The purpose of the Texas Association of Private and Parochial Schools is to organize and provide extracurricular activities for the students attending our member schools. Paramount in the organization’s efforts is the safety of the young men and women who participate. The safety requires all of us to do our part to protect the students before, during and after participation.

In the past two years student safety has received increased attention nationwide and prompted a review by all of the members of the National Federation of State High School Associations. After internal analysis and review of the best practices endorsed and exhibited by the NFHS, TAPPS has made changes to the Pre-Participation Medical History Form and Physical Examination Form. Additionally, TAPPS has developed forms explaining the significance of Sudden Cardiac Arrests and Concussion awareness. While no one can predict injuries or prevent them entirely, through education prior to participation, coaching, use of appropriate safety equipment and response to indicators after participation we hope to minimize the lasting effects of any injury.

The following forms are required annually for all students who participate in TAPPS activities. As parents and students, please take the time to review the material and provide honest and thorough answers which will assist medical professionals as they examine each student. TAPPS schools will keep this information on file for each student and review the information as they prepare for the coming seasons.

Additional information is available on the Health and Safety page at www.tapps.net.
Texas Association of Private and Parochial Schools
PREPARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION

STUDENT’S NAME ________________________________ SPORT(S) ______________
GENDER: _______ AGE: _______ DATE OF BIRTH: ________________
HEIGHT: _______ WEIGHT: _______ % OF BODY FAT: ___________
PULSE: ___________ BLOOD PRESSURE: ___/___ (___/___/___)
VISION R 20/_______L 20/_______ CORRECTED: Y N Pupils: EQUAL ______ UNEQUAL ______

In keeping with the requirements of the Texas Association of Private and Parochial School, as a minimum requirement, this PHYSICAL EXAMINATION FORM must be completed prior to high school athletic participation each year of high school.

<table>
<thead>
<tr>
<th>MEDICAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
<th>INITIALS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Eyes/Ears/Nose/Throat</td>
<td></td>
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<tr>
<td>Lymph Nodes</td>
<td></td>
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<tr>
<td>Heart-Auscultation of the heart in the supine position</td>
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<tr>
<td>Heart – Auscultation of the heart in the standing position</td>
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<tr>
<td>Heart – Lower extremity pulses</td>
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<tr>
<td>Pulses</td>
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<td></td>
<td></td>
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<tr>
<td>Lungs</td>
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<tr>
<td>Abdomen</td>
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<td></td>
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<tr>
<td>Genitalia (males only)</td>
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<td></td>
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<tr>
<td>Skin</td>
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<table>
<thead>
<tr>
<th>MUSCULOSKELETAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
<th>INITIALS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck</td>
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<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder/Arm</td>
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<tr>
<td>Elbow/Forearm</td>
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<td></td>
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<tr>
<td>Wrist/Hand</td>
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<tr>
<td>Hip/Thigh</td>
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<tr>
<td>Knee</td>
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<tr>
<td>Leg/Ankle</td>
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<td></td>
<td></td>
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<tr>
<td>Foot</td>
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</tr>
</tbody>
</table>

*Station-based examination only

CLEARANCE

☐ Cleared
☐ Cleared after completing evaluation/rehabilitation for: ____________________________
☐ Not cleared for: ____________________________ Reason: ____________________________
Recommendations: ________________________________________________________________
_____________________________________________________________________________

Provider Name: ____________________________ Date of Examination: ______________
Provider Signature: ____________________________
Provider Address: ____________________________
Provider Phone Number: ______________________


This MEDICAL HISTORY FORM must be completed annually by parent (or guardian) and student in order for the student to participate in TAPPS athletic activities. These questions are designed to determine if the student has developed or experienced any condition which would make it hazardous to participate in an athletic event.

STUDENT'S NAME: ________________________________________________________________

GENDER: _______ AGE: _______ DATE OF BIRTH: ________________________________

HOME ADDRESS: __________________________________________________________________

HOME PHONE: ______________________ PARENT CELL: _____________________________

SCHOOL: _______________________________________________________________________

GRADE LEVEL: ____________________________ PERSONAL PHYSICIAN: ________________

PHONE: ____________________________

In case of emergency, contact:

NAME: __________________________________ RELATIONSHIP: ______________________

HOME PHONE: ______________________ CELL PHONE: _____________________________

Explain any "Yes" answers on a separate piece of paper. Please circle questions for which you have no answer. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in TAPPS practices, games or matches.

