

## PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION

STUDENT'S NAME \_\_\_\_\_ SPORT(S): \_\_\_\_\_

GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ % OF BODY FAT: \_\_\_\_\_

PULSE: \_\_\_\_\_ BLOOD PRESSURE: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_/\_\_\_\_)

VISION R 20/\_\_\_\_ L 20/\_\_\_\_ CORRECTED: Y N Pupils: EQUAL \_\_\_\_\_ UNEQUAL \_\_\_\_\_

In keeping with the requirements of the Texas Association of Private and Parochial School, as a minimum requirement, this **PHYSICAL EXAMINATION FORM** must be completed prior to high school athletic participation each year of high school.

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position			
Heart – Auscultation of the heart in the standing position			
Heart – Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*station-based examination only

<p><b>CLEARANCE</b></p> <p><input type="checkbox"/> Cleared</p> <p><input type="checkbox"/> Cleared after completing evaluation/rehabilitation for: _____</p> <p><input type="checkbox"/> Not cleared for: _____ Reason: _____</p> <p>Recommendations: _____</p> <p>_____</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Provider Name: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

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

Provider Phone Number: \_\_\_\_\_



## PREPARTICIPATION PHYSICAL EVALUATION MEDICAL HISTORY



This **MEDICAL HISTORY FORM** must be completed annually by parent (or guardian) and student in order for the student to participate in **TAPPS** athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

STUDENT NAME (PRINT):		
GENDER:	AGE:	DATE OF BIRTH:
HOME ADDRESS:		
HOME PHONE:		PARENT CELL PHONE:
SCHOOL:		GRADE LEVEL:
PERSONAL PHYSICIAN:		
PHYSICIAN PHONE:		
<i><b>In case of emergency contact:</b></i>		
NAME:		RELATIONSHIP:
HOME PHONE:		CELL PHONE:

Explain any "YES" answers on a separate piece of paper. Please circle questions for which you have no answer. Any "YES" answer to questions 1- 28 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physicians assistant, chiropractor or nurse practitioner is required before any participation in **TAPPS** practices, games or matches.

- |                                                                                                   | YES                      | NO                       |
|---------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last checkup or sports physical?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been hospitalized overnight in the past year?                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had surgery?                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during or after exercise?                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had chest pain during or after exercise?                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you get tired more quickly than your friends during exercise?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever experienced racing of your heart or skipped heartbeats?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had high blood pressure?                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had high cholesterol?                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been told you have a heart murmur?                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has any family member or relative died of heart problems before age 50?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has any family member or relative died of sudden unexpected death before age 50?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member been diagnosed with enlarged heart (Dilated Cardiomyopathy)?            | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has any family member been diagnosed with Hypertonic Cardiomyopathy?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Has any family member been diagnosed with Long QT Syndrome?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has any family member been diagnosed with ion channelopathy (Brugada syndrome, etc.)?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Has any family member been diagnosed with Marfan's syndrome?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had a severe viral infections (myocarditis, mononucleosis, etc.) in the past year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Has a physician ever denied or restricted your participation in sports for any heart problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever had a head injury or concussion?                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever been knocked out, become unconscious or lost your memory?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever experienced a seizure?                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Have you ever had numbness in your arms, hands, legs or feet?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you ever had a stinger, burner or pinched nerve?                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Are you missing any paired organs?                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Are you presently under a doctor's care?                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Are you currently taking any prescription or nonprescription medications or inhalers?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Do you have any allergies?                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Have you ever been dizzy before or during exercise?                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Do you currently have any skin problems (itching, acne, warts, fungus or blisters)?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you ever become ill after exercising or working in the heat?                             | <input type="checkbox"/> | <input type="checkbox"/> |

- |                                                                                                | YES                      | NO                       |
|------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 32. Have you ever had any problems with your eyes or vision?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you ever gotten unexpectedly short of breath with exercise?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Do you have asthma?                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Do you have seasonal allergies that require medical treatment?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Do you use any special protective or corrective equipment?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Have you ever had a sprain, strain or swelling after injury?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Have you ever broken or fractured any bones?                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Have you ever dislocated any joints?                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Have you ever had any problems with pain or swelling in muscles, tendons, bones or joints? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please check the appropriate box and explain on separate sheet of paper.

- |       |                          |           |                          |        |                          |       |                          |            |                          |
|-------|--------------------------|-----------|--------------------------|--------|--------------------------|-------|--------------------------|------------|--------------------------|
| Head  | <input type="checkbox"/> | Shoulder  | <input type="checkbox"/> | Wrist  | <input type="checkbox"/> | Thigh | <input type="checkbox"/> | Shin/ Calf | <input type="checkbox"/> |
| Neck  | <input type="checkbox"/> | Upper Arm | <input type="checkbox"/> | Hand   | <input type="checkbox"/> | Knee  | <input type="checkbox"/> |            |                          |
| Back  | <input type="checkbox"/> | Elbow     | <input type="checkbox"/> | Finger | <input type="checkbox"/> | Foot  | <input type="checkbox"/> |            |                          |
| Chest | <input type="checkbox"/> | Forearm   | <input type="checkbox"/> | Hip    | <input type="checkbox"/> | Ankle | <input type="checkbox"/> |            |                          |

