

Iron Academy

Medical Information and Physician's Verification to Participate in Physical Activity and Athletics

This form is to be completed for ALL Iron Academy students and must be on file and up to date before any student is allowed to be on a sports team or club

Student's Name: _____ DOB: _____

Student's Directions: Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

Parent's Directions: Please assure that all questions are answered to the best of your knowledge. If you do not understand or don't know the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

Physician's Directions: We recommend carefully reviewing these questions and clarifying any positive or "Don't Know" answers.

Explain "Yes" answers in the space provided at the end of this section.	Yes	No	Don't Know
1. Does the student have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.? If so, List:			
2. Is the student presently taking any medications or pills?			
3. Does the student have any allergies (medicine, bees or other stinging insects, latex)?			
4. Does the student have the sickle cell trait?			
5. Has the student ever had a head injury, been knocked out, or had a concussion?			
6. Has the student ever had a heat injury (heat stroke) or severe muscle cramps with activities?			
7. Has the student ever passed out or nearly passed out DURING exercise, emotion or startle?			
8. Has the student ever fainted or passed out AFTER exercise?			
9. Has the student had extreme fatigue (been really tired) with exercise (different from other children)?			
10. Has the student ever had trouble breathing during exercise, or a cough with exercise?			
11. Has the student ever been diagnosed with exercise-induced asthma ?			
12. Has a doctor ever told the student that they have high blood pressure?			
13. Has a doctor ever told the student that they have a heart infection?			
14. Has a doctor ever ordered an EKG or other test for the student's heart, or has the student ever been told they have a murmur?			
15. Has the student ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?			
16. Has the student ever had a seizure or been diagnosed with an unexplained seizure problem?			
17. Has the student ever had a stinger, burner or pinched nerve?			
18. Has the student ever had any problems with their eyes or vision?			
19. Has the student ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Foot			
20. Has the student ever had an eating disorder, or do you have any concerns about your eating habits or weight?			
21. Has the student ever been hospitalized or had surgery?			
22. Has the student had a medical problem or injury since their last evaluation?			

Physical Examination

Date _____

(Must be Completed by a Licensed Physician, Nurse Practitioner or Physician Assistant)

Student's Name: _____ Age: _____ DoB _____

Height: _____ Weight: _____ BP: _____ (____%ile) / _____ (____%ile)

Pulse: _____ Vision: R 20 / _____ L 20 / _____ Corrected: Y N

These are required elements for all examinations.

	NORMAL	ABNORMAL	ABNORMAL FINDINGS
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
Other Orthopedic Problems			

Optional Examination Elements - Should be done if history indicates.

	NORMAL	ABNORMAL	ABNORMAL FINDINGS
HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

Clearance:

- A. Cleared
- B. Cleared after completing evaluations/rehabilitation for: _____
- C. Medical Waiver Form*** must be attached (for the condition of: _____)
- D. Not cleared for:
 - Collision Contact Non-Contact (____Strenuous ____ Moderately Strenuous ____ Non-Stenuous) Due to:

Physical Examination (continued)

Student's Name: _____ Age: _____ DoB _____

Additional Recommendations / Rehab Instructions: _____

Name of Physician/Extender: _____

Signature of Physician/Extender: _____ MD DO PA NP
(Signature and circle of designated degree required)

Date of exam: _____

Street Address _____

City, State, Zip _____

Telephone Number _____

Physician Office Stamp:

*** The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.)

Concussion Supplement

INFORMATION FOR *STUDENT & PARENTS/LEGAL CUSTODIANS*

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/ Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help you make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as you suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

Student & Parent/Legal Custodian Concussion Statement

**If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Student Name: _____

This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Custodian Name(s): _____

We have read the *Student & Parent/Legal Custodian Concussion Information Sheet*.
(If true, please check box.)

After reading the information sheet, I am aware of the following information:

Student- Initials		Parent/Legal Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a medical professional trained in concussion management to return to physical activity, play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems. I have read the concussion symptoms on the Concussion Information Sheet.	

Signature of Student

Date

Signature of Parent/Legal Custodian

Date