KAMEHAMEHA SCHOOLS

ATHLETIC PARTICIPATION MEDICAL HISTORY FORM

This form must be completed and signed by a parent and student, prior to the physical examination, for review by the examining physician. Please explain "YES" answers below with the number of the questions. Circle any questions you do not know the answers

Student _____ Sex M / F Age: _____ Birthdate: _____

	MEDICAL HISTORY OF STUDENT & FAMILY	Yes	No
1.	Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐
2.	Do you have an ongoing medical condition (like diabetes or asthma)?	☐	☐
3.	Are you currently taking any prescription (or over-the-counter) medicines or pills?	☐	☐
4.	Do you have any allergies to medicines, pollens, foods or stinging insects?	☐	☐
5.	Do you have prescriptions for use of epinephrine, adrenalin, inhaler or other allergy medications?	☐	☐
6.	Have you ever passed out or nearly passed out during or after exercise?	☐	☐
7.	Have you ever passed out or nearly passed out at any other time?	☐	☐
8.	Have you ever had discomfort, pain, or pressure in your chest during exercise?	☐	☐
9.	Have you ever had to stop running after 1/4 to 1/2 mile for chest pain or shortness of breath?	☐	☐
10.	Does your heart race or skp beats during exercise?	☐	☐
11.	Has a doctor ever told you that you have (check all that apply):	☐	☐
	❑ High Blood Pressure ❑ A heart murmur ❑ High cholesterol ❑ A heart infection	☐	☐
12.	Has a doctor ever ordered a test for your heart?	☐	☐
13.	Has anyone in your family died suddenly for no apparent reason?	☐	☐
14.	Does anyone in your family have a heart problem?	☐	☐
15.	Has any family member or relative died of heart problems or sudden death before age 50? (This does not include accidental death)	☐	☐
16	Does anyone in yor family have Marfan syndrome?	☐	☐
17.	Have you ever spent the night in a hospital?	☐	☐
18.	Have you ever had surgery?	☐	☐
19.	Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that cause you to miss practice or a game?	☐	☐
20.	Have you had any broken or fractured bones or dislocated joints?	☐	☐
21.	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, cast or crutches?	☐	☐
22.	Have you ever had a stress fracture?		
23.	Have you ever had an x-ray of your neck for atlanto-axial instability? OR have you ever been told that you have that disorder or any neck/spine problem?	☐	☐
24.	Do you regularly use a brace or assistive device?	☐	☐
25.	Have you ever been diagnosed with athma or other allergic disorders?	☐	☐
26.	Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐	☐
27.	Is there anyone in your family who has asthma?	☐	☐
28.	Have you ever used an inhaler or taken asthma medicine?	☐	☐
29.	Were you born without, or are you missing, a kidney, an eye, a testicle or any other organ?	☐	☐
30.	Have you had infectious mononucleosis (mono) within the last three months?	☐	☐
31.	Have you ever had mono or any illness lasting more than two weeks?	☐	☐

