GLACIER TWINS AMERICAN LEGION BASEBALL ATHLETIC PARTICIPATION QUESTIONNAIRE, PHYSICAL EXAMINATION EVALUATION, AND PARENT OR GUARDIAN CONSENT AND RELEASE

Athletic Participation Questionnaire (please print)

Player's Name _____ School _____ Grade _____

Date of Birth ___ / ___ / ___ Home Address _____

Phone 406-_____ Parent's Name _____

Healthcare provider _____ Phone _____

Medical conditions, limitations, allergies, medications, etc. *Please list any condition(s) that should be known to Twins Coach or supervisor. Include any medical history that a physician should be aware of in case of emergency treatment.* _____

_____

_____

_____

Player's Signature _____ Date _____

Player's Health History

Player and/or parent/guardian to fill out the following health history before physical examination.
Parent/guardian is required to sign consent and release on reverse side of this form after the examination.

Has this player had any:	Yes	No
Chronic or recurrent illness		
Hospitalizations	❑	❑
Surgery (other than tonsillectomy)	❑	❑
Missing organs (eye, kidney, testicle)	❑	❑
Allergy to medications	❑	❑
Problems with heart or blood pressure	❑	❑
Chest pain with exercise	❑	❑
Heart murmur	❑	❑
Dizziness or fainting with exercise	❑	❑
Frequent headaches, convulsions	❑	❑
Concussion or unconsciousness	❑	❑
Heat exhaustion/stroke, or other heat problems	❑	❑
Any illness lasting over a week	❑	❑
Mononucleosis or anemia	❑	❑
Bladder/kidney infections in the past year	❑	❑
Asthma	❑	❑
Epilepsy	❑	❑
Diabetes	❑	❑
Eyeglasses or contact lenses	❑	❑
Dental braces, bridges, plates	❑	❑

Is there a history of:	Yes	No
Injuries requiring medical treatment	❑	❑
Neck injury	❑	❑
Knee injury	❑	❑
Knee surgery	❑	❑
Ankle injury	❑	❑
Other serious joint injury	❑	❑
Broken bones (fractures)	❑	❑

Additional history:

Is there any history of family or genetic diseases?	❑	❑
Has any family member died suddenly at less than 40 yrs of age of causes other than an accident?	❑	❑
Has any family member had a heart attack at less than 55 years of age?	❑	❑
Are you uncomfortably short of breath after running ½ mile (two times around the track) without stopping?	❑	❑

List all medications the player is presently taking and what condition the medication is for:

1. _____
2. _____
3. _____

What is the most and least the player has weighed in the past year? Most _____ Least _____

Was there a medical problem/injury since player's last physical where three or more practices were missed?

_____

Do you or the player have any questions you would like to ask the doctor? _____

Date of last known tetanus (lockjaw) shot: _____

Use separate piece of paper to explain any of the above numbered "YES" answers or to provide any additional information.

(over)

PHYSICAL EXAMINATION RECORD

To be completed by licensed Healthcare Professional. This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

Player's Name _____

Height _____ **Weight** _____ **Pulse** _____ **Blood Pressure** _____ / _____
Hemoglobin (optional) _____ **UA (optional)** _____

	Normal	*Abnormal Findings*
Eyes – Left ____ / 20 Right ____ / 20	❑	_____
Pupils	❑	_____
Ears, nose and throat	❑	_____
Mouth and teeth	❑	_____
Neck	❑	_____
Cardiovascular	❑	_____
Chest and lungs	❑	_____
Abdomen	❑	_____
Skin	❑	_____
Genitals-Hernia	❑	_____
Musculoskeletal: ROM, strength, etc.	❑	_____
Neurological	❑	_____

Comments regarding abnormal findings/recommendations: _____

_____

_____

Participation Recommendations:

❑ Full and unlimited participation
❑ Limited participation _____
❑ Clearance pending documented follow-up of: _____
❑ No athletic participation

_____ _____
Licensed Health Care Professional's Name (PRINT) *Date*

_____ _____
Signature *Phone Number*

Parent/Guardian Consent and Release

I hereby give my consent for the above player to participate in all activities sanctioned by Glacier Twins Baseball, except those indicated above by a licensed healthcare professional. I also give my permission for the Twins coach(es) or any other qualified personnel to give first aid treatment to this player at a baseball event in case of injury. If emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the player named above to be given medical care by the doctor or hospital selected by the Glacier Twins.

_____ _____
Parent or Guardian's Name (please print) *Address (print)*

_____ _____
Home phone *Insurance company*

_____ _____
Signature of Parent or Guardian *Date*

– After completion, return this form to the Glacier Twins - All information is to remain confidential –