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 **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**

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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 (2023 - 2024 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.	HAS A PHYSICIAN EVER DENIED OR RESTRICTED YOUR PARTICIPATION IN SPORTS?	☐	☐	☐
2.	HAS A PHYSICIAN EVER ORDER A TEST FOR YOUR HEART? FOR EXAMPLE: ECG/EKG, ECHOCARDIOGRAM	☐	☐	☐
3.	HAVE YOU EVER PASSED OUT DURING OR AFTER EXERCISE	☐	☐	☐
4.	HAVE YOU EVER BEEN DIZZY DURING OR AFTER EXERCISE?	☐	☐	☐
5.	HAVE YOU EVER HAD CHEST PAIN OR CHEST PRESSURE DURING OR AFTER EXERCISE?	☐	☐	☐
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?	☐	☐	☐
8.	HAVE YOU EVER BEEN TOLD YOU HAD A HEART MURMUR?	☐	☐	☐
9.	HAVE YOU EVER BEEN TOLD YOU HAD AN ENLARGED HEART?	☐	☐	☐
10.	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 ☐ - 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?	☐	☐	☐
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 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 Exam:** ______________

Date of Birth: ______/______/______ **Age:** _______ **Sex: M F**

Grade: 7 8 9 10 11 12
(2023-2024 School Year)

Height ________ Weight ________ Pulse _______ Respiration _______

BP L BRACHIAL ________/________ BP R BRACHIAL ________/________

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 and VALSALVA)			
PHYSICAL STIGMATA OF MARFAN SYNDROME			
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 Clinician: ____

Signature of Examining Clinician: ___________________________MD.DO,PAC,NP **Date:** ___________

Physical forms MUST be signed by a Licensed Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) or a Certified Physician's Assistant (PAC) or Nurse Practitioner (NP) practicing under the supervision of a licensed MD or DO.

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