "log in". You may also text a school code (see below) to **69274** to sign up.

BOTH parents and student need to make separate accounts and then **LINK** the two accounts. See below for instructions on how to link parent and student accounts and complete the physical forms online.

Athlete/Parent Account Registration and Pre-Participation Form Completion

1. Go to www.arbiterathlete.com and click "sign up".
2. Parent **AND** Student will need to make separate accounts
 - A. Students, please enter your **legal** first, middle and last name
 - B. Students, it is recommended that you use your HCS email and password.
Ex. Jsmith@g.horrycountyschools.net
 - C. Please chose the school at which the student will be participating.
 - D. Students and Parents, if you come to a field that does not apply to you, please type N/A
3. Once logged in to either parent or student account:
 - A. Click Athletic Forms
 - B. Click Athletic Participation
 - C. Scroll down and click "**Link Accounts**" and enter the email address or phone number of the parent/student who needs to be linked.
4. The other person will receive an email/text to confirm linking accounts. They will see the invite and click "**Approve**".
5. Once the accounts are linked, you will follow steps A-B again and then scroll all the way to the bottom.
6. **Click on each of the forms and complete them appropriately.**
7. **PHYSICAL EXAM** form and **BIRTH CERTIFICATE** will need to be uploaded as a document or a clear picture (make sure it is the page of the physical with doctor's signature, we don't need the other pages). ***If you are not able to upload the forms, you may submit them to the school in hard copy form and we will upload them for you.***
8. Parent and student will both have to click on these links from their separate accounts because both signatures will be required before it will be approved.

If you have any questions, you may contact the Athletic Director or Athletic Trainer for the school at which you will be participating.

Arbiter Athlete School Text Codes

Anyor HS **S564** Carolina Forest HS **S688** Conway HS **S700** Green Sea Floyds HS **S591** Loris HS **S723**
Myrtle Beach HS **S637** North Myrtle Beach HS **S653** Socastee HS **S623** St. James HS **S640**

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 (2018 - 2019 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 HAD 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 ☐ - HIP			
	☐ - 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 student-athlete: _____ Date signed: _____

Signature of parent/guardian: _____ Date signed: _____

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

HORRY COUNTY SCHOOLS
PRE-PARTICIPATION HEALTH SCREENING EXAMINATION

Name: _____ Date of Examination: _____
 Sex: **M F** Grade: 7 8 9 10 11 12 Age: _____ Date of Birth: ____/____/____
(2018-2019 School Year)

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: _____

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!