Please note...Per South Carolina High School League rules, pre-participation physicals are valid from April 1, 2023 through the end of the 2023-2024 school year.





Thinking about playing a sport in 2023-2024?

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** or **Student Central Big Teams**, then simply log in using your same account username and password and complete the required information for 2023-2024. If you do not remember your account information, please contact the athletic department at your child's school.

DO NOT CREATE A SECOND ACCOUNT IF YOU HAVE FORGOTTEN YOUR PASSWORD.

Visit https://studentcentral.bigteams.com and click "sign up" or "log in". You may also text a school code (see below) to 69274 to sign up. Do not create an account or sign any forms before April 1, 2023.

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 https://studentcentral.bigteams.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 **high school** at which the student will be participating. You may add a middle school later.
- **3.** Once logged in to either parent or student account:
 - A. Complete Emergency Information
 - B. Click Athletic Forms
 - C. Click Athletic Participation
 - D. 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 B and C 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).
- **8. Both the Parent and Student** will have to click on the links to each form 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.

Student Central Big Teams School Text Codes

Anyor HS **\$564** Carolina Forest HS **\$688** Conway HS **\$700** Green Sea Floyds HS **\$591** Loris HS **\$723** Myrtle Beach HS **\$637** North Myrtle Beach HS **\$653** Socastee HS **\$623** St. James HS **\$640**

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PRE-PARTICIPATION HEALTH SCREENING FOR ATHLETICS / EXTRACURRICULAR ACTIVITIES

Name				Sex	: M F Gr	ade:7 8 9 10 1	1 12 Date	of Birth	
	FIRST	MIDDLE	LAST		(2023 - 2024 School Y	'ear)	Mon	th / Day / Year
Sports you	ı plan to play	(Circle all t	hat apply} Fo	ootball	Basketba	all Baseball	Softball	Volleyball	Wrestling
Cross Cou	ntry Soccer	Track	Swimming	Golf	Lacrosse	Cheerleading	Tennis	NJROTC	Dance Team

