

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		
	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		





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### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form): \_\_\_\_\_

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

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### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_

☐ Medically eligible for certain sports

\_\_\_\_\_

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

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

\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

Emergency contacts: \_\_\_\_\_

\_\_\_\_\_








# COVID-19 Daily Self-Health Screening Tool

\*Updated December 4-2020, February 3-2021.

## Coach/ Student Athlete Daily Symptom Screening Questionnaire

Ask the Following **3 QUESTIONS** every day before work, school, or sports:

<b>3 QUESTIONS</b>		Answer <i>Circle one</i>	Action
<b>1</b>	Do I have any of the following symptoms that are new or worsening? -fever or chills                      -cough                      -diarrhea -shortness of breath or              -new loss of taste or smell      -lethargy difficulty breathing                  -sore throat -excessive fatigue                   -congestion or runny nose -muscle or body aches               - repeated shaking/ shivers/ tremors -headaches                            -nausea or vomiting	YES    NO	IF <u>YES</u> Stay HOME 
<b>2</b>	<b>Have I or anyone in my household been confirmed/ suspected with COVID-19 in the last 14 days?</b>	YES    NO	IF <u>YES</u> Stay HOME 
<b>3</b>	Have I been notified that I am a close contact* with someone who has tested positive for COVID-19 in the last 14 days? <small>*Close Contact: Someone who has spent 15 minutes cumulative or more time within 6 feet or less of a positive person starting from 48 hours before that person began feeling sick.</small>	YES    NO	IF <u>YES</u> Stay HOME 

If a student athlete, coach, employee, or essential visitor answer "YES" to any of the above questions, they should:  
 -Remain home: DO NOT come onto campus for work, school, or sports.    -DO notify your coach, athletic trainer, and athletic director.

If any student athlete, member of the coaching staff, district employee, or essential visitor answers NO to any of the above 3 questions they can participate in/ oversee district approved athletic sessions AFTER washing hands, and must follow social distancing, frequent hand hygiene, and cleaning-disinfection protocols throughout the athletic session.

Face coverings are **REQUIRED** to be worn by coaches, student athletes, employees, and essential visitors when on campus around others, and during participation in any athletic activity even with heavy exertion as tolerated, both indoors and outdoors, especially when physical distancing (6 feet apart at all times) may not entirely be possible due to the nature of the activity. **Unless** wearing a face covering becomes hazardous. Individuals must be mindful/ allowed to distance themselves from others > 6 feet before removing the face covering to take a breather, drink, or change an excessively wet face covering. Face Coverings must be worn when not participating in the activity (e.g., on the sidelines).

**Reminder:** Face coverings are not as effective as physical distancing alone (6+ feet apart), but can be much more effective at preventing the transmission of air-borne illnesses such as COVID-19 when used together.

Name (first/ last): \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Sport: \_\_\_\_\_ Level (Fr, JV, Var): \_\_\_\_\_

Grade: \_\_\_\_\_ Coach: Yes or No



### COVID-19 Liability of Risk Return to Goal 2 Engagements

As the parent/guardian of the below-named child and on behalf of myself and my child, agents, heirs, and successors, I voluntarily agree to: (1) assume all risks of injury, illness, or death to my child arising out of or resulting from my child's participation in and/or attendance at the Goal 2 engagement (i.e. 2020-21 Varsity Football), such risks include, but are not limited to: injury, illness, or death due to being exposed to or infected by contagious diseases, including COVID-19; (2) waive and release all claims, causes of actions, actions, liabilities, and costs against the Fresno Unified School District (District) and its governing board and members thereof, officers, employees, agents, and volunteers (collectively District Personnel) and hold harmless the District and District Personnel from any claims, causes of actions, actions, liabilities, and costs that may arise out of, or result from my child's participation in or attendance at such engagement; and (3) assume all obligations for any medical, financial, and other costs and/or liabilities that may be sustained or incurred by my child, myself, or my agents, heirs, and/or successors. Fresno Unified assumes no responsibility and shall not be liable for any injury, illness, death, liabilities, damages, or costs that my child, myself, my agents, heirs, and/or successors may sustain or incur arising out of or resulting from the aforementioned Goal 2 engagement.

Parent/Guardian's Name

Parent/Guardian Signature

Parent/Guardian's email address:

Parent/Guardian's Cell Number:

Home Address

City

Zip Code

Student's Name

Student Signature

Student ID#

Student Date of Birth

Emergency Contact (1<sup>st</sup>) Name

Emergency Cell Number

Emergency Contact (2<sup>nd</sup>) Name

Emergency Cell Number



## **EXTRACURRICULAR ACTIVITIES**

### **STUDENT PARTICIPATION**

#### **CONSENT AND WAIVER-RELEASE FORM**

In giving my permission for my Student to participate in the Activity (identified below), I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Fresno Unified School District, its Governing Board of Trustees, officers, employees, and agents for liability based on any and all claims including, but not limited to, for personal injury, bodily injury, property damage or wrongful death occurring to my Student arising in any way whatsoever as a result of engaging in the Activity or any incidental activities wherever or however the same may occur and from whatever period said activities may continue.

I understand that my Student has been advised of all safety rules pertaining to the Activity and the use of protective equipment, if any, by participants. I fully understand that participants are to abide by all rules governing conduct during the Activity and that reasonable efforts are made to avoid the potential for accidents and injuries.

I acknowledge that participants will engage in various physical and practical training, competitive athletics, or interactions with others involving a variety of indoor and outdoor environments, physical interactions, physical contact, and other mobile activities. The specific risks vary from one activity to another, but the risks range from, for example: 1) minor injuries such as scratches, bruises, and sprains, 2) major injuries such as fractures, dislocations, back injuries, heart attacks, heat stress, and concussions, 3) injury, illness, or death due to being exposed to or infected by contagious diseases, including COVID-19, and 4) catastrophic injuries including paralysis and death. I know and appreciate that these and other risks are inherent to the Activity in which my Student will engage and/or to the environment where interactions will occur.