Yes  No

1. Have you had a medical illness or injury since your last check up or sports physical?  □  □
2. Have you been hospitalized overnight in the past year?  □  □
3. Have you ever had surgery?  □  □
4. Have you ever passed out during or after exercise?  □  □
5. Have you ever had chest pain during or after exercise?  □  □
6. Do you get tired more quickly than your friends do during exercise?  □  □
7. Have you ever experienced racing of your heart or skipped heartbeats?  □  □
8. Have you had high blood pressure  □  □
9. Have you ever had high cholesterol?  □  □
10. Have you ever been told you have a heart murmur?  □  □
11. Has any family member or relative died of heart problems before age 50?  □  □
12. Has any family member or relative died of sudden unexpected death before age 50?  □  □
13. Has any family member been diagnosed with enlarged heart (Dilated Cardiomyopathy)?  □  □
14. Has any family member been diagnosed with Hypertrophic Cardiomyopathy?  □  □
15. Has any family member been diagnosed with Long QT Syndrome?  □  □
16. Has any family member been diagnosed with ion channelopathy (Brugada syndrome, etc.)?  □  □
17. Has any family member been diagnosed with Marfan's Syndrome?  □  □
18. Have you had a severe viral infection (myocarditis, mononucleosis, etc.) in the past year?  □  □
19. Has a physician ever denied or restricted your participation in sports for any heart problems?  □  □

Sudden Cardiac Arrest occurs in persons of all ages. The answers to questions # 4-19 above will assist in determining whether additional testing may be required for your son or daughter. If you have answered yes to any of these questions, please review with your health care professional whether additional testing may be necessary including but not limited to EKG and/or ECG.

20. Have you ever had a head injury or concussion?  □  □
21. Have you ever been knocked out, become unconscious, or lost your memory?  □  □
22. Have you ever had a seizure?  □  □
23. Have you ever had numbness or tingling in your arms, hands, legs, or feet?  □  □
24. Have you ever had a stinger, burner, or pinched nerve? □ □
25. Are you missing any paired organs? □ □
26. Are you presently under a doctor’s care? □ □
27. Are you currently taking any prescription or non-prescription medication or inhalers? □ □
28. Do you have any allergies? □ □
29. Have you ever been dizzy before or during exercise? □ □
30. Do you currently have any skin problems (itching, acne, warts, fungus, or blisters)? □ □
31. Have you ever become ill from exercising or working in the heat? □ □
32. Have you had any problems with your eyes or vision? □ □
33. Have you ever gotten unexpectedly short of breath with exercise? □ □
34. Do you have asthma? □ □
35. Do you have seasonal allergies that require medical treatment? □ □
36. Do you use any special protective or corrective equipment? □ □
37. Have you ever had a sprain, strain, or swelling after injury? □ □
38. Have you broken or fractured any bones? □ □
39. Have you ever dislocated any joints? □ □
40. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? □ □
   If yes, check appropriate box and explain below.
   Head □  Shoulder □  Wrist □  Thigh □  Foot □
   Neck □  Upper Arm □  Hand □  Knee □
   Back □  Elbow □  Finger □  Shin/Calf □
   Chest □  Forearm □  Hip □  Ankle □
41. Do you want to weigh more or less than you do now? □ □
42. Do you lose weight regularly to meet weight requirements for your Extra-curricular activities □ □
43. Do you feel stressed out? □ □
44. Have you been diagnosed with or treated for Sickle Cell Trait or Sickle Cell Disease? □ □

**Females Only**

45. When was your first menstrual period? □ □
46. When was your most recent menstrual period? □ □
47. How much time elapses from the start of one period to the start of another? □ □ □ days
48. How many periods have you had in the last year? □ □
49. What was the longest time between periods in the last year? □ □ □ days

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither Texas Association of Private and Parochial Schools nor the school assumes any responsibility in case an accident occurs. The possibility of transfer of disease exists whenever blood transfer occurs. While the risk is minimal with high school activities, by signature below we recognize the possibility exists relating to blood borne pathogens and the transfer of disease such as Hepatitis or HIV.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or illness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school, TAPPS and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

_I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful and complete responses could subject the student in question to penalties determined by the Texas Association of Private and Parochial Schools._

STUDENT SIGNATURE: _______________________________ DATE: __________________

PARENT/GUARDIAN NAME (PRINT): ____________________________________________

PARENT/GUARDIAN SIGNATURE: _______________________________ DATE: _______________

This Medical History Form reviewed by: NAME: _______________________________ DATE: _______________

For School Use Only:
SUDDEN CARDIAC ARREST

What is Sudden Cardiac Arrest (SCA)?
Sudden Cardiac Arrest is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is not a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction of the heart’s electrical system, causing the heart to stop beating.

