Revised April 2021

Norfolk Public Schools

MIDDLE SCHOOL LEAGUE ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

(Separate examination and certification required for each school year – May 1 of the current year through June 30 of the succeeding year. File in the Office of the Principal)

Part I – ATHLETIC PARTICIPATION/PARENTAL CONSENT

(To be filled in and signed by the parent and the athlete)

Name	School Year	Grade	Sex
Home Address		City _	
Parent's Home Address		City _	
Date of Birth Place of Bir	th	School Attended Last Yea	ar
I am in the 6 th gradeI am in the 7	th gradeam in the 8 th grade Name of I	Middle School:	
I have read the condensed individual Eligibility middle school in athletics.	Rules of the Norfolk Public Schools Middle Leag	gue that appear below and beli	eve that I am eligible to represent my
Date	Student's Signature		
that the above named student's medical histor for the above named student to receive a phys	d below and give my consent and approval to the y has been accurately completed prior to the exa ical examination, as required in Part III Physicial nmended by the named student's school adminis	amination given by a physician. n's Certificate, of this form by _	. I also give my consent and approval
Date	Parent's Signature		

INDIVIDUAL ELIGIBILITY RULES

ATTENTION ATHLETES AND CHEERLEADERS:

TO BE ELIGIBLE TO REPRESENT YOUR SCHOOL IN ANY INTERSCHOLASTIC CONTEST, YOU:

- must be a regular bona fide student in good standing of the school you represent
- must have been promoted to sixth grade or must have passed five subjects in a school year preceding the present one
- must have passed at least five subjects the previous grading period and must be currently taking no less than five subjects
- must not have reached your fifteenth birthday on or before the first day of august of the current school year
- must have been in residence at your present middle school during the entire semester immediately preceding the one in which you desire to participate
 - f unless you are transferring from a public or private school with a corresponding move on the part of your parents into the area served by your present school
 - f unless you are transferring to the middle school serving the district in which your parents reside upon completion of the highest grade level offered by the intermediate school, middle school, or nonpublic school from which you are transferring
 - f unless you are legally adopted, are a foreign exchange student, are under the guidance of an orphanage, the State Department of Welfare, or State Department of Corrections, or are required to change residence by court order
- must not, after entering the seventh grade for the first time or after first enrolling in a school year after passing five subjects, have participated in any League-sponsored activity more than two years
- must be an amateur as defined by the Norfolk Public Schools Middle School League: "An amateur is one who engages in athletics for the educational, physical, mental, and social benefits one derives therefrom, and to whom athletics are nothing more than an avocation."
- must not have received in recognition of your ability as a middle school athlete any award not presented or approved by your school or the League
- must not have participated in any all-star contest between teams whose players are selected from more than one middle school

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above listed minimum standards but also all other standards set by your League and school. If you have any questions regarding your eligibility or are in doubt about the effect of an activity might have on your eligibility, check with your principal who is aware of the various interpretations and exceptions provided under League rules. Meeting the intent and spirit of League standards will prevent you, your tam, and community from being penalized.

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

PART II- MEDICAL HISTORY (Explain "YES" answers below)

