LHSAA MEDICAL HISTORY EVALUATION

IMPORTANT: This form must be completed *annually*, kept on file with the school, & is subject to inspection by the Rules Compliance Team.

Please Print

Name:_____School:_____Grade:_____Date:_____

Sport(s):_____Sex: M / F Date of Birth:_____Age:_____Cell Phone:_____

Home Address:_____City:_____State:____ Zip Code:_____Home Phone:_____

Parent / Guardian:_____Employer:_____Work Phone:_____

FAMILY MEDICAL HISTORY: Has any member of your family under age 50 had these conditions?

Yes	No	Condition	Whom	Yes	No	Condition	Whom	Yes	No	Condition	Whom
☐	☐	Heart Attack/Disease	_____	☐	☐	Sudden Death	_____	☐	☐	Arthritis	_____
☐	☐	Stroke	_____	☐	☐	High Blood Pressure	_____	☐	☐	Kidney Disease	_____
☐	☐	Diabetes	_____	☐	☐	Sickle Cell Trait/Anemia	_____	☐	☐	Epilepsy	_____

ATHLETE'S ORTHOPAEDIC HISTORY: Has the athlete had any of the following injuries?

Yes	No	Condition	Date	Yes	No	Condition	Date	Yes	No	Condition	Date
☐	☐	Head Injury / Concussion	_____	☐	☐	Neck Injury / Stinger	_____	☐	☐	Shoulder L / R	_____
☐	☐	Elbow L / R	_____	☐	☐	Arm / Wrist / Hand L / R	_____	☐	☐	Back	_____
☐	☐	Hip L / R	_____	☐	☐	Thigh L / R	_____	☐	☐	Knee L / R	_____
☐	☐	Lower Leg L / R	_____	☐	☐	Chronic Shin Splints	_____	☐	☐	Ankle L / R	_____
☐	☐	Foot L / R	_____	☐	☐	Severe Muscle Strain	_____	☐	☐	Pinched Nerve	_____
☐	☐	Chest	_____	Previous Surgeries: _____							

ATHLETE MEDICAL HISTORY: Has the athlete had any of these conditions?

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
☐	☐	Heart Murmur / Chest Pain / Tightness	☐	☐	Asthma / Prescribed Inhaler	☐	☐	Menstrual irregularities: Last Cycle:_____
☐	☐	Seizures	☐	☐	Shortness of breath / Coughing	☐	☐	Rapid weight loss / gain
☐	☐	Kidney Disease	☐	☐	Hernia	☐	☐	Take supplements/vitamins
☐	☐	Irregular Heartbeat	☐	☐	Knocked out / Concussion	☐	☐	Heat related problems
☐	☐	Single Testicle	☐	☐	Heart Disease	☐	☐	Recent Mononucleosi
☐	☐	High Blood Pressure	☐	☐	Diabetes	☐	☐	Enlarged Spleen
☐	☐	Dizzy / Fainting	☐	☐	Liver Disease	☐	☐	Sickle Cell Trait/Anemia
☐	☐	Organ Loss (kidney, spleen, etc)	☐	☐	Tuberculosis	☐	☐	Overnight in hospital
☐	☐	Surgery	☐	☐	Prescribed EPI PEN	☐	☐	Allergies (Food, Drugs)_____
☐	☐	Medications _____						

List Dates for: Last Tetanus Shot:_____ Measles Immunization:_____Meningitis Vaccine: _____

PARENTS' WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

1. If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary……..**Yes** **No**
2. I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately……..**Yes** **No**
3. I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school……..**Yes** **No**
4. By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its Representative(s) ……..……**Yes** **No**

Date Signed by Parent **Signature of Parent** **Typed or Printed Name of Parent**

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height _____ Weight _____ Blood Pressure_____ Pulse_____

GENERAL MEDICAL EXAM :

	Norm	Abnl
ENT	☐	☐
Lungs	☐	☐
Heart	☐	☐
Abdomen	☐	☐
Skin	☐	☐
Hernia	☐	☐
(if Needed)		

COMMENTS: _____

OPTIONAL EXAMS:

VISION:

L:_____ R:_____ Corrected: _____

DENTAL:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

ORTHOPAEDIC EXAM :

	Norm	Abnl
I. Spine / Neck		
Cervical	☐	☐
Thoracic	☐	☐
Lumbar	☐	☐
II. Upper Extremity		
Shoulder	☐	☐
Elbow	☐	☐
Wrist	☐	☐
Hand / Fingers		
III. Lower Extremity		
Hip	☐	☐
Knee	☐	☐
Ankle	☐	☐

From this limited screening I see no reason why this student cannot participate in athletics.

[ ] Student is cleared
[ ] Cleared after further evaluation and treatment for:___
[ ] Not cleared for: __contact __non-contact

Printed Name of MD, DO, APRN or PA **Signature of MD, DO, APRN or PA** **Date of Medical Examination**

This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.

Revised 6/18

Player Ejection Policy

Dear Athletes and Parents:

Please be advised the MAIS and the FA rules and penalties for player ejection have changed. Read the attached MAIS rules information carefully and note that the consequences are serious and costly. These rules have been adopted to ensure that our sporting events stay under control and that our students and fans maintain the proper decorum of competition.

