

Nebraska School Activities Association School Sports Qualifying Screening Evaluation

Please Complete in Ink

INSTRUCTIONS FOR COMPLETING THE PRE-PARTICIPATION FORM

REASONS FOR RECOMMENDED CHANGES IN PRE-PARTICIPATION PHYSICAL FORMS

Due to privacy and HIPAA issues, the NSAA's Sports Medicine Advisory Committee has recommended that schools utilize a different form and different procedures than have previously been used for activities pre-participation physical examinations. Medical professionals on the NSAA Sports Medicine Advisory Committee expressed concerns that collection of and access to confidential student medical information by schools would likely constitute an infringement of privacy and HIPAA guidelines.

In the past, the two-part NSAA pre-participation physical form included (1) a page of student medical history, and (2) a page with the actual examination report. Once the physical examination was completed, both the medical history and examination report were filed with the student's high school—a practice that has been challenged as infringing on privacy and HIPPA regulations.

The attached form is a product of and used with the approval of the American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

This proposed three-part form includes (1) a History Form; (2) the actual Physical Examination Form; and (3) the Clearance Form. To meet privacy and HIPAA requirements, it is anticipated that the examining physician would retain on file the History Form and the Physical Examination Form, with only the Clearance Form being returned to the student to be placed on file in the school office.

SCHOOL ENTRY PHYSICAL EXAMINATIONS

This physical examination form and procedures is intended for pre-participation athletic physicals. In the past, some schools have utilized the NSAA physical form for school-entry physicals. This form could be used for that purpose, as well, but it is important to note that there may be important components of the school-entry physical examination requirements that are not included on this form (e.g., vision examination).

SIGNATURE(S)

For the form to be valid, it must be signed by a physician or medical person within the scope of his/her training and within the limits defined by state statutes as to services which can be legally performed by the field of practice to which the individual belongs.

PARENTAL CONSENT FORM

The Parental Consent Form is a form based on current language making sure parents and athletes understand completely there are risks with any athletic activity. This form is very "generic" and can be easily modified to fit the individual school. Since some schools may want to be very specific in their forms, this form may be modified. It is currently designed to refer to a school's specific sets of policies, rules and regulations for athletic participation. The Parental Consent Form should be place on file for every student who participates in NSAA activities, athletic and non-athletic.

Preparticipation Physical Evaluation



(for example, ECG, echocardiogram) 11. Has anyone in your family died for no apparent reason? 12. Does anyone in your family have a heart problem? 13. Has any family member or relative died of heart problems or of sudden death before age 50? 14. Does anyone in your family have Marfan syndrome? 15. Have you ever had surgery? 16. Have you ever had an injury, like a sprain, muscle or ligament tear or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below: 18. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below: 19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: 19. Have you ever had a menstrual period? 19. Have you ever had a stress fracture? 19. Have you ever had a stress fracture? 10. Do you wear glasses or contact lenses? 41. Do you wear protective eyewear, such as goggles or a face shield? 42. Are you happy with your weight? 43. Are you trying to gain or lose weight? 44. Has anyone recommended you change your weight or eating habits? 45. Do you have any concerns that you would like to discuss with a doctor? FEMALES ONLY 47. Have you ever had a menstrual period? 48. How old were you when you had your first menstrual period? 49. How many periods have you had in the last year? Explain "Yes" answers here: 10. Do you wear plasses or contact lenses? 11. Do you wear plasses or contact lenses? 12. Are you happy with your weight? 13. Are you trying to gain or lose weight? 14. Has anyone recommended you change your weight or eating habits? 15. Have you had any problems with your weight? 16. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below: 18. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: 19. Have you ever had a menstrual period? 4	Nam	ıe								Se	x	Age		Date of birth		_
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Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

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sion	R 20/ l	_ 20/		Correc	ted: Y N	Pupils: Equal	U	nequal				
	Follow-Up Ques	stions on	More 9	Sensitive	Issues					Yes	No	
	1. Do you feel str				•							
			l or hop	eless that y	ou stop doing	some of your usual ac	tivities for	more tha	an a few day			
	3. Do you feel sa		aratta ei	mokina ev	an 1 or 2 nuffs	? Do you currently sm	oko?					
	5. During the pas						ioke:					
	6. During the pas											
	7. Have you ever											
						r lose weight or impro						
	seatbelts, unpr					ww.cdc.gov/HealthyYo	uth/yrbs/ir	ndex.htm)	on guns,			
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		NOI	RMAL			ABNORMAL F	INDINGS				INIT	 A €
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Appea	arance											
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Heart												
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Pulse												
Lungs												
Abdor		+										
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Skin												
MUS	CULOSKELETAI	L _										
Neck												
Back												
Shoul	der/arm											
Elbow	/forearm											
Wrist/	hand/fingers											
Hip/th	igh											
Knee										_		
Leg/a	nkle											
Foot/t										-		
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ame d	of physician (pri	nt/type)							Dat	е		
ddres	s							Phone				
ignatu	re of physician										, MD	or