	, ,		•	•	examination, for review by examining practitioner.		
	·			estion.	Circle questions you don't know the answers to.		
	GENERAL MEDICAL HISTORY	YES	NO	24	MEDICAL QUESTIONS CONTINUED	YES	NO
1.	Do you have any concerns that you would like to discuss with your provider?			_	Have you had mononucleosis (mono) within the last month? Are you missing a kidney, eye, testicle, spleen or other		
2.	Has a provider ever denied or restricted your participation in sports for any reason?			26.	internal organ? Do you have groin or testicle pain or a painful bulge or hernia		
3.	Do you have any ongoing medical conditions? If so, please				in the groin area?		
	identify: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections				Have you ever become ill while exercising in the heat?		
4.	Other:Are you currently taking any medications or supplements on			28.	When exercising in the heat, do you have severe muscle cramps?		
	a daily basis?			29.	Do you have headaches with exercise?		
5.	Do you have allergies to any medications?			30.	Have you ever had numbness, tingling or weakness in your		
6.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant				arms or legs or been unable to move your arms or legs AFTER being hit or falling?		
7.	Staphylococcus aureus (MRSA)? Have you ever spent the night in the hospital? If yes, why?				Do you or does someone in your family have sickle cell trait or disease?		
					Have you had any other blood disorders?		
8.	Have you ever had surgery?				Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?		
	HEART HEALTH QUESTIONS ABOUT YOU	YES	NO				
9.	Have you ever passed out or nearly passed out DURING or AFTER exercise?			34.	Have you had or do you have any problems with your eyes or vision?		
10.	Have you ever had discomfort, pain, tightness, or pressure in			35.	Do you wear glasses or contacts?		
	your chest during exercise?			36.	Do you wear protective eyewear like goggles or a face shield?		
11.	Does your heart race, flutter in your chest or skip beats			37.	Do you worry about your weight?		
12.	(irregular beats) during exercise? Has a doctor ever ordered a test for your heart? For			38.	Are you trying to or has anyone recommended that you gain or lose weight?		
	example, electrocardiography or echocardiography.			39.	Do you limit or carefully control what you eat?		
13.	Has a doctor ever told you that you have any heart problems,				Have you ever had an eating disorder?		
	including:				Are you on a special diet or do you avoid certain types of		
	☐ High blood pressure ☐ A heart murmur				foods or food groups?		
	☐ High cholesterol ☐ A heart infection			42.	Allergies to food or stinging insects?		
	☐ Kawasaki Disease ☐ Other			43.	Have you ever had a COVID-19 diagnosis? Date:		
				44.	What is the date of your last Tdap or Td (tetanus) immunization (circle type) Date:	1?	
14.	Do you get light-headed or feel shorter of breath than your						1
	friends during exercise?				FEMALES ONLY	YES	NO
15.	Have you ever had a seizure?			_	Have you ever had a menstrual period?		
4.0	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	YES	NO		Age when you had your first menstrual period:		
	Does anyone in your family have a heart problem?			1	Number of periods in the last 12 months:		
17.	Has any family member or relative died of heart problems or			48.	When was your most recent menstrual period? EXPLAIN "YES" ANSWERS BELOW		
	had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?			#	>> EXPLAIN TES ANSWERS DELOW		
18	Does anyone in your family have a genetic heart problem			⊢ "	<i>"</i>		
10.	such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy			#	>>		
	(ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS),			#	>>		
	Brugada syndrome, or catecholaminergic polymorphic			"			
	ventricular tachycardia (CPVT)?			#	>>		
19.	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			#	>>		
	BONE AND JOINT QUESTIONS	YES	NO	1			
20.	Have you ever had a stress fracture or an injury to a bone,			#	>>		
	muscle, ligament, joint, or tendon that caused you to miss a practice or game?			#	>>		
21.	Do you currently have a bone, muscle or joint injury that bothers you?			List	medications and nutritional supplements you are currently tal	king he	re:
	MEDICAL QUESTIONS	YES	NO	1		_	
22.	Do you cough, wheeze or have difficulty breathing during or after exercise?						
23.	Do you have asthma or use asthma medicine (inhaler, nebulizer)?						
		1	1	1			

→ Parent/Guardian Signature:	Date:	→ Athlete's Signature:

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PART III- PHYSICAL EXAMINATION

(Physical examination form is required each school year dated after <u>May 1</u> of the preceding school year and is good through June 30 of the current school year)**

leight P /		Weight			□ Male	<u> </u>		☐ Female	<u> </u>
	Resting pulse	Weight	Vision	R 20/	L 20/		Corrected	☐ Yes	 □ No
				· ·		1			
	MEDIC				NORMAL		ABNO	RMAL FINDI	NGS
	n stigmata: kyphosco	_							
	odactyly, hyperlaxity,	myopia, m	itral valve	prolapse, and					
ortic insufficiency)	oat (Pupils equal, hea	ringl							
Lymph nodes	oat (Fupiis equal, fiea	iiig)							
	uscultation standing,	supine, +/-	Valsalva)						
Pulses									
Lungs									
Abdomen									
	ex virus, lesions sugge	stive of MR	SA or tine	a corporis)					
Neurological	MUSCULOS				NORMAL		APNO	RMAL FINDI	NCS
Neck	INIUSCULUSI	CELETAL			NORWAL		ADNU	KIVIAL FINDI	NGS
Back									
Shoulder/arm									
Elbow/forearm									
Wrist/hand/fingers									
Hip/thigh									
Knee									
Leg/ankle Foot/toes									
•	ıble leg squat, single l	eg squat. b	ox drop or	step drop test)					
	tions required on-site				ilucagon	□ Other:			
COMMENTS:									
	have reviewed the	recomme	endations	s for his/her pa		-		e following	3
MEDICALLY ELIGIB	LE FOR ALL SPORTS V	MIHOUI K	ESTRICTIC)N					
MEDICALLY ELIGIB	LE FOR ALL SPORTS V	VITHOUT R	ESTRICTIC	ON WITH RECOM	MENDATION	I FOR FUE	RTHER EVALU	ATION OR T	REATMENT OF
	LE <u>ONLY</u> FOR THE FO	LLOWING S	SPORTS:						
MEDICALLY ELIGIB									
Reason:									
Reason:	LIGIBLE PENDING FUI	RTHER EVA		OF:					
Reason: NOT MEDICALLY E				OF:					
Reason: NOT MEDICALLY E	LIGIBLE PENDING FUI			OF:					
Reason: NOT MEDICALLY E NOT MEDICALLY E	LIGIBLE PENDING FUI	ORTS	LUATION		e student a	nd comp	leted this pr		
Reason:	LIGIBLE PENDING FUI LIGIBLE FOR ANY SPO	orts st that I ha physical	LUATION ave exam including	nined the above	e student a	nd comp	leted this pr	e-participa	ntion
Reason: NOT MEDICALLY E NOT MEDICALLY E By th	LIGIBLE PENDING FUI LIGIBLE FOR ANY SPO nis signature, I atte	orts st that I ha physical	ave exam	nined the above g a review of Pa	e student a art II- Medic	nd comp cal Histo DO, NP o	leted this pr ry. r PA)+ DATE*	e-participa	ntion

Rule 28B-1 (3) Physical Examination Rule/Transfer Student (10-90)- When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.