The FA Board of Directors voted on April 14, 2008 to adopt and enforce the following policy regarding sports ejections. This procedure goes into effect immediately.

ANY FA player ejected will be fined and will be held responsible to pay Franklin Academy a penalty of $250 per occurrence. FA will further impose a player ineligibility (suspension) for a minimum of one game.

Refer to the attached MAIS rules for more specific information as well. Please remember that FA could suffer serous consequences from unsportsmanlike conduct. Therefore, it is imperative that our conduct reflect the best of sportsmanship and fair play.

Parents and students, sign this letter below and return it to FA. Every athlete involved in our programs must have this letter signed and on file in our offices to participate in FA athletics.

Thank you,

Phil Jackson
Principal & Athletic Director

We have read and understand the MAIS and the FA policies regarding player ejections and we agree to abide by them.

_____ _____
Student Signature Date

_____ _____
Parent Signature Date

_____ _____
received at FA by on Date

Rule As It Pertains To Players

- First Ejection - Schools will be responsible for disciplining an athlete after his/her first ejection.

- Second Ejection - Any player that is ejected from an athletic contest for the second time in a school year will not be allowed to participate in athletics for two (2) weeks. Note: This is interpreted to mean that an athlete receiving his/her second ejection on a Monday, would be eligible to play on the Tuesday two weeks later.

- Third Ejection - Any player ejected from an athletic contest for the third time in a school year will be banned from participating in athletics for the remainder of the school year.

Rule As It Pertains To Schools

- Fines - The fine for schools receiving their first, second, third, fourth and fifth ejections during a school year will be as follows: $0, $100, $300, $500 and $1000 respectively. Note: Fines of $100 and $300 carry a sanction of 'warning' and 'probation' respectively.

- No school shall be fined more than $1000 for any one incident involving multiple player ejections.

- Third Player Ejection - Schools that have a third player ejected will be required to appear before the Affairs Committee.

- Fourth Player Ejection - Schools that have a fourth player ejected in a school year will be required to appear before the Affairs Committee. The right to participate in post-season play could be taken away should a fourth ejection occur.

MISSISSIPPI ASSOCIATION OF INDEPENDENT SCHOOLS

Concussion Form

To be Sent Home With Each Student-Athlete – Signed & Returned

(Required by MAIS Annually)

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You cannot see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

- **Symptoms (Listed on back of this page)**
- **Signs Observed by Teammates, Parents & Coaches (Listed on back of this page)**

What can happen if my child keeps on playing with a concussion or returns too soon?
Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is key to a student-athlete's safety.

(Continued on next page)

Concussions - Signs & Symptoms to Observe

Concussion Symptons

1. Headaches
2. "Pressure" in Head
3. Nausea or vomiting
4. Neck pain
5. Balance problems or dizziness
6. Blurred, double or fuzzy vision
7. Sensitivity to light or noise
8. Feeling sluggish/slowed down
9. Feeling foggy or groggy
10. Drowsiness
11. Change in sleep patterns
12. Amnesia
13. “Don’t feel right”
14. Fatigue or low energy
15. Sadness
16. Nervousness or anxiety
17. Irritability
18. More emotional
19. Confusion
20. Concentration or memory problems
21. Forgetting game plays
22. Repeating the same question/comment

Signs Observed by Teammates, Parents & Coaches

1. Appears dazed
2. Vacant facial expression
3. Confused about assignment
4. Forgets plays
5. Unsure of game situations
6. Moves clumsily uncoordinated
7. Answers questions slowly
8. Slurred speech
9. Shows behavior or personality changes
10. Can’t recall events prior to hit
11. Can’t recall events after hit
12. Seizures or convulsions
13. Change in typical behavior/personality
14. Loses consciousness

The student-athlete and one parent must sign the "Verfication Form" that accompanies this memo. The form should then be turned in to the Athletic Director. Thanks.

MAIS Concussion Policy & Verification:

- An athlete who reports or displays any symptoms or signs of a concussion in a practice or game setting should be removed immediately from the practice or game. The athlete should not be allowed to return to the practice or game for the remainder of the day regardless of whether the athlete appears or states that he/she is normal.
- The athlete should be evaluated by a licensed, qualified medical professional working within their scope of practice as soon as can be practically arranged.
- If an athlete has sustained a concussion, the athlete should be referred to a licensed physician preferably one with experience in managing sports concussion injuries.
- The athlete who has been diagnosed with a concussion should be returned to play only after full recovery and clearance by a physician. Recovery from a concussion, regardless of loss on consciousness, usually takes 7-14 days after resolution of all symptoms.
- Return to play after a concussion should be gradual and follow a progressive return to competition. An athlete should not return to a competitive game before demonstrating that he/she has no symptoms in a fully supervised practice.
- Athletes should not continue to practice or return to play while still having symptoms of a concussion. Sustaining an impact to the head while recovering from a concussion may cause Second Impact Syndrome, a catastrophic neurological brain injury.

Remember, it is better to miss one game than to miss the whole season!!!

I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.

_____	_____	_____	_____	2018
Student-Athlete Name Printed	Student-Athlete Signature	Month	Day	Year

_____	_____	_____	_____	2018
Parent Name Printed	Parent Signature	Month	Day	Year