

**THOMPSON R2-J SCHOOL DISTRICT
CHECKLIST FOR ATHLETIC PARTICIPATION**

| Check as completed | |
|--------------------|---|
| — | <p>PART A - MEDICAL EVALUATION FORM</p> <p>Part I Medical History Complete with your parents and obtain signatures prior to physical examination.</p> <p>Part II Physical Examination Must be completed by a M.D., D.O., D.C., Spc. or nurse practitioner. Schedule your appointment well in advance - at least two months of your sports season. It is best to wear shorts and t-shirts to exam. To be valid, a physical must have been given within the last 365 calendar days.</p> <p>Part III Certification of Immunization To be completed and signed by doctor by time of physical exam.</p> <p><i>All three parts are to be returned to the school office.</i></p> |
| — | <p>Part B - PARENT PERMIT FOR ATHLETIC PARTICIPATION</p> <p>Read and complete with parent or guardian. Release must be signed by parent and returned to the school office.</p> |
| — | <p>Part C - ATHLETIC TRAINING/CONDUCT RULES AND STANDARDS FOR COMMUNICATION HANDBOOK</p> <p>In effect during the school year only. All Penalties are minimums only, a school or team may choose to have harsher penalties.</p> |
| — | <p>Part D - ACKNOWLEDGMENT FORM FOR CODE OF CONDUCT, TRAINING RULES AND STANDARDS FOR COMMUNICATION</p> <p>Must be signed by the parent and student and returned to the school office.</p> |
| — | <p>Part E - ATHLETIC INJURY/EMERGENCY CARD</p> <p>Must be signed and completed. (This must be completed at the beginning of each season of participation.)</p> |
| — | <p>ATHLETIC FEE:</p> <p>A \$125 high school/\$50 middle school/or \$20 intramural athletic fee must be paid before the issuance of a clearance card. There is a yearly maximum of \$325 per family, which also includes the fee collected for Knowledge Bowl, Band, Choir, Orchestra and Forensics. Those students on the Free/Reduced Lunch Program may request a waiver from this fee. Any other students having a financial hardship may see the athletic director to discuss a waiver of the fee.</p> |

A clearance card will be issued after all items listed and your fee or waiver has been submitted. Report to the coach with the clearance card. No participation will be allowed until a clearance card has been given to the coach. A new clearance card must be requested (and the fee paid) at the beginning of each sport season in which the student participates. (Check with your school office for specific school variations to this procedure.)

Part I History

Date _____ Personal Physician _____ Sex _____ Age _____ Date of Birth _____

Name _____ Explain "Yes" answers below:

1. Have you ever been hospitalized? Yes No
2. Have you ever had surgery? Yes No
3. Are you presently taking any medications or pills? Yes No
4. Do you have any allergies (medicine, bees, or other stinging insects)? Yes No
5. Have you ever passed out during or after exercise? Yes No
6. Have you ever been dizzy during or after exercise? Yes No
7. Have your ever had chest pain during or after exercise? Yes No
8. Do you tire more quickly than your friends during exercise? Yes No
9. Have you ever had high blood pressure? Yes No
10. Have you ever been told that you have a heart murmur? Yes No
11. Has anyone in your family died of heart problems or a sudden death before age 50? Yes No
12. Do you have any skin problems (itching, rashes, acne)? Yes No
13. Have you ever had a head injury? Yes No
14. Have you ever been knocked out or unconscious? Yes No
15. Have you ever had a seizure? Yes No
16. Have you ever had a stinger, burner or pinched nerve? Yes No
17. Have you ever had heat or muscle cramps? Yes No
18. Have you ever been dizzy or passed out in the heat? Yes No
19. Do you have trouble breathing or do you cough during or after activity? Yes No
20. Do you use any special equipment (pads, braces, neck rolls, mouth guard eye guard, etc.)? Yes No
21. Have you had any problems with your eyes or vision? Yes No
22. Do you wear glasses or contacts or protective eye wear? Yes No
23. Have you ever sprained/strained, dislocated, fractured, broken or had repeated or other injuries of any bones or joints? Yes No
24. Head Shoulder Thigh Neck Elbow Knee Chest Foot
25. Forearm Shin/calf Back Wrist Ankle Hip Hand
26. Have you had any other medical problems (infectious mononucleosis, diabetes, etc.) Yes No
27. Have you had a medical problem or injury since your last evaluation? Yes No
28. When was your last tetanus shot? Yes No
29. When was your last measles immunization? Yes No
30. When was your first menstrual period? _____
31. When was your last menstrual period? _____
32. What was the longest time between your periods last year? _____