How common is Sudden Cardiac Arrest?
While studies differ in the actual rate of occurrence, the American Heart Association information indicates that there are approximately 300,000 SCA events outside hospitals each year in the United States. About 2000 patients under the age of 25 die of SCA each year. Studies now being performed in Texas and other states indicate the occurrence rate for high school age athletes may be greater than this figure.

Are there warning signs?
Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Fatigue</th>
<th>Lightheadedness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dizziness</td>
<td>Shortness of breath</td>
<td>Nausea</td>
</tr>
<tr>
<td>Extreme tiredness</td>
<td>Vomiting</td>
<td>Racing or fluttering heartbeat</td>
</tr>
<tr>
<td>Difficulty breathing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest Pains</td>
<td>Syncope (fainting)</td>
<td></td>
</tr>
</tbody>
</table>

These symptoms can be confusing and unclear in athletes. Often people confuse these warning signs as physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

For this reason these symptoms are included on the Medical History form provided by TAPPS and required for each student prior to participation in athletic events each year. As parents and student athletes, your truthful answers to these simple questions will assist your medical practitioner when performing the annual physical examination.

What are the risks of participation and playing with these symptoms?
Continued participation brings with it increased risk. This includes playing in practices and games. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just minutes. Most people who experience a SCA die from the event.

While TAPPS does not mandate Cardiac Screening prior to participation, TAPPS and the TAPPS member schools recognize the importance of our students’ health and highly recommend discussing screening options with your health care provider. Any student who shows signs of SCA should be removed by the parents from play. This includes all athletic activity, practices or contests. Before returning to play, the student should be examined and receive clearance by a licensed health care professional of the parents’ choosing.

I have reviewed the above material. I understand the symptoms and warning signs of SCA. Additional information is available on the Health and Safety page at www.tapps.net.

Parent Signature / Date:  

Student Signature / Date:  
CONCUSSION AND TRAUMATIC BRAIN INJURY

What is a concussion?
A concussion is a brain injury that:
- Is caused by a bump, blow, or jolt to the head or body
- Can change the way a student’s brain normally functions
- Can occur during practice or contests in any sport
- Can occur in activities both associated and not associated with the school
- Can occur even if the student has not lost consciousness
- Can be serious even if a student has just been “dinged” or had their “bell rung”

Are the symptoms of a concussion?
Concussions cannot be seen; however, in a potentially concussed student, one or more of the following symptoms may become apparent. The student may not “feel right” soon after, a few days after or even weeks after the injury event.

<table>
<thead>
<tr>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
</tr>
<tr>
<td>“Pressure” in the head</td>
</tr>
<tr>
<td>Nausea</td>
</tr>
<tr>
<td>Vomiting</td>
</tr>
<tr>
<td>Balance problems</td>
</tr>
<tr>
<td>Dizziness</td>
</tr>
<tr>
<td>Blurry Vision</td>
</tr>
<tr>
<td>Double Vision</td>
</tr>
<tr>
<td>Sensitivity to Light</td>
</tr>
<tr>
<td>Sensitivity to Noise</td>
</tr>
<tr>
<td>Confusion</td>
</tr>
<tr>
<td>Memory Problems</td>
</tr>
<tr>
<td>Difficulty paying attention</td>
</tr>
<tr>
<td>Feeling sluggish, hazy, foggy or groggy</td>
</tr>
</tbody>
</table>

If you have concerns regarding any of the above symptoms, your doctor should be consulted for further information and/or examination. Your physician or medical professional can best determine your student’s physical condition and ability to participate in athletics.

What should students do if they believe that they or someone else may have a concussion?
- Students should immediately notify their coach or school personnel.
- Student should be examined by appropriate medical personnel of the parent’s choosing. The medical provider should be trained in the diagnosis and treatment of concussions.
- If no concussion is diagnosed, the student shall be cleared to return to athletic participation.
- If a concussion is diagnosed, the school protocol for return to play from a concussion shall be enacted. Under no circumstances shall the student be allowed to return to practice or play without the approval of a licensed medical provider trained in the treatment of concussions.

I have reviewed the above material. I understand the symptoms and warning signs of CONCUSSIONS. Additional information is available on the Health and Safety page at www.tapps.net. All concussions should be reported to the school as soon as possible. Previous concussions should be reported on the Medical History form to allow the medical practitioner the best information possible when conducting the annual physical examination.

Parent Signature / Date:  

Student Signature / Date:  

CONCUSSIONS – Don’t hide it. Report it. Take time to recover.