Preparticipation Physical Evaluation

CLEARANCE FORM

Name	Sex	Age	Date of birth
☐ Cleared without restriction			
☐ Cleared, with recommendations for further evaluation or	treatment for: _		
□ Not cleared for □ All sports □ Certain sports:		Reas	on:
Recommendations:			
EMERGENCY INFORMATION			
Allergies			
Other Information			
IMMUNIZATIONS (eg, tetanus/diphtheria; measles, mumps, rube meningococcal; varicella)			
☐ Up to date (see attached documentation) ☐ Not up to	date Specify		
Name of physician (print/type)	. , _		
Address			Pnone
Signature of physician			, MD or
© 2004 American Academy of Family Physicians, American Academy of Pediatrics, American Med American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports M	ical Society for Sports Medic edicine.	cine,	
Preparticipation Physical	Evaluat	tion	CLEARANCE FOR
Name	Sex	Age	Date of birth
☐ Cleared without restriction			
☐ Cleared, with recommendations for further evaluation or	treatment for: _		
□ Not cleared for □ All sports □ Certain sports:		Reas	on:
Recommendations:			
EMEDOENCY INFORMATION			
EMERGENCY INFORMATION Allergies			
Other Information			
IMMUNIZATIONS (eg, tetanus/diphtheria; measles, mumps, rube	lla; hepatitis A, B; i	influenza; polic	omyelitis; pneumococcal;
meningococcal; varicella)			
☐ Up to date (see attached documentation) ☐ Not up to			
Name of physician (print/type)			Date
Address			Phone
Characters of about the			
Signature of physician			. MD or

To be completed for students participating in all NSAA activities.



NEBRASKA SCHOOL ACTIVITIES ASSOCIATION (NSAA) Student and Parent Consent Form

Schoo	of Student:	0 Member Scho	ol:			
Date	of Birth:	Plac	ce of Birth:			
	ndersigned(s) are tively referred to a		e parent(s), guardia	n(s), or person(s) in	charge of the ab	ove named Student and are
The P	arent and Student	hereby:				
(1) Uı privile		ree that participatio	on in NSAA sponso	ored activities is vo	oluntary on the pa	art of the Student and is a
poten (c) the body's occas	tial dangers assoce severity of such s bones, joints, lig ions, injuries so se	iated with athletic p injury can range fro aments, tendons, c	articipation; (b) par om minor cuts, brui or muscles, to catas total disability, par	ticipation in any ath ses, sprains, and n strophic injuries to f alysis and death; ar	lletic activity may nuscle strains to the head, neck a nd, (d) even the b	Student of the existence of involve injury of some type; more serious injuries to the nd spinal cord, and on rare est coaching, the use of the
partici						and rules interpretations for ol for which the Student is
subset listing enrolling member related partici- any or displa	quent disclosure I , electronic mail a ment status (e.g., f per of athletic tean d to eligibility for pation in NSAA sp ther means while p y of such recordin	by the NSAA, of intended display the NSAA, of intended display the full-time or part-time ins, degrees, honors NSAA sponsored ponsored activities; participating in NSA	formation regarding, date of and place, participation in of and awards receivactivities, medical and, (b) the Studer A activities and corclaims of ownership	the Student, included of birth, major field ficially recognized a wed, statistics regar records, and any at being photograph tests, consent to an or other rights with	ding the student's dis of study, dates activities and spor ding performance other informationed, video taped, and waive any priv	enrolled to the NSAA, and a name, address, telephone of attendance, grade level, ts, weight and height of as a e, records or documentation on related to the Student's audio taped, or recorded by acy rights with regard to the hotographs or recordings or
		ive read paragraph of injury inherent in			and agree to the	terms thereof, including the
DATE	D this day of	·				
None	of Oto-do-d ID-int N			-t 0:t	 	
	of Student [Print N	-		nt Signature		
parag inhere risk of	raphs (1) through ent in participation f injury to my Stud	(4) above, understa	and and agree to the . Having read the give (my)(our) pern	ne terms thereof, in warning in paragranission for	cluding the warni ph (3) above and [inse	dge that (I)(We) have read ing of potential risk of injury understanding the potential ort student name] to practice cossed out below:
	Baseball	Golf	Tennis	Play Production	Basketball	Swimming/Diving
	Track	Football	Speech	Cross Country	Soccer	Volleyball
	Music	Softball	Wrestling	Debate	Journalism	
DATE	D this day of	·				
Paren	t [Print Name]		Paren	t Signature		
aiell	ch michaniel		i aitii	. Jigi latare		