

2020-2021 Wilber-Clatonia Athletic Forms

The NSAA has put out some guidance on sports physicals for the 2020-2021 school year. Due to the needs of our healthcare system for this current pandemic, only those students entering the 7th & 9th Grade next school year will have to have a physical.

All other students will be exempt for 1 year IF they already had a physical in 19-20. Any new student to W-C will need to provide a copy of their physical.

Physicals for students going into the 7th and 9th grades must be completed after May 1 to be eligible for the 2020-2021 school year.

The NSAA and Concussion/Insurance forms **MUST** be filled out by **ALL** athletes and returned to the high school office **BEFORE** the 1st practice if your child(ren) plan to participate in any sports.

If you would like more information about the insurance offered in the previous years by Ameritas Life Insurance, Corp administered by Student Assurance Services, Inc we will have that available in August.

Concussion Impact Testing Dates: TBD

All 9th graders, 11th graders and new high school school students going out for sports must attend.

The concussion information handout is available on the school's website at www.wilberclatonia.org. under the Resource tab.



I hereby give permission for the release and the results of the actual physical examination to the school for the purposes of participation in athletics and activities.

Parent or Legal Guardian Signature_____ Date:_____

Proof of Insurance

We understand that the school carries no insurance of any kind to cover medical expenses which may occur from athletic participation and that the school itself will not be responsible for any such expenses. We agree that we have adequate insurance to cover our son/daughter for any medical expenses incurred while participating or we will assume all such expenses ourselves personally. Wilber-Clatonia Board policy requires all students that participate in extracurricular athletic programs to be covered by medical insurance. In order for your son/daughter to be eligible to participate, they must have proof of insurance. Please indicate the policy number and the name of the insurance company responsible for the medical coverage of your son/daughter.

Insurance Company Name:_____

Policy Number:_____

Parent Signature:_____ Date:_____

Concussion Policy

Our concussion policy can be found on the Wilber-Clatonia website @ www.wilberclatonia.org.

We_____

(Parent's Signature)

being the parents or guardian of_____

(Student's Name- please print)

do hereby acknowledge with our signature that we have had the opportunity to become knowledgeable of the information on the website for the regulation of Students and the concussion policy at Wilber-Clatonia High School.

The Athletic Director must have this signed form on file in his office by August 9th for all fall sport athletes. All other athletes for junior high or high school competition during the year must have it on file by the Wednesday of the first week of practice. Players will not be allowed to compete in interscholastic competitions on any level until the form is completed and submitted to the office of the Athletic Director.

_____(Student's Signature)

_____(Student's Name - Printed)

I acknowledge with my signature that I have had the opportunity to become knowledgeable of the information on the website for the regulation of student concussions at Wilber-Clatonia High School.

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

Date of Physical: _____

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 		
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 		
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO