



Santa Fe Public Schools Athletic Department

610 Alta Vista
 Santa Fe, NM 87505
 (505) 467-2000

**PRE-EXAMINATION MEDICAL
 EVALUATION FOR PARTICIPATION
 IN INTERSCHOLASTIC ATHLETICS**

Medical History – Parent/Guardian please fill out prior to examination.

Student Athlete Name (Last, First, M.I.):					
Home Address:				Grade:	
Street	City	State	Zip		
DOB:				AGE:	
Name of Parent/Guardian					
Home Address:				Phone:	Work:
Street	City	State	Zip	Cell:	
Emergency Contact				Phone:	Work:
Name		Relationship		Cell:	
Address:					
Street	City	State	Zip		
SPORT/ACTIVITY STUDENT WILL PARTICIPATE IN (CHECK ALL THAT APPLY)					
Sports/Activities					
<input type="checkbox"/> Baseball	<input type="checkbox"/> Football	<input type="checkbox"/> Cheer/Drill	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Bowling	
<input type="checkbox"/> Track/Field	<input type="checkbox"/> Tennis	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Golf	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Soccer	<input type="checkbox"/> Softball	<input type="checkbox"/> Basketball		
<ul style="list-style-type: none"> • Please answer all health history questions on the following page PRIOR to your visit to the doctor. Please fill in the student athlete's personal information (name, gender and birth date) on each page of the form. • Note: A concussion is a disturbance in function of the brain, caused by a blow to the body or head, occurring in any sport or activity. Results include a variety of symptoms (headache, nausea, dizziness, memory or a balance problem) with or without a loss of consciousness. • I, we, understand that there is a concussion protocol established for/by the sport that includes care and return to play criteria. • Physical examinations are required by NMAA 6.12 for all athletic, cheer, and drill participants. The physical must be dated <u>April 1st or after</u> to be valid for the following school year. • Please bring the student's immunization records to the physical. 					
Date of last tetanus shot: _____					

ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

Part A: Health History Form

Student Athlete Name _____ Gender _____ DOB _____

1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	23. Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	25. Is there anyone in your family with asthma?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5. Have you ever become dizzy or passed out DURING or AFTER exercise?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	27. Were you born without or are you missing a kidney, an eye or testicle, or any other organ?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6. Have you ever had discomfort, pain, or pressure in your chest during or after exercise?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	28. Have you had a severe viral infection such as infectious mononucleosis (mono) or myocarditis in the last month?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7. Do you get more tired than your friends do during exercise?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	29. Do you have any rashes, pressure sores or other skin problems?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
9. Has a doctor ever told you that you have: <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Murmur <input type="checkbox"/> Heart Infection <input type="checkbox"/> High Cholesterol (Check all that apply)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	30. Have you had a herpes infection?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
					31. Have you had a head injury or concussion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
					32. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
10. Has a doctor ever ordered a test for your heart?(for example ECG, echocardiogram)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	33. Have you ever had a seizure?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
11. Has anyone in your family ever died for no apparent reason?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	34. Do you have headaches with exercise?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
12. Does any one in your family have a heart problem?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	35. Have you ever had numbness or tingling or weakness in your arms, or legs?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
13. Has a family member or relative died of heart problems or sudden death before the age of 50?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	36. Have you ever been unable to move your arms or legs after being hit or fallen?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14. Have any of your relatives ever had any one of the following conditions? Hypertrophic cardiomyopathy, dilated cardiomyopathy, Marfan's syndrome or Long QT Syndrome or a significant heart arrhythmia?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	37. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
					38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
15. Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
16. Have you ever spent the night in a hospital?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	40. Do you wear glasses or contact lenses?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
					41. Do you wear protective eyewear such as goggles or a face shield?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17. Have you ever had surgery?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	42. Are you unhappy with your weight?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
18. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes circle affected area below:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	43. Are you trying to gain or lose weight?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
					44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
					45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
19. Have you had any broken or fractured bones or dislocated joints? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes circle affected area below:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	46. Do you have concerns that you would like to discuss with the doctor/health care provider?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
					FEMALES ONLY: 47. Have you ever had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No 48. How old were you when you had your first menstrual period? _____ 49. How many periods have you had in the last 12 months? _____				

Head	Neck	Shoulder	Upper arm	Elbow	Calf or shin	Hand	Chest
Upper back	Lower back	Forearm	Thigh	Knee	Hip	Ankle	Foot/Toes
21. Have you ever had a stress fracture?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
22. Have you ever been told that you have or have had an x-ray for atlantoaxial (neck) instability?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
23. Do you regularly use a brace or assistive device?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