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PART IV- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT

(To be completed by parent/guardian)

(10 be completed by pa					
I give permission forfollowing sports that are NOT crossed out: baseball, basketball, cheerle	(name of chi	ld/ward) to parti trv_field hockev	football golf gymnastics		
lacrosse, soccer, softball, swim/dive, tennis, track, volleyball, wrestling	-	•			
I have reviewed the individual eligibility rules and I am aware					
my child/ward. I understand that the degree of danger and the serious					
with contact sports carrying the higher risk. I have had an opportunity					
written handouts or some other means. He/she has student medical/a					
has athletic participation insurance coverage through the school (yes					
Name of medical insurance company: Policy number:					
I am aware that participating in sports will involve travel with sport and with the travel involved and with this knowledge in mind, graand travel with the team.		_			
By this signature, I hereby consent to allow the physician(s) ar					
school to perform a pre-participation examination on my child and to p			_		
participation in athletics/activities for his/her school during the school physician(s) of health care provider(s) to share appropriate information	•				
athletics and activities with coaches and other school personnel as dee		illiu tilat is relev	ant to participation in		
Additionally, I give my consent and approval for the above na	-	cure and name to	be printed in any high		
school or VHSL athletic program, publication or video.					
To access quality, low-cost comprehensive health insurance the	hrough FAMIS for	your child, pleas	e contact Cover Virginia by		
going to www.coverva.org or calling 855-242-8282.					
PART V- EMERGENCY PER	RMISSION FORM*				
(To be completed and signed by	y the parent/guardia	nn)			
STUDENT'S NAME:	GRADE:	AGE:	DOB:		
HIGH SCHOOL:					
Please list any significant health problems that might be significant to a					
riease list any significant fleath problems that might be significant to a	a pirysician evalua	illig your cillia <u>ii</u>	i case of all efficiency.		
PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC:					
IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN? $_$	IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN? LIST THE EMERGENCY MEDICATION:				
IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION? IF SO, WHAT? DOES THE STUDENT WEAR CONTACT LENSES? DATE OF LAST Tdap OR Td (TETANUS) SHOT:					
DOES THE STUDENT PRESENTED TAKING ANY OTHER MEDICATION:	IF SO, WHAT? _				
DOES THE STUDENT WEAR CONTACT LENSES?	IF SO, WHAT? _ DATE OF LAST	Tdap OR Td (TE1	TANUS) SHOT:		
EMERGENCY AUTHORIZATION: In the event I cannot be reached in an	IF SO, WHAT? _ DATE OF LAST emergency, I here	Tdap OR Td (TET	TANUS) SHOT:		
EMERGENCY AUTHORIZATION : In the event I cannot be reached in an the coaches and staff of H	IF SO, WHAT? _ DATE OF LAST emergency, I here ligh School to hosp	Tdap OR Td (TET	TANUS) SHOT:		
EMERGENCY AUTHORIZATION : In the event I cannot be reached in an the coaches and staff of Horder the injection and/or anesthesia and/or surgery for the person na	IF SO, WHAT? _ DATE OF LAST emergency, I here ligh School to hosp amed above.	Tdap OR Td (TET by give permissi pitalize, secure p	TANUS) SHOT: fon to physicians selected by roper treatment for and to		
EMERGENCY AUTHORIZATION : In the event I cannot be reached in an the coaches and staff of H	IF SO, WHAT? DATE OF LAST emergency, I here ligh School to hosp med above. ():	Tdap OR Td (TET by give permissi bitalize, secure p	TANUS) SHOT: fon to physicians selected by roper treatment for and to		
EMERGENCY AUTHORIZATION: In the event I cannot be reached in an the coaches and staff of Horder the injection and/or anesthesia and/or surgery for the person na DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY	IF SO, WHAT? DATE OF LAST emergency, I here ligh School to hosp amed above. /): GENCY):	Tdap OR Td (TET by give permissi bitalize, secure p	TANUS) SHOT: fon to physicians selected by roper treatment for and to		
EMERGENCY AUTHORIZATION: In the event I cannot be reached in an the coaches and staff of Horder the injection and/or anesthesia and/or surgery for the person na DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY CELL PHONE NUMBER:	IF SO, WHAT? DATE OF LAST emergency, I here ligh School to hosp amed above. /): GENCY):	Tdap OR Td (TET	TANUS) SHOT: ion to physicians selected by roper treatment for and to		
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EMERGENCY AUTHORIZATION: In the event I cannot be reached in an the coaches and staff of Horder the injection and/or anesthesia and/or surgery for the person na DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY CELL PHONE NUMBER:	IF SO, WHAT? _ DATE OF LAST emergency, I here ligh School to hosp med above. (1):	Tdap OR Td (TET	FANUS) SHOT: fon to physicians selected by roper treatment for and to		

→ I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT:

Parent/Guardian signature

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.