

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Circle School Attending in September:**

**JLHS JMHS GOETZ MCAULIFFE**

**JACKSON SCHOOL DISTRICT  
ATHLETIC DEPARTMENT**

**PRE-PARTICIPATION  
ELIGIBILITY PACKET**

*Please review all forms for omissions and  
sign where indicated.*

*Incomplete forms will result in a delay in eligibility.*

*Please bring all completed forms to the Nurse's office*

## A Note From Our School Physician

Please use the following checklist to complete the History portion of the Pre-Participation Physical Evaluation and to ensure you are providing us with the information that is required to clear your child to participate in sports. **Sport physical approvals will be delayed if information is missing from these forms.**

All boxes where "yes" have been checked: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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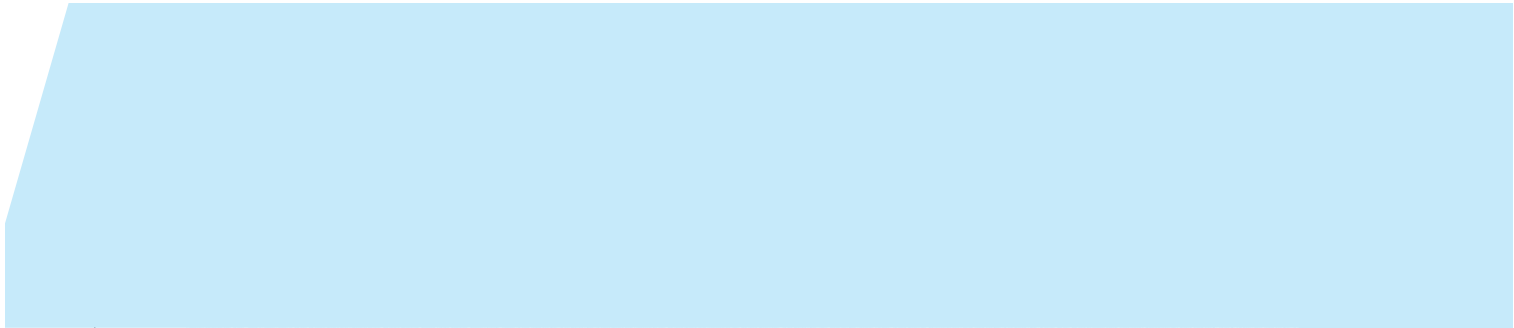
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Do you have allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please identify specific allergy below	
<input type="checkbox"/> Medicines		<input type="checkbox"/> Pollens	<input type="checkbox"/> Food	<input type="checkbox"/> Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.



# ■ Preparticipation Physical Evaluation

## THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Birth

NI

Date of

Sex

A

r

Season

Sports

1. Type of injury		
2. Date of injury		
3. Classification of injury		
4. Classification of injury, site, mechanism, and		

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# ■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_

Date of birth \_\_\_\_\_



1. Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  -

■ P A A A P A E A A A

# CLEARANCE FORM

Name \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

- Not cleared
  - Pending further evaluation
  - For any sports
  - For \_\_\_\_\_

In order for a student to participate in the Jackson School District Athletic Program, all parents and