47. Have you ever had a menstrual period? Yes No
 48. How old were you when you had your first menstrual period? _____
 49. How many periods have you had in the last 12 months? _____

Explain "Yes" answers here (use the back of the form if necessary):

Parent Signature _____

Date: _____

ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

Part B: Physical Examination

Student Athlete Name _____ Gender _____ DOB _____

TO BE COMPLETED BY THE EXAMINING PHYSICIAN OR PROVIDER -PLEASE COMPLETE BOTH PAGES

Student Athlete Name (Last, First, M.I.): _____	DOB: _____	Height: _____	Weight: _____
BMI %ile _____ <small>(Per CDC %ile charts)</small>	Pulse: _____	Blood Pressure: _____ / _____ <small>(Recheck if elevated)</small>	Blood Pressure %ile _____ <small>(per NIH guidelines)</small>
Vision: R20/____L20/____ Corrected: Y / N		Pupils : Equal _____ Unequal _____	

MEDICAL	Normal (circle one)		Abnormal Findings/Comments
Appearance	YES	NO	
Eyes/Ears/Nose/Throat	YES	NO	
Hearing	YES	NO	
Lymph nodes	YES	NO	
Heart (auscultation should be done supine and standing- abnormal findings require referral for further evaluation)	YES	NO	
Murmurs	YES	NO	
Pulses	YES	NO	
Lungs: Auscultation	YES	NO	
Abdomen: Assessment (incl. liver, spleen)	YES	NO	
Genitourinary (males only)	YES	NO	
Skin	YES	NO	
MUSCULOSKELETAL			
Neck	YES	NO	
Back	YES	NO	
Shoulder/Arm	YES	NO	
Elbow/Forearm	YES	NO	
Wrist/Hand/Fingers	YES	NO	
Hip/Thigh	YES	NO	
Knee	YES	NO	
Leg/Ankle	YES	NO	
Foot/Toes	YES	NO	

NOTES: _____

Does Athlete wear contacts? Yes No

Does Athlete require eye protection while playing? Yes No

Student MAY participate in the following types of sports (CHECK ALL THAT APPLY): ALL FORMS OF SPORTS

- CONTACT/COLLISION NON-CONTACT/STRENUOUS
- LIMITED CONTACT NON-CONTACT/NON-STRENUOUS

STUDENT CLEARED FOR PARTICIPATION

STUDENT CLEARED FOR PARTICIPATION PENDING: _____

STUDENT NOT CLEARED FOR PARTICIPATION

Name of Physician/Provider (print/type) _____ Date _____

Signature of Physician /Provider _____

Student's Primary Physician/Provider (for follow up, if necessary): _____

CLEARANCE FORM

Student Athlete Name: _____ Gender _____ DOB _____

SAMPLES OF CLASSIFICATION OF SPORTS BY CONTACT

Contact/Collision	Limited Contact	Non-Contact	
		Strenuous	Non-strenuous
Field Hockey	Baseball	Discus	Bowling
Football	Basketball	Javelin	Golf
Ice Hockey	Cheerleading	Shot put	
Lacrosse	Diving	Rowing	
Soccer	Fencing	Running/Cross Country	
Wrestling	Field	Strength Training	
	High Jump	Swimming	
	Pole vault	Tennis	
	Gymnastics	Track	
	Skiing		
	Softball		
	Volleyball		

Student MAY participate in the following types of sports: (CHECK ALL THAT APPLY)

STUDENT CLEARED FOR ALL FORMS OF SPORTS

CONTACT/COLLISION NON-CONTACT/STRENUOUS LIMITED CONTACT NON-CONTACT/NON-STRENUOUS

STUDENT CLEARED FOR PARTICIPATION

STUDENT CLEARED FOR PARTICIPATION PENDING: _____

STUDENT NOT CLEARED FOR PARTICIPATION

STUDENT ATHLETE EMERGENCY INFORMATION

ALLERGIES _____ HISTORY OF ANAPHYLAXIS? Yes No

IMMUNIZATIONS Up to date Last Tetanus Immunization _____

Significant Medical History Information (Please Include any history of asthma, hypertension, previous head injury, unequal pupil size etc.)

