



**Part 1. Student Information (to be completed by parent/guardian).**

Student Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 School: \_\_\_\_\_ Grade in School: \_\_\_\_ Sports Expected to Play: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_  
 Person to Contact in Case of Emergency: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

**Part 2. Medical History (to be completed by parent/guardian).**

Explain "Yes" answers below. Circle questions for which you do not know the answer.

- |   |     |     |   |             |               |
|---|-----|-----|---|-------------|---------------|
| 1. Has child had a medical illness or injury since the last check up or sports physical?                            | Yes | No  | 24. Has child ever had numbness or tingling in his/her arms, hands, legs, or feet?  | Yes         | No            |
| 2. Does child Have an ongoing chronic illness?  | ___ | ___ | 25. Has child ever had a stinger, burner, or pinched nerve?   | ___         | ___           |
| 3. Has child ever been hospitalized overnight?  | ___ | ___ | 26. Has child ever become ill from exercising in the heat?  | ___         | ___           |
| 4. Has child ever had surgery?  | ___ | ___ | 27. Does child cough, wheeze, or have trouble breathing during or after activity?   | ___         | ___           |
| 5. Is child currently taking any prescription or nonprescription (over the counter) medication or using an inhaler? | ___ | ___ | 28. Does child have asthma?   | ___         | ___           |
| 6. Has child ever taken any supplements or vitamins to help gain or loose weight or improve performance?            | ___ | ___ | 29. Does child have seasonal allergies that require medical treatment?  | ___         | ___           |
| 7. Does child have any allergies (for example: pollen, medicine, food, stinging insects)?                           | ___ | ___ | 30. Does child have any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example: knee brace, special neck roll, foot orthotics, retainer on teeth, hearing aid)? | ___         | ___           |
| 8. Has child ever had rash or hives develop during or after exercise?   | ___ | ___ | 31. Has child had any problems with his/her eyes or vision?   | ___         | ___           |
| 9. Has child ever passed out during or after exercise?  | ___ | ___ | 32. Does child wear glasses, contacts, or protective eyewear?   | ___         | ___           |
| 10. Has child ever been dizzy during or after exercise?   | ___ | ___ | 33. Has child ever had a strain, sprain, or swelling after injury?  | ___         | ___           |
| 11. Has child ever had chest pain during or after exercise?   | ___ | ___ | 34. Has child broken or fractured any bones or dislocated any joints?   | ___         | ___           |
| 12. Does child get tired more quickly than friends during exercise?   | ___ | ___ | 35. Has child had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, check appropriate blanks and explain below:   | ___         | ___           |
| 13. Has child ever had racing of the heart or skipped heartbeats?   | ___ | ___ | ___ head  | ___ elbow   | ___ hip       |
| 14. Has child had high blood pressure or high cholesterol?  | ___ | ___ | ___ neck  | ___ forearm | ___ thigh     |
| 15. Has child been told he/she has a heart murmur?  | ___ | ___ | ___ back  | ___ wrist   | ___ knee      |
| 16. Has any family member or relative died of heart problems or sudden death before age 50?                         | ___ | ___ | ___ chest   | ___ hand    | ___ shin/calf |
| 17. Has child had severe viral infection (for example: myocarditis or mononucleosis) within the last month?         | ___ | ___ | ___ shoulder  | ___ finger  | ___ ankle     |
| 18. Has a physician ever denied or restricted child's participation in sports for any reason?                       | ___ | ___ | ___ upper arm   | ___ foot    |               |
| 19. Does child have any current skin problems (for example: itching, rashes, acne, warts, fungus, blisters)?        | ___ | ___ | 36. Does child want to weigh more or less than child weighs now?  | ___         | ___           |
| 20. Has child ever had a head injury or concussion?   | ___ | ___ | 37. Does child lose weight regularly to meet weight requirements for a sport?   | ___         | ___           |
| 21. Has child ever been knocked out, become unconscious, or lost his/her memory?                                    | ___ | ___ | 38. Does child feel stressed out?   | ___         | ___           |
| 22. Has child ever had a seizure?   | ___ | ___ | 39. Record the dates of his/her most recent shots for:  |             |               |
| 23. Does child have frequent or severe headaches?   | ___ | ___ | Tetanus: _____ Measles: _____   |             |               |
|   |     |     | Hepatitis B: _____ Chickenpox: _____  |             |               |

Explain "Yes" answers here: \_\_\_\_\_

**I hereby state, to the best of my knowledge, that my answers to the above questions are complete and correct.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



Archdiocese of Miami Department of Schools  
**Athletic Pre-Participation Physical Evaluation**  
 This completed form must be kept on file by the school.

**Part 3. Physical Examination (to be completed by the physician).**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Height: \_\_\_\_ Weight: \_\_\_\_ % Body Fat (optional): \_\_\_\_ Pulse: \_\_\_\_ Blood Pressure: \_\_\_\_ / \_\_\_\_ (\_\_\_\_ / \_\_\_\_, \_\_\_\_ / \_\_\_\_)  
 Visual Acuity: Right 20 / \_\_\_\_ Left 20 / \_\_\_\_ Corrected: Yes No Pupils: Equal: \_\_ Unequal: \_\_

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
1. Appearance			
2. Eyes/Ears/Nose/Throat			
3. Lymph Nodes			
4. Heart			
5. Pulses			
6. Lungs			
7. Abdomen			
8. Skin			
<b>MUSCULOSKELETAL</b>			
9. Neck			
10. Back			
11. Shoulder/Arm			
12. Elbow/Forearm			
13. Wrist/Hand			
14. Hip/Thigh			
15. Knee			
16. Leg/Ankle			
17. Foot			
*Station-based examination only			

**ASSESSMENT**

\_\_\_\_ Cleared without limitation.  
 \_\_\_\_ Cleared after completing evaluation / rehabilitation for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Physician (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_, MD or DO

*Based on recommendations developed by the American Academy of Family Pediatrics, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy for Sports Medicine.*



**ARCHDIOCESE OF MIAMI**  
**Catholic Athletic League of the Archdiocese of Miami**  
**Consent to Play**

Student: \_\_\_\_\_ School: \_\_\_\_\_

Sport(s) for which the student plans to participate: \_\_\_\_\_

- 
- 1 I/we hereby give consent for our child/ward to participate in interscholastic sports listed above.
  - 2 I/we am/are aware of the potential danger of concussion and /or head and neck injuries in athletic participation. I also have knowledge about the risks associated with heat related illness during athletic participation and have received information as to the risk of continuing to practice or play once a concussion or head injury is sustained without proper medical clearance.
  - 3 I/we know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands that serious injury and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved I/we release and hold harmless my child's/ward's school against which it competes, the contest officials and coaches and the Archdiocese of Miami including all of its affiliated entities and agents of any legal responsibility and liability for any injury or claim resulting from such athletic participation I/we agree to take no legal action against my child/ward's school, the schools against which he competes, the contest officials, coaches and the Archdiocese of Miami because of any claim, cost, or cause of action arising in any way from athletic participation of my child/ward. I further authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child is under the supervision of the school.

I/we have read this document carefully. I/we understand the contents of the document and I/we are aware that it contains a release of liability. I/we understand that the student may not practice or compete in any sport until this document is on file with the principal.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_