CUPERTINO HIGH SCHOOL ATHLETIC EMERGENCY INFORMATION

	30	11001 1 car. 200 200_				
Please Print Legibly			Sport:	Sport:		
Student's name		Date of Birth:		Grade:		
Last	First	Month	Day Year			
Address:		Who to contact in case of emer	gency other than parent	is:		
Street	Apt. #	Name:	Telephone:()		
City	Zip Code					
Parent/Guardian:		Name:	Telephone:()		
Name						
Home Telephone: ()		Physician:				
Work Telephone; ()		Physician Telephone: ()				
Parent/Guardian:		Dentist:				
Name						
Home Telephone: ()		Dentist Telephone: ()_				
Work Telephone; ()		Insurance Carrier:				
		Insurance Policy Number:	-			
Special Health Considera	itions (allergies, med	ications, etc.):				
I hereby give my consent for the a	above named student to compe his student becomes ill or is inju	te in sports. I authorize the student to go vired, you are authorized to have the studer	with and be supervised l nt treated and I authoriz	by a representative of e the medical agency		
render treatment.						

Date: Signature of Parent/Guardian:_

ST ALL ACT	ICY INFORMAT	ION (PRI	ESS FIRMLY WHEN CO	ATION AUTHOR MPLETING -4 COPIES)		OOL YE/	AR	
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ame:	Last	First	Address:	Street	City	Zip		-
rent/Guardia	in:							
IBIN GUSIGIS		Name		Home Phone		Work	Phone	
		Name		Home Phone		Work	Phone	-
	contact other / guardian:						ne Number	_
		Nan	ne .			FIRE	ie Humber	
ecial Health	Considerations:							-
iysician/Prac	titioner:					_ Phone	9	-
ntist:					Phone_			-
ongful deat	th against the Frem	ther heirs, executors, adminis ont Union High School District my of said persons, or otherwis	or any of its officers	prosecute, present a , agents or employee:	for any of	said caus	ses of action, whether	the sa
cluding the urthermore, iderstood th	faculty and staff, the school district	and his/her parents or guardia as well as the Associated assumes no responsibility or d student may travel by autom	Students, assume n liability for transport	o liability for injuries orting students to an	incurred in d from athle	n school etic ever	sponsored athletics/ nts or activities. It is	activitie s furth
udents.			loolles operated by	District employees, a	duit volunte	ers, or o	other licensed drivers,	includ
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Form #6510 Athletic/Act.Parent Walver Rev. 8/02 [8/02-8000]

Distribution: White: AD or AP, Yellow: Spring Coach, Pink: Winter Coach, Goldenrod: Fall Coach

ATHLETIC PRE-PARTICIPATION SCREENING EXAM Developed by the SCCMA Sports Medicine Committee

PART 1: Identifying Data (to be completed by student and parents or guardian)

Name (la	st name	e first)		School _		Grade	
Address:							
City: Zip Coo				e Home Phone ()			
Age:		Sex: M F Sport(s)				Birth Date:	
		8					
		Carrier:					
		STORY (Must be completed prior to the exa					
YES	NO	**		YES	NO	Is there any history of:	
		Chronic or recurrent illness?	16			Injuries requiring physician treatment?	
		Illness lasting over 1 week?	17			Neck or back injury?	
		Hospitalization?	18			Knee injury?	
		Surgery other than removal of tonsils?	19			Shoulder or elbow injury?	
		Missing organs (eye, kidney, testicle)?	20			Ankle injury?	
		Allergies (medicines, insect bites, food)?	21			Other serious joint injury?	
		Problems with heart or blood pressure?	22			Broken bones (fractures)?	
		Chest pain or severe shortness of breath with exercise?				J	
		Dizziness or fainting with exercise?				FURTHER HISTORY	
		Fainting, bad headaches or convulsions?	23			Is there any reason why this student should n participate in sports?	
		Concussion or loss of consciousness?				1 /	
		Heat exhaustion, heatstroke, or other problems with heat?	24			Has any family member died suddenly at less than 40 years of age of causes other than an accident?	
YES	NO	Does this student:	25			Has any family member had a heart attack at lethan 55 years of age?	
		Wear eye glasses or contact lenses?	ï				
		Wear dental bridges, braces, or plates?					
		Take any medications? Please list them:					
e of last kr	nown tei	tanus (lockjaw) shot:					
		Use this space to explain any ye					
					450	· · · · · · · · · · · · · · · · · · ·	

ATHLETIC PRE-PARTICIPATION SCREENING EXAM

PART 2: General Examination (to be completed by the examining physician)

		Normal		Abnorn	nal (Describe)		Pulse:	
Eves, I	Ears, Nose, Throat						- Blood	Pressure:
Skin							– Heigh	t:
Lungs					ACAM - AND CONTRACTOR -			ıt:
	<u></u>						_	Acuity:
Heart								•
Abdon	nen							
Genita	lia/hernia (males)						L	
Su		1	_		letal Exam			
	MOTION/STRENGTH	NL	AB	K	KNEE JOINT	NL	AB	Describe Abnormals
N	Flexion			N	Effusion			
E	Extension			E	Tenderness	-		
C	Rotation left			E	QUADRICEPS	-	-	
K	Rotation right				Size			
	Lateral flexion right			&	& Defects			
	Lateral flexion left				PATELLA			
				S	Tenderness			
	MOTION/STRENGTH			U	Crepitus			
S	Forward flexion			R	Abnormal tracking			
H	Abduction			R	Subluxable			
0	Extension			0	PATELLAR TENDON			
U	Internal rotation			U	TIBLAL TUBERCLE			
L	External rotation			N	LIGAMENTS			
D	Horizontal Adduction			D	Medial collateral			
E	STABILITY			I	Lateral collateral			
R	A-C JOINT			N	Anterior cruciate			
				G	Posterior cruciate			
	MOTION/STRENGTH				CARTILAGE TESTING			
E	Biceps extension			A				
L	Triceps extension			R	STRENGTH			
В	Supination			E	Hip flexors			
O	Pronation			A	Hamstrings			
W				S				
	GENERAL FLEXIBILITY				MOTION/STRENGTH			
	Hamstrings				Plantarflexion			
	Lumbar Spine				Dorsiflexion			
	Adductors (groin)				Inversion			
	Achilles				Eversion			
	Quadriceps				LIGAMENTS			
	WRIST/HAND				SPINE/SCOLIOSIS			
					FEET			
	RECOMMENDATIONS:							
	Unlimited Particip	pation						
			further	evaluation	(comment below)			
	Participation limit							
	☐ No athletic partici	_			· · · · · · · · · · · · · · · · · · ·			
COMME								