Student's Primary Physician/Provider (For follow up, if necessary): _____

Current Medical Conditions:

Current Medications (if on asthma medication please indicate if needed prior to sports):

Does Athlete wear contacts? Yes No Does Athlete require eye protection while playing? Yes No

Providers Name

____MD____DO____NP____PA

Phone:

Address:

Street

City

State

Zip

Signature of Provider

Date:

Santa Fe Public Schools Student Athlete Code of Conduct

Athletics are an integral part of the educational process, providing students with opportunities to further develop their unique qualities, interests, and needs beyond the classroom. Participation in athletics is a privilege afforded and earned by students. Students wishing to take advantage of the opportunities presented to them by the Santa Fe Public Schools must show a commitment to the athletic program by regular attendance at practices and contests, as well as conformity to the rules established by the district and the coach. The privilege of competing in interscholastic athletics in the Santa Fe Public Schools requires that each athlete adhere to a number of conditions that enhance their commitment to his/her school and community, family, coaches, and himself/herself. Failure to comply with the Santa Fe Public School Student Athletic Code of Conduct, including during tryouts, may result in suspension or dismissal from the team, in addition to any penalties for violation of the Santa Fe Public Schools Behavioral Expectations for Students Success or any other Santa Fe Public School policy.

Academic Expectations

Academic eligibility for participation in extracurricular activities is based on the immediate previous grading period (9 weeks). NMAA rule 6.2.1(A), which may be amended from time to time, requires that a participant meet each of the following requirements:

- An athlete must be a bona fide student and adhere to the Santa Fe Public Schools and NMAA rules and regulations
- All athletic candidates must have completed a sports physical prior to participation. Physicals must be taken after April 1 of the calendar year to be valid for the ensuing school year and obtain health insurance coverage.
- An athlete must maintain a grade point average of a 2.0 and have no more than one F, based on a 4.0 grading scale, or its equivalent either cumulatively or for the nine week grading period immediately preceding participation.
- Have passed a minimum of four classes, which are acceptable for graduation credit.

Note: A student must be enrolled in at least 51% of the member school's regular class schedule in courses that will be counted towards his/hers graduation and in regular attendance during the current as well as the previous grading period.

Attendance

- If any athlete is absent from school, he/she may not participate in any practice, scrimmage, or game on that day. Any extenuating circumstances must be cleared through the school administration and the district athletic director.
- All athletes are expected to be punctual daily for all of their classes. Under the coach's discretion, failure to attend classes on time will prohibit athletes from participation in any practice, scrimmage, or game on that day.

Loss of School Time

Parents and students are advised that the New Mexico State Legislature has mandated that a student may not be absent from school for school-sponsored extracurricular activities in excess of 15 days per semester and no class may be missed in excess of 15 times per semester.

Substance Abuse

Smoking (includes E-Cigarettes), being in the possession of or drinking alcohol, or becoming involved with narcotics or controlled substance of any kind, without a valid prescription for the student, at any time or any place will result in suspension and/or dismissal from the team for the remainder of the sport season; or the suspension from all athletic teams for the remainder of the school year, as determined by the coach, site administration and/or the district athletic director.

Hazing

Hazing occurs when, in the course of another student's entry into or affiliation with any team or club, he/she intentionally or recklessly engages in conduct which creates a risk of physical injury, emotional harm or a feeling of intimidation toward another student or students. This includes, but is not limited to physical harm, threatened harm, harassment, ridicule, criticism and forcing the victim to damage public or private property. Any type of hazing is prohibited and will not be tolerated. Any individual who violates the hazing rules will be subject to suspension and/or dismissal for the remainder of the sport season; or suspension from all athletic teams for the remainder of the school year.

Transportation

The student athlete will travel to and from all games with the entire team, along with the designated coaching staff on all competitive athletic trips. Proper conduct is expected at all times while riding on school transportation. Any extenuating circumstances must be cleared through the head coach and athletic department personnel. This must be cleared with the coach and administrator in writing no later than the last practice day.

Equipment/SFPS District Property

The care of team equipment is each athlete's responsibility. Each piece of equipment issued to an athlete must be returned. Any athlete who owes the return of a piece of equipment or payment for a piece of equipment may not participate on any athletic team

until the equipment is returned or restitution is made. Failure to return equipment may result in the delay of issuance of all transcripts and diploma, in addition to being placed on the fines and fees list.

Standards for Conduct of an Athlete

Student athlete conduct is a reflection on the athlete and the educational institution. The conduct of an athlete is closely observed in many areas of life. It is important that behavior be above reproach in all of the following areas:

On the field – In the area of athletic competition, an athlete must not use profanity or illegal tactics, understand that losing is part of the game, and is gracious in defeat and modest in victory. The student athlete is always courteous, makes no excuses, and congratulates the opponent on a well-played game.