	MEDICAL HISTORY OF STUDENT & FAMILY	Yes	No
32.	Do you have any rashes, pressure sores, or other skin problems?	☐	☐
33.	Have you ever had herpes skin infection or MRSA skin infection?	☐	☐
34.	Have you ever had a head injury or concussion? How Many?____	☐	☐
35.	Date of last head injury or concussion: Date:_____		
36.	Have you ever been hit in the head and been confused or lost your memory?	☐	☐
37.	Have you ever been knocked unconscious?	☐	☐
38.	Have you ever had a seizure? Or Neurological illness or disease?	☐	☐
39.	Do you have headaches with exercise?	☐	☐
40.	Have you ever had a numbness, tingling, or weakness in your arms or legs after being hit or falling?	☐	☐
41.	Have you ever been unable to move your arms or legs after being hit or falling?	☐	☐
42	When exercising in heat, do you have severe muscle cramps or become ill?	☐	☐
43.	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	☐	☐
44.	Have you had any other blood disorders or anemia?	☐	☐
45.	Have you had any problems with your eyes or vision?	☐	☐
46.	Do you wear glasses or contact lens?	☐	☐
47.	Do you wear protective eyewear, such as goggles or a face shield?	☐	☐
48.	Are you happy with your weight?	☐	☐
49.	Are you trying to gain or lose weight?	☐	☐
50.	Do you limit or carefully control what you eat?	☐	☐
51.	Has anyone recommended you change your weight or eating habits?	☐	☐
52.	Do you have any concerns that you would like to discuss with a doctor?	☐	☐
53	What is the date of your last Tetanus immunization? Date: _____		
54.	FEMALES ONLY Have you ever had a menstrual period?		
55.	Age when you had your first menstrual period? _____		
56.	How many periods have you had in the last 12 months?_____		
57.	Do you take calcium supplements or any other supplements like protein, creatine, herbals, etc?	☐	☐
	Explain "Yes" answers here:	☐	☐

_____

_____

_____

_____

I certify that the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature & Date:_____ Student"s Signature & Date: _____

KAMEHAMEHA SCHOOLS

Athletic Participation Physical Examination

Please Note**: THIS FORM IS VALID FOR 13 MONTHS FROM THE DATE OF EXAMINATION.**
You may be subject to a re-examination should there be any evidence of physical deterioration, impairment and/or expiration of the physical exam during the calendar year.

Student's Name: _____ Student ID# :_____Gr: _____

Parent / Student to Complete This Section

Please Indicate the following:	(Please Circle) **Male** / **Female**	(Please Circle) **Day** or **Boarder** Student	(Please Circle) **Returning** or **NEW** KS Student	Last School Attended if **NEW**: _____

Parent(s) / Guardian(s) _____**Medical Ins.** _____

Address: _____ **Phone No.** _____
Street City State Zip

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HealthCare Provider to Complete This Section

Height: _____ Weight:_____ Sex: _____ Age: _____ DOB: _____

*Tanner Stage or Maturation Index: (males only) _____ BP: _____/_____ Pulse _____ BPM _____

BMI _____ BMI Percentile_____% *Audiogram: _____

*Vision: Corrected (L) 20 /_____- R) 20 / _____ (Both) 20 /_____ Asthmatic Y / N - Meds used _____

Uncorrected (L) 20 /_____- R) 20 / _____ (Both) 20 /_____ Diabetic Y / N – Meds used _____

* Pupils Equal _____ Unequal _____ Allergies: _____

Appearance	N	Abnormal		N	Abnormal
Eyes/Ears/Nose/Throat			Shoulders		
Skin			Arm/elbow/wrist/hand		
Lymph Nodes			Knees/hips		
Lungs			Ankle/feet		
Heart / Murmurs			Marfan Screen		
Peripheral Pulses			*Urine		
Abdomen			*Hemoglobin or HCT		
Genitalia/Hernia (males only)			^Echocardiogram		
Cervical Spine/neck			^Neuropsych Testing		
Back (scoliosis)					

*** WHEN MEDICALLY INDICATED** (Physician judgment based on history, exam and knowledge of other recent physical and laboratory evaluations)

^WITH SPECIAL INDICATIONS (These studies may be indicated from the medical history before making a participation decision.

I have reviewed the data above, reviewed the student's medical history form and make the following recommendations for his/her participation in athletics.