- |                                                                                                    |                          |                          |
|----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 41. Do you want to weigh more or less than you do now?                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Do you lose weight regularly to meet weight requirements for your Extra-Curricular Activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Do you feel stressed out?                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Have you been diagnosed with or treated for Sickle Cell Trait or Sickle Cell Disease?          | <input type="checkbox"/> | <input type="checkbox"/> |

**Females Only**

- |                                                                                 |            |
|---------------------------------------------------------------------------------|------------|
| 45. When was your first menstrual period?                                       | _____      |
| 46. When was your most recent menstrual period?                                 | _____      |
| 47. How much time elapses from the start of one period to the start of another? | _____ days |
| 48. How many periods have you had in the last year?                             | _____      |
| 49. What was the longest time between period in the last year?                  | _____ days |

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of accident still remains. Neither the **Texas Association of Private and Parochial Schools**, nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or illness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school, TAPPS, and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, in between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the authorities of such illness or injury.

***I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful and complete responses could subject the student in question to penalties determined by the Texas Association of Private and Parochial Schools.***

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT / GUARDIAN NAME (PRINT): \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*For school use only:*

This Medical History Form reviewed by: NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## CONCUSSION AND TRAUMATIC BRAIN INJURY

### What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body
- Can change the way a student's brain normally functions
- Can occur during practice or contests in any sport
- Can occur in activities both associated and not associated with the school
- Can occur even if the student has not lost consciousness
- Can be serious even if a student has just been "dinged" or had their "bell rung"

### Are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, one or more of the following symptoms may become apparent. The student may not "feel right" soon after, a few days after or even weeks after the injury event.

Headache	"Pressure" in the head	Nausea	Vomiting
Balance problems	Dizziness	Blurry Vision	Double Vision
Sensitivity to Light	Sensitivity to Noise	Confusion	Memory Problems
Difficulty paying attention	Feeling sluggish, hazy, foggy or groggy		

If you have concerns regarding any of the above symptoms, your doctor should be consulted for further information and/or examination. Your physician or medical professional can best determine your student's physical condition and ability to participate in athletics.

### What should students do if they believe that they or someone else may have a concussion?

- Students should immediately notify their coach or school personnel.
- Student should be examined by appropriate medical personnel of the parent's choosing. The medical provider should be trained in the diagnosis and treatment of concussions
- If no concussion is diagnosed, the student shall be cleared to return to athletic participation.
- If a concussion is diagnosed, the school protocol for return to play from a concussion shall be enacted. Under no circumstances shall the student be allowed to return to practice or play without the approval of a licensed medical provider trained in the treatment of concussions.

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**I have reviewed the above material. I understand the symptoms and warning signs of CONCUSSIONS. Additional information is available on the Health and Safety page at [www.tapps.biz](http://www.tapps.biz). All concussions should be reported to the school as soon as possible. Previous concussions should be reported on the Medical History form to allow the medical practitioner the best information possible when conducting the annual physical examination.**

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

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

**CONCUSSIONS – Don't hide it. Report it. Take time to recover.**

# SUDDEN CARDIAC ARREST

## What is Sudden Cardiac Arrest (SCA)?

Sudden Cardiac Arrest is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is not a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction of the heart's electrical system, causing the heart to stop beating.

## How common is Sudden Cardiac Arrest?

While studies differ in the actual rate of occurrence, the American Heart Association information indicates that there are approximately 300,000 SCA events outside hospitals each year in the United States. About 2000 patients under the age of 25 die of SCA each year. Studies now being performed in Texas and other states indicate the occurrence rate for high school age athletes may be greater than this figure.

## Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

Dizziness	Fatigue	Lightheadedness
Extreme tiredness	Shortness of breath	Nausea
Difficulty breathing	Vomiting	Racing or fluttering heartbeat
Chest Pains	Syncope (fainting)	

These symptoms can be confusing and unclear in athletes. Often people confuse these warning signs as physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

For this reason these symptoms are included on the Medical History form provided by TAPPS and required for each student prior to participation in athletic events each year. As parents and student athletes, your truthful answers to these simple questions will assist your medical practitioner when performing the annual physical examination.

## What are the risks of participation and playing with these symptoms?

Continued participation brings with it increased risk. This includes playing in practices and games. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just minutes. Most people who experience a SCA die from the event.

While TAPPS does not mandate Cardiac Screening prior to participation, TAPPS and the TAPPS member schools recognize the importance of our students' health and highly recommend discussing screening options with your healthcare provider. Any student who shows signs of SCA should be removed by the parents from play. This includes all athletic activity, practices or contests. Before returning to play, the student should be examined and receive clearance by a licensed health care professional of the parents' choosing.

**I have reviewed the above material. I understand the symptoms and warning signs of SCA.  
Additional information is available on the Health and Safety page at [www.tapps.biz](http://www.tapps.biz).**

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

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

# PARENT AND STUDENT NOTIFICATION STEROID USE AGREEMENT FORM

State law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.