In the classroom – In the academic area, an athlete strives to excel to their full potential. If you are not productive and responsible in class, you will likely be the same on the practice field or floor and never reach your full potential. As an athlete, you must plan your schedule so that you give sufficient time and energy to your studies to ensure acceptable grades. In addition to maintaining good scholarship, an athlete should give full attention to classroom activities and show respect for other students and faculty members at all times. An athlete should have a good attendance record, never cutting class or school.

On social media – Student athletes are representatives of their school and community, and are required to exercise good judgment in the use of social media websites. Information, photos, or other representations of inappropriate behavior will not be tolerated. It is not permissible to comment on officiating or team matters that could be confidential. Athletic Department advises that all students “think” before posting. Always be respectful and positive.

COMPETE with CLASS: RESPECT, INTEGRITY AND RESPONSIBILITY!

Inherent Risk

Student athletes and parents understand that athletic participation is voluntary and that athletic activities require levels of fitness, ability and health (physical, mental and emotional) and each person has a different capacity in athletic activities.

I, we, understand that athletic activities involve significant and inherent risks such as serious injury and even death.

I, we, understand that injuries may result from one’s own actions or the actions of others, or a combination of both.

I, we, understand that there are a number of inherent risks involved that are beyond the control of the district and its staff.

I, we, fully understand and accept the risks associated with participation in athletic activity.

Concussion Statement

A concussion is a disturbance in function of the brain, caused by a blow to the body or head, occurring in any sport or activity. Results include a variety of symptoms (headache, dizziness, memory or balance problem) with or without a loss of consciousness.

New Mexico Law, NMSA 1978, section 22-13-31, requires athletes to be removed immediately from an activity when signs and symptoms are present, may not return to any participation/activity prior to a minimum of one week (five days), requires a medical professional release to return to participation/activity, required to follow the school district’s return to play guidelines and coaches will continue to monitor for signs and symptoms once an athlete (s) return to activity.

For more information please visit NMAA website: http://www.umact.org/file/Concussion_Info_ADs.pdf

I, we, understand that there is a concussion protocol established for/by the sport that includes care and return to play criteria.

I, we, have read, fully understand and agree to fully abide by terms of the Student Athlete Code of Conduct.

I, we, understand that it is our responsibility to have/obtain an updated physical and health insurance coverage through each athletic season.

Printed Name of Student

Signature of Student

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

PARENTAL CONSENT AND RELEASE OF LIABILITY
SANTA FE PUBLIC SCHOOLS
_____ **School Year**

NAME OF STUDENT: _____ STUDENT ID # _____

We hereby certify that the above-named student, born on _____, enrolled in grade _____ at _____ School, has our approval to participate in the Santa Fe Public Schools athletic and sports programs, on or of school premises in or out of Santa Fe County. We fully realize that when participating in athletic activities there is a risk of serious injury or death, and we have been warned of the inherent danger of sports participation. We, for ourselves and our successors in interest hereby release the Board of Education of Santa Fe City Schools, its agents, employees, and representatives, for any and all claims relating to losses of any nature whosever which we may have at this time or at any time in the future, arising from the athletic and sports activity in which our child will participate.

We acknowledge that District policy is to deny to any student the privilege of participation the athletic and sports programs until a properly executed copy of the Parental Consent and Release of Liability has been filed in the school records, accompanied by a Medical History and Annual Physical Examination Form signed by a physician, prior to the first day of participation.

We further authorize any agent, representative or employee of Santa Fe Public Schools to consent to, and any medical person to administer, any medical treatment to our child which may appear to be reasonable for the treatment of any injuries or ailment which our child may sustain in connection with an athletic or sports program. We further acknowledge that any claims arising from injury to our child is to be presented to and paid by us an is not to be presented to, or paid by the Santa Fe Public Schools. In conformity with this understanding we hereby make known the following:

Check one:

_____ We have purchased a Student Accident Insurance Plan
(Students Full Name): _____
(Completed application and check or money order for premium are attached to this form)

_____ We have Family Medical Insurance that covers (Students Full Name): _____
with substantially the same protection as provided under the Student Accident Insurance Plan and wish to have no additional insurance coverage.
Name of Insurance Company: _____
Address: _____
Policy Number: _____

_____ We have access to the Indian Hospital, which also includes access for
(Students Full Name): _____
and wish to have no additional insurance coverage or other financial protection.

Student Name: _____ Signature: _____ Date of Birth _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone#: _____ Home Phone #: _____ Work Phone# _____

Witness: _____ Witness: _____ Witness: _____