- ❑ **CLEARED WITHOUT RESTRICTIONS**
- ❑ Cleared **AFTER** further evaluation or treatment for**:** _____
  _____
- ❑ Cleared for **Limited participation** (check and explain "reason for all that apply):
  - ❑ Not cleared for (specific sports)_____
  - ❑ Cleared only for (specific sports) _____
- ❑ **NOT CLEARED FOR PARTICIPATION:** _____
  Reason(s): _____
- ❑ **Other Recommendations:** _____
- ❑ **Recommend close monitoring during early conditioning because of weight/fitness/other**
- ❑ **Recommend restrictions or monitoring of weight loss or gain**
- ❑ **Other** _____

_____ _____ _____
Signature of Healthcare Provider (MD, NP, DO, PA) Date of Examination Date Signed

_____ _____ _____
Healthcare Provider – Name (please print) Address Phone Number

ATHLETIC PARTICIPATION

STUDENT APPLICATION AND CERTIFICATION

I hereby request permission to compete in interscholastic athletics for the Kamehameha Schools (KS). I represent that participation is entirely voluntary on my part, and that I have not violated any of the eligibility rules and regulations of the Maui Interscholastic League.

_____ _____

Signature of Student Date

PERMISSION OF PARENT(S) OR LEGAL GUARDIAN(S)

I/We hereby give my/our consent for the above named student to engage in KS approved athletic activities ("sports") as a student athlete of KS, including traveling with the team on its off-campus sports events.

I/We understand that Kamehameha Schools (KS) will determine, in its sole discretion, transportation to and from off-campus sports events by KS school bus or school-owned vehicle(s), and that circumstances may require, from time to time transportation in a non-KS vehicle by KS faculty and staff, including approved volunteers; I/We hereby consent to such primary and alternate transportation arrangements.

I/We agree that KS Medical Staff and Athletic Trainers may provide emergency treatment to the above named student whenever necessary until other medical arrangements can be made, and that KS staff and volunteers may render emergency care. In addition, I/We further consent and authorize the school's certified athletic trainer to provide appropriate therapeutic modalities in order to return student to athletic competition, such care to be conducted under the direction of a licensed physician.

I/We also understand that there are inherent risks of personal injury and/or property damage in the student's participation in such sport(s). With full knowledge of such risks, whether foreseen or unforeseen, on behalf of myself, my heirs, my personal representatives, my assigns, and the minor child I/We agree to:

1) Assume any and all risks of injury, loss or damage which may arise out of such participation, including but not limited to:
   a) the rendering of any medical treatment arising therefrom, or providing appropriate therapeutic modalities in order to return student to athletic competition; and
   b) the primary or alternate transportation described above (collectively) also, "participation";
2) Waive and release any and all claims against the Kamehameha Schools (KS) and its trustees, employees, agents and representatives, both in their professional and personal capacities (collectively also "KS"), for any and all injuries, losses or damages connected with or arising out of such participation;
3) Indemnify and hold Kamehameha (KS) forever harmless from and against any and all claims which may arise out of such participation; and.
4) Waive and release the State of Hawai`i, Hawai`i Association of Independent Schools (HAIS), KS, and their trustees, employees, agents and representatives arising from any injury or loss associated with the alternate transportation arrangements as described above.

I/WE REPRESENT THAT I/WE HAVE READ AND I/WE UNDERSTAND THE CONTENT OF THIS STATEMENT; I/WE UNDERSTAND THE NATURE OF THIS STATEMENT AS CONTRACTUAL, AND NOT MERE RECITAL; I/WE HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT THIS STATEMENT; AND I/WE HAVE EXECUTED THIS STATEMENT AS MY/OUR OWN FREE ACT.

I/We understand that Kamehameha Schools has allowed the above student to participate in the identified sport(s) in reliance upon my/our review and execution of this statement.

_____ _____

Signature of Father/Legal Guardian Date

_____ _____

Signature of Mother/Legal Guardian Date

Note: This form shall ***be VALID FOR 13 MONTHS FROM THE DATE OF EXAMINATION***, subject to written modification or revocation by any party hereto should there exist evidence of physical deterioration or impairment during the calendar year. *The student will not be allowed to practice and/or compete in the approved sport(s) until this form has first been completed and executed by the student's parent(s) or legal guardian(s), and returned to the Kamehameha Schools Athletic Department.*