State law requires that only a medical doctor may prescribe a steroid for a person.

State law provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person in good health is not a valid medical purpose.

Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

## HEALTH CONSEQUENCES ASSOCIATED WITH ANABOLIC STEROIDS

(source: National Institute on Drug Abuse)  
<http://www.nida.nih.gov/Infofacts/steroids.html>

**For boys and men** – shrinking of the testicles, reduced sperm count, infertility, baldness, development of breasts, increased risk for prostate cancer.

**For girls and women** – growth of facial hair, male-pattern baldness, changes in or cessation of the menstrual cycle, enlargement of the clitoris, deepened voice.

**For adolescents** – growth halted prematurely through premature skeletal maturation and accelerated puberty changes. This means that adolescents risk remaining short for the remainder of their lives if they take anabolic steroids before the typical adolescent growth spurt.

**For all ages** – potentially fatal liver cysts and liver cancer; blood clotting, cholesterol changes, and hypertension which can promote heart attack and stroke; and acne. Available evidence may suggest that anabolic steroid abuse, particularly in high doses, promotes aggression that can manifest as fighting, physical and sexual abuse, and property crimes. Upon stopping anabolic steroids, some abusers may experience symptoms of depressed mood, fatigue, restlessness, loss of appetite, insomnia, headaches, muscle and joint pain and the strong desire to return to the use of anabolic steroids.

**For Injectors** – infections resulting from the use of shared needles or non-sterile equipment, including HIV/AIDS, hepatitis B and C, and infective endocarditis, a potentially fatal inflammation of the inner lining of the heart. Bacterial infections can develop at the injection site, causing pain and abscess.

## STUDENT CERTIFICATION

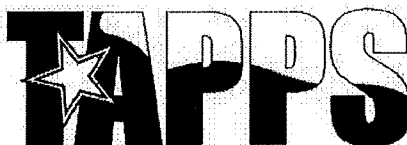
I have read the above information and agree that I will not use illegal anabolic steroids.

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

## PARENT / GUARDIAN CERTIFICATION

I have read the above information and agree to my knowledge my student will not use illegal anabolic steroids.

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



## FBA ATHLETIC CODE OF CONDUCT

All students at First Baptist Academy Universal City are held to a high standard based on our Christian beliefs. However, due to the potential high profile of athletics, we want to remind our student athletes of some specific expectations.

1. Student athletes will not possess, purchase, sell, or use any drugs (including alcohol) that are not legal for the athlete.
2. Student athletes will not possess, purchase, sell, or use any form of tobacco.
3. Student athlete will not involve themselves in sexual misconduct to include inappropriate use of internet and other electronic media.
4. Students will not do anything on campus, on the field of competition, or off campus to tarnish the name of the team, First Baptist Academy or, more importantly, the name of our Lord and Savior Jesus Christ.
5. I understand that:
  - a. The first infraction will result in a minimum of one week dismissal from the team (you will be expected to attend practices unless the coach decides otherwise) and at least one game suspension.
  - b. Any infraction of these rules can result in the immediate dismissal from the team (or other disciplinary action) depending on the specific incident.
  - c. A second infraction will result in dismissal from sports for the school year and the athletic department will review your eligibility for the next school year.

First Baptist Academy believes strongly in the idea of forgiveness, however, we want our athletes to understand that there are consequences for our actions, and the actions we take as Christians serve as a constant opportunity to witness. This is wonderful, but also a great challenge. People watch what we do and we need to do our best to be Christ-like. In order that all our staff, parents, and student athletes understand this commitment, responsibility, and opportunity, we ask that before you step on the field of play, you sign this affirmation of our Code of Conduct.

I have read the athletic handbook and hereby agree to abide by the guidelines of the school, handbook, and those listed above.

\_\_\_\_\_  
Printed Name of Student Athlete

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Student Athlete

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## FBA UNIFORM POLICY 2018-2019

Once your child is issued a uniform, it is their responsibility (and yours) to make sure that it is returned in the same condition it was given and within a week of their last game on the date set by coach. It needs to be washed and in a gallon zip lock baggie with their name clearly printed so that we can account for your child returning their uniform.

The coach will remind athletes and parent that the uniforms must be returned within one week of the last game. If the uniform is not returned on or before that date by 4:00pm, **YOUR ACCOUNT WILL BE CHARGED A \$25.00 LATE FEE. IF THE UNIFORM IS LOST OR NEVER TURNED IN YOU WILL BE CHARGED THE FULL COST OF THE UNIFORM.**

In previous years, the school has assumed a great expense in replacing uniforms that were not returned or damaged. We hope to alleviate this extra expense in the coming years.

### \*WASHING INSTRUCTIONS:

Please wash in cold water and air dry. Do not use dryer as the heat will damage the numbers and lettering.

Please sign and date that you have read the following information:

Student's Printed Name: \_\_\_\_\_

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

Parent printed name: \_\_\_\_\_

Parent signature: \_\_\_\_\_