Explain "yes" answers:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.
 Date: _____
 Signature of athlete: _____
 Signature of parent/guardian: _____

Part II Physical Examination

Name _____ Age _____ Date of Birth _____

| LIMITED | Height _____ | Weight _____ | BP _____ / _____ | Pulse _____ | G |
|-----------------|--------------|-------------------|------------------|-------------|---|
| | | | | | |
| Cardiopulmonary | Normal | Abnormal Findings | Initials | | |
| Pulses | | | | | |
| Heart | | | | | |
| Lungs | | | | | |
| Tanner stage | 1 | 2 | 3 | 4 | 5 |
| Skin | | | | | |
| Abdominal | | | | | |
| Genitalia | | | | | |
| Musculoskeletal | | | | | |
| Neck | | | | | |
| Shoulder | | | | | |
| Elbow | | | | | |
| Wrist | | | | | |
| Hand | | | | | |
| Back | | | | | |
| Knee | | | | | |
| Ankle | | | | | |
| Foot | | | | | |
| Other | | | | | |

CLEARANCE
 A. Cleared
 B. Cleared after completing evaluation/rehabilitation for: _____
 C. Not cleared for: _____
 [] collision
 [] contact
 [] non-contact _____ strenuous _____ moderately strenuous _____ non strenuous

RECOMMENDATIONS: _____

 NAME OF PHYSICIAN/ PA/ NURSE PRACTITIONER/ CERTIFIED-REGISTERED CHIROPRACTOR: _____
 ADDRESS _____ PHONE _____
 SIGNATURE OF MD/DO, PA/NA, DC, SPC# _____
 DATE _____

COLORADO LAW REQUIRES THIS FORM BE COMPLETE AND PROVIDED TO THE SCHOOL

Name _____ Date of Birth _____
 Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

| Vaccine | Enter complete date each immunization was given | | | | | |
|---|---|--|--|--|--|--|
| Hep B | Hepatitis B | | | | | |
| DTaP/Tdap | Diphtheria, Tetanus, Pertussis | | | | | |
| DT/Td | Tetanus, Diphtheria | | | | | |
| Hib | <i>Haemophilus influenzae</i> type b | | | | | |
| IPV/OPV | Polio | | | | | |
| PCV7 | Pneumococcal Conjugate | | | | | |
| MMR | Measles, Mumps, Rubella | | | | | |
| Varicella | Chickenpox | | | | | |
| Vaccines recorded below this line are recommended. Recording of dates are optional. | | | | | | |
| HPV | Human Papillomavirus | | | | | |
| Rota | Rotavirus | | | | | |
| MCV4/MPSV4 | Meningococcal | | | | | |
| Hep A | Hepatitis A | | | | | |
| TIV/LAIV | Influenza | | | | | |
| Other | | | | | | |

Healthcare Provider Documentation Date _____ Lab Verification Date _____

To the best of my knowledge, the person named above has received the above immunizations.

DO NOT SIGN UNLESS ALL IMMUNIZATION REQUIREMENTS ARE MET

Signed _____ Title _____ Date _____
 (Physician, nurse, or school health authority)