	al History (Answer ALL questions by checking the YES or NO boxes. Explain ALL "Yes" a GENERAL MEDICAL HISTORY:	YES	NO NO	Don't Know
_		YES di	NO å	Don't Know
1.	HAVE YOU HAD ANY MEDICAL PROBLEM OR PHYSICAL INJURY SINCE YOUR LAST PHYSICAL EXAM?	ث	وُ	ث
2.	DO YOU HAVE ASTHMA?	ث	وُ	ث
3. 4.	DO YOU HAVE DIABETES?	ق ق	ودو	ث
	DO YOU HAVE HIGH BLOOD PRESSURE?	ن	ث	ث
5.	DO YOU HAVE SEIZURES?	ث	وُ	ن
6.	DO YOU HAVE SICKLE CELL TRAIT?			
7.	HAVE YOU HAVE ANY OTHER MAJOR MEDICAL PROBLEM?	ث	وث وث	<u>ڤ</u> ڤ
8.	HAVE YOU EVER BEEN HOSPITALIZED OR HAD SURGERY?	وُ	وُ	ث
9.	DO YOU COUGH, WHEEZE, OR HAVE TROUBLE BREATHING WHEN EXERCISING?	ڤ	وُ	ف ف
10.	DO YOU USE AN INHALER?	ور	و و	ث
11.	DO YOU HAVE A SINGLE ORGAN (TESTICLE OR KIDNEY)?	9	9	٩
12.	ARE YOU CURRENTLY TAKING ANY MEDICINES OR DO YOU TAKE ANY MEDICINES ON A REGULAR BASIS (PRESCRIPTION OR OVER-THE-COUNTER)?	ث	^g	ث
13.	HAVE YOU EVER TAKEN ANY SUPPLEMENTS OR VITAMINS TO HELP WITH WEIGHT LOSS, WEIGHT GAIN, OR TO IMPROVE PERFORMANCE?	ث	ľ,	اث
14.	DO YOU HAVE ANY ALLERGIES (SEASONAL, INSECTS, FOOD, OR MEDICINES)?	ڤ	ۋ	ث
15.	HAVE YOU EVER HAD A RASH OR HIVES DEVELOP DURING OR AFTER EXERCISE?	ڤ	ۋ	ث
16.	DO YOU HAVE ANY SKIN PROBLEMS OTHER THAN ACNE?	ث	و٠	ث
17.	HAVE YOU EVER HAD A HEAD INJURY, BEEN KNOCKED OUT, LOST YOUR MEMORY, HAD YOUR "BELL RUNG", OR A CONCUSSION?	ث	اث	ث
18.	HAVE YOU EVER HAD NUMBNESS OR TINGLING IN YOUR ARMS, HANDS, LEGS, OR FEET?	ڡٛ	ڤ	ث
19.	HAVE YOU EVER HAD A "STINGER", "BURNER", OR PINCHED NERVE?	ث	ئ	ن
20.	HAVE YOU EVER BECOME ILL FROM EXERCISING IN THE HEAT?	ور ا	و و	ن
21.	HAVE YOU HAD MONONUCLEOSIS OR ANY SIGNIFICANT ILLNESS IN THE LAST 60 DAYS?	ن	ن	ن
22.	DO YOU HAVE TROUBLE WITH YOUR EYES/VISION/WEAR GLASSES OR CONTACTS?	ث	ث	ت
23.	DO YOU HAVE TROUBLE WITH YOUR EYES/VISION, WEAR GLASSES OR CONTACTS? DO YOU HAVE TROUBLE WITH YOUR HEARING/WEAR HEARING AIDS?	ن	ث	ث
24.	DO YOU WANT TO WEIGH MORE OR LESS THAN YOU DO NOW?	ن	ن	ن
25.	DO YOU LOSE WEIGHT REGULARLY TO MEET WEIGHT REQUIREMENTS FOR YOUR SPORT OR OTHER REASONS	ن	ن	ن
26.	DO YOU FEEL STRESSED OUT, OVERLY TIRED, OR DEPRESSED?	ن	ن	ن
27.	ARE THERE ANY OTHER ISSUES YOU WOULD LIKE TO DISCUSS WITH THE DOCTOR?	ال ا	ۇ	ن
21.	CARDIAC HISTORY:		,	3
1.	HAS A PHYSICIAN EVER DENIED OR RESTRICTED YOUR PARTICIPATION IN SPORTS?	دة	Là.	۵
		ن	ث	ن
2.	HAS A PHYSICIAN EVER ORDER A TEST FOR YOUR HEART? FOR EXAMPLE: ECG/EKG, ECHOCARDIOGRAM	ڻ	ث	و و
3.	HAVE YOU EVER PASSED OUT DURING OR AFTER EXERCISE	ور	و و	ث
4.	HAVE YOU EVER BEEN DIZZY DURING OR AFTER EXERCISE?	ق ق	ث	و ق
5.	HAVE YOU EVER HAD CHEST PAIN OR CHEST PRESSURE DURING OR AFTER EXERCISE?	ق ق	ودو	و ق
6.	DO YOU TIRE EASILY OR MORE QUICKLY THAN YOUR FRIENDS DURING EXERCISE?			
7.	HAVE YOU EVER HAD RACING OF YOUR HEART OR SKIPPED HEARTBEATS?	ث	ث	ث
8.	HAVE YOU EVER BEEN TOLD YOU HAD A HEART MURMUR?	اف	ڤ	ف ف
9.	HAVE YOU EVER BEEN TOLD YOU HAD AN ENLARGED HEART?			
10.	HAS ANY MEMBER OF YOUR FAMILY:	ڻ	ث	ث
	ن - 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			
	□ BEEN TOLD THEY HAD HYPERTROPHIC CARDIOMYOPATHY, LONG-QT SYNDROME, OR ANY OTHER HEART			
	ARRHYTHMIA OR CONDITION			
	ORTHOPAEDIC HISTORY:			
1.	HAVE YOU EVER BROKEN OR FRACTURED ANY BONES?	ف	، و،	ث
2.	HAVE YOU EVER DISLOCATED OR PARTIALLY DISLOCATED ANY JOINT?	ڤ	٬ و٠	ف .
3.	HAVE YOU HAD ANY PROBLEMS RELATED TO YOUR:	ٷ	وث	ث
	eLBOWS - WRISTS, HANDS, OR FINGERS - HIPS - HIPS - ANKLES, FEET, OR TOES - OTHER - HES - ANKLES, FEET, OR TOES			
	FEMALES ONLY:			
1.	ARE YOUR PERIODS REGULAR (EVERY MONTH)?	ڤ	وث	ڤ
2.	ARE YOUR PERIODS HEAVY?	ڤ	وث	ث
3.	WHEN WAS YOUR FIRST PERIOD? MONTHYEAR			
4.	WHEN WAS YOUR LAST PERIOD? MONTH YEAR	1		1

Please explain YES answers from above in this space:	
Signature of student-athlete:	Date signed:
Cignoture of parantlauardian.	Data signadi

HORRY COUNTY SCHOOLS PRE-PARTICIPATION HEALTH SCREENING EXAMINATION

Name:		Date of Exam:			
Date of Birth://		Age:	Sex: M	M F	
Grade: 7 8 9 10 11 12 (2023-2024 School Year)					
Height Weight	Pulse	Respiration	on		
BP L BRACHIAL/ BP	R BRACHIA	AL /			
Vision L 20/ R 20/ Corrected (CIRC				ntacts	
GENERAL MEDICAL	NORMAL	1			
CARDIOPULMONARY		_			
PULSES (INCLUDING FEMORAL)			-		
HEART (SUPINE, SITTING, STANDING and VALSALVA)			-		
PHYSICAL STIGMATA OF MARFAN SYNDROME					
LUNGS					
SKIN					
ABDOMINAL					
MUSCULOSKELETAL	NORMAL	ABNORMAL FIND	DINGS INITI	ALS	
NECK					
SHOULDER					
ELBOWS					
WRISTS					
HANDS					
BACK/SPINE					
HIP/PELVIS					
KNEES					
ANKLES					
FEET					
DENTAL	NORMAL	ABNORMAL FINE	DINGS INITI	ALS	
GUMS AND TONGUE					
TEETH					
TMJ JOINT					
Clearance (check one):					
CLEARED	trootmont for:				
 □ CLEARED AFTER completing evaluation/ □ NOT CLEARED for sport/activity (list) 					
□ NOT CLEARED FOR ANY SPORTS PAR					
Other recommendations:	non Anon	due to			
Physician Office Name:		Phone N	umber:		
lame of Examining Clinician:		i none in			
Signature of Examining Clinician:		MD DO BAC N	P Date:		
Physical forms MUST be signed by					

supervision of a licensed MD or DO.

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