If they are sued by a third party, I agree to indemnify and hold harmless the Fresno Unified School District, its Governing Board of Trustees, officers, employees and agents from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought against them as a result of my Student's participation in the Activity indicated. I further agree that this document is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion is found not to be valid, I agree that the remaining provisions shall continue in full legal force and effect.

Those signing below also knowingly, voluntarily, and expressly assume all risks of personal injury, bodily injury, property damage or wrongful death occurring to the Student arising in any way whatsoever as a result of engaging in the Activity indicated or any incidental activities wherever or however they may occur and for whatever period the activities may continue.

I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I am signing this document freely and voluntarily, and by my signature below am completely releasing liability to the greatest extent allowed by law.

Student Name: \_\_\_\_\_ Activity: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In the event my student should require emergency medical attention due to illness or injury, I consent to any transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care deemed necessary by health care professionals for the safety and welfare of my student. I further understand that, as parent/guardian of student, I will be responsible for any and all resulting and related expenses.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## FRESNO UNIFIED SCHOOL DISTRICT

### COVID-19 TESTING CONSENT AND RELEASE

On behalf of myself and my minor child, I understand that Fresno Unified School District ("District"), in coordination with Fresno Economic Opportunities Commission (Fresno EOC), is offering onsite testing for SARS-CoV-2, the virus that causes COVID-19, to its students, for purposes of school and workplace safety and compliance with guidance related to participation in extra-curricular activities. I understand that testing through this program will require no out-of-pocket expense, is voluntary and is intended to mitigate the direct threat of a COVID-19 spread in my school, at school connected events or extra-curricular events my minor child may participate in.

I hereby provide consent for my child to undergo sample collection and testing administered by Fresno EOC. The testing procedure will generally be as follows: (1) Covid-19 specimen collection (lower nasal) will be available at the school collection site; (2) After collection, the specimen is processed by Fresno EOC. (3) Appropriate privacy and sanitary measures are in place to provide a safe collection environment.

On behalf of myself and my minor child, I acknowledge that it is my responsibility to inform the person conducting the test if my child has a physical or mental condition that will interfere with the test procedure or if my child requires some type of assistance or accommodation to undergo the test.

On behalf of myself and my minor child, I authorize and consent to Fresno EOC disclosing my COVID-19 test results to District. I understand that my results will only be disclosed to those employees within the District who have a business need to know such results for purposes of school and workplace safety, compliance with testing protocols and/or to avoid transmission of COVID-19 at District schools, school connected events or extra-curricular events. Except as set forth in this document, or as otherwise required by applicable law, I understand that my child's COVID-19 test results will remain confidential.

If my child tests positive for COVID-19, I understand that my child will be asked to immediately leave District property and that I will immediately need to arrange for pick-up of my child. I will be asked to follow any applicable guidelines issued by the CDC, the State of California, and/or any local department of public health before allowing my child to return to school.

On behalf of myself and my minor child, I knowingly and voluntarily release in advance all claims that I may have against and the District and all medical or other professionals who administered the test, resulting from or arising out of, either directly or indirectly, the test unless the claim is caused by a willful act or omission that constitutes gross negligence or intentional misconduct.

On behalf of myself and my minor child, I further agree that any such claim will only be asserted against the person or entity that willfully acted or omitted to act in a grossly negligent manner or engaged in intentional misconduct and I will not assert any claim against any other person or entity based on the concepts of agency, vicarious liability, or any other claim or theory that another is responsible in whole or in part for the acts or omissions of the wrongdoer. This release shall bind my heirs, executors, administrators, and assigns.

With respect to athletics, the State of California recently announced that effective 2/26/21, moderate-contact and high-contact youth and adult recreational sports may resume, including competitions, if

permitted by local health authorities and if in compliance with Fresno County and State requirements for these sports. The district is taking reasonable measures to prevent the spread of COVID-19 infection, including testing, tracking/tracing, and following applicable State and County public health orders and protocols. However, the possibility of transmission cannot be eliminated. Athletes and their families must be aware of and acknowledge the risks before participating in athletics.

By signing below, I acknowledge that I have fully read and understand the above COVID-19 Consent and Waiver and am voluntarily signing it and agreeing to all its terms. I further acknowledge and agree that I have had an opportunity to ask any questions about this form before signing it.

#### **AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

I hereby authorize Fresno EOC to use and/or disclose all results of SARS- CoV-2 testing administered to me to Fresno Unified School District and specific school authorized parties (collectively "Recipients"). The purpose of the authorized use or disclosure of my testing results is to facilitate safety with the Recipients and aid the Recipients in evaluating and responding to COVID-19 risks to my child and other students and staff. I understand that:

- On behalf of myself and my minor child, I have the right to revoke permission for the release of my child's testing information at any time. The revocation must be made in writing to the District and will not affect information that has already been used or disclosed. In the event I revoke permission for the release of my child's testing information to Fresno EOC or District, my students ability to participate in extra-curricular events or activities where guidance from State and/or local authorities otherwise requires testing for SARS-CoV-2, will cease.
- This authorization is in effect for the duration of the District's COVID-19 testing program and will end automatically when the District ceases its on-site COVID-19 testing program.
- Information used or disclosed pursuant to this authorization may be redisclosed by the recipient when required by law and may no longer be protected by federal or state law.
- I have the right to receive a copy of this authorization.

\_\_\_\_\_ Student Name (Print)

\_\_\_\_\_ Parent/Guardian Name (Print)

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

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