Table 1. MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION

| Vaccine* | Level of School/Age of Student | | | | | | | | | | | |
|--|--------------------------------|--------------------------|--------------------------|---------------------------|----------------------------|----------------------------|----------------------------|-------------------------|-----------------------|---------------------------------|-----------------------------------|----------------|
| | Child Care 2 to 3 mos | Child Care 4 to 5 mos | Child Care 6 to 7 mos | Child Care 8 to 11 mos | Child Care 12 to 14 mos | Child Care 15 to 17 mos | Child Care 18 to 23 mos | Preschool 2 to 4 yrs | K Entry 4 to 6 yrs | Grades K to 5 5 to 10 yrs | Grades 6 to 12 11 to 18 yrs | College |
| Pertussis/Tetanus/ Diphtheria | 1 | 2 | 3 | 3 | 3 | 4 | 4 | 4 | 5/4 ^g | 5/4 ^h | 6 ^d | |
| Polio ^e | 1 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 4/3 ^f | 4/3 ^f | 4/3 ^f | |
| Measles/Mumps/ Rubella ^g | | | | | 1 | 1 | 1 | 1 | 2 ^h | 2 ^h | 2 ^h | 2 ^h |
| <i>Haemophilus influenzae</i> type b (Hib) | 1 | 2 | 2 | 3/2 | 3/2 | 3/2/1 | 3/2/1 | 3/2/1 | | | | |
| Pneumococcal Conjugate ^k | 1 | 2 | 3/2 | 3/2 | 4/3/2 | 4/3/2 | 4/3/2 | | | | | |
| Hepatitis B ^l | 1 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | |
| Varicella ^m | | | | | 1 | 1 | 1 | 1 | 2 ⁿ | 2 ⁿ | 2 ^o | |
| Meningococcal | | | | | | | | | | | | p |

a: Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.
 b: Five doses of pertussis, tetanus, and diphtheria vaccines are required at school entry in Colorado unless the 4th dose was given at ≥ 48 months (i.e., on or after the 4th birthday) in which case only 4 doses are required.
 c: For students ≥ 7 years who have not had the required number of pertussis doses, no new or additional doses are required. Any student ≥ 7 years at school entry in Colorado who has not completed a primary series of 3 appropriately spaced doses of tetanus and diphtheria vaccine may be certified after the 3rd dose of tetanus and diphtheria vaccine (or tetanus, diphtheria, and pertussis vaccine if 10 or 11 years) if it is given > 6 months after the 2nd dose.
 d: The student must meet the minimum prior requirement for the 4th or 5th doses of diphtheria, tetanus, and pertussis vaccine and have 1 tetanus, diphtheria, and pertussis vaccine dose.
 e: For polio, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.

f: Four doses of polio vaccine are required at school entry in Colorado unless the 3rd dose was given ≥ 48 months (i.e., on or after the 4th birthday) in which case only 3 doses are required. Four valid doses are a complete series regardless of age at completion.
 g: For measles, mumps, and rubella, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable for the specific disease listed. The 1st dose of measles, mumps, and rubella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable.
 h: The 2nd dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1st dose.
 i: Measles, mumps, and rubella vaccine is not required for college students born before January 1, 1957.
 j: The number of Hib vaccine doses required depends on the student's current age and the age when the vaccine was administered. If any dose was given ≥ 15 months, the Hib vaccine

requirement is met. For students who began the series < 12 months, 3 doses are required of which at least 1 dose must have been administered at ≥ 12 months (i.e., on or after the 1st birthday). If the 1st dose was given at 12 to 14 months, 2 doses are required. If the current age is ≥ 5 years, no new or additional doses are required.
 k: The number of pneumococcal conjugate vaccine doses depends on the student's current age and the age when the 1st dose was administered. If the 1st dose was administered at: (i) ≤ 6 months, 3 doses are required at 6 to 14 months and 4 doses are required at 15 to 23 months with 1 dose administered on or after the 1st birthday, (ii) 7 to 11 months, 2 doses are required at 6 to 14 months and 3 doses are required at 15 to 23 months with 1 dose on or after the 1st birthday, (iii) 12 to 23 months, 2 doses are required. If the current age is ≥ 2 years, no new or additional doses are required.
 l: For hepatitis B, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.

m: For varicella, written evidence of a laboratory test showing immunity or a documented disease history from a health care provider is acceptable. The 1st dose of varicella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable.
 n: The second dose of varicella vaccine must have been administered at least 28 calendar days after the 1st dose. See Table 2 for the year of implementation for the second dose of varicella; for school year 2007–2008, the second dose of varicella is only required for kindergarten entry.
 o: If the 1st dose of varicella vaccine was administered at ≥ 13 years, 2 doses are required, separated by a minimum of 4 to 8 weeks.
 p: Information concerning meningococcal disease and the meningococcal vaccine shall be provided to each new student or if the student is under 18 years, to the student's parent or guardian. If the student does not obtain a vaccine, a signature must be obtained from the student or if the student is under 18 years, the student's parent or guardian indicating that the information was reviewed.

