

# LHSAA MEDICAL HISTORY EVALUATION

**IMPORTANT:** This form must be completed annually, kept on file with the school, & is subject to inspection by the Rules Compliance Team.  
*Please Print*

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
 Sport(s): \_\_\_\_\_ Sex: M / F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Parent / Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**FAMILY MEDICAL HISTORY:** Has any member of your family under age 50 had these conditions?  

Yes No Condition Whom <input type="checkbox"/> <input type="checkbox"/> Heart Attack/Disease _____ <input type="checkbox"/> <input type="checkbox"/> Stroke _____ <input type="checkbox"/> <input type="checkbox"/> Diabetes _____	Yes No Condition Whom <input type="checkbox"/> <input type="checkbox"/> Sudden Death _____ <input type="checkbox"/> <input type="checkbox"/> High Blood Pressure _____ <input type="checkbox"/> <input type="checkbox"/> Sickle Cell Trait/Anemia _____	Yes No Condition Whom <input type="checkbox"/> <input type="checkbox"/> Arthritis _____ <input type="checkbox"/> <input type="checkbox"/> Kidney Disease _____ <input type="checkbox"/> <input type="checkbox"/> Epilepsy _____
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**ATHLETE'S ORTHOPAEDIC HISTORY:** Has the athlete had any of the following injuries?  

Yes No Condition Date <input type="checkbox"/> <input type="checkbox"/> Head Injury / Concussion _____ <input type="checkbox"/> <input type="checkbox"/> Elbow L / R _____ <input type="checkbox"/> <input type="checkbox"/> Hip L / R _____ <input type="checkbox"/> <input type="checkbox"/> Lower Leg L / R _____ <input type="checkbox"/> <input type="checkbox"/> Foot L / R _____ <input type="checkbox"/> <input type="checkbox"/> Chest _____	Yes No Condition Date <input type="checkbox"/> <input type="checkbox"/> Neck Injury / Stinger _____ <input type="checkbox"/> <input type="checkbox"/> Arm / Wrist / Hand L / R _____ <input type="checkbox"/> <input type="checkbox"/> Thigh L / R _____ <input type="checkbox"/> <input type="checkbox"/> Chronic Shin Splints _____ <input type="checkbox"/> <input type="checkbox"/> Severe Muscle Strain _____ Previous Surgeries: _____	Yes No Condition Date <input type="checkbox"/> <input type="checkbox"/> Shoulder L / R _____ <input type="checkbox"/> <input type="checkbox"/> Back _____ <input type="checkbox"/> <input type="checkbox"/> Knee L / R _____ <input type="checkbox"/> <input type="checkbox"/> Ankle L / R _____ <input type="checkbox"/> <input type="checkbox"/> Pinched Nerve _____
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**ATHLETE MEDICAL HISTORY:** Has the athlete had any of these conditions?  

Yes No Condition <input type="checkbox"/> <input type="checkbox"/> Heart Murmur / Chest Pain / Tightness <input type="checkbox"/> <input type="checkbox"/> Seizures <input type="checkbox"/> <input type="checkbox"/> Kidney Disease <input type="checkbox"/> <input type="checkbox"/> Irregular Heartbeat <input type="checkbox"/> <input type="checkbox"/> Single Testicle <input type="checkbox"/> <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> <input type="checkbox"/> Dizzy / Fainting <input type="checkbox"/> <input type="checkbox"/> Organ Loss (kidney, spleen, etc) <input type="checkbox"/> <input type="checkbox"/> Surgery <input type="checkbox"/> <input type="checkbox"/> Medications	Yes No Condition <input type="checkbox"/> <input type="checkbox"/> Asthma / Prescribed Inhaler <input type="checkbox"/> <input type="checkbox"/> Shortness of breath / Coughing <input type="checkbox"/> <input type="checkbox"/> Hernia <input type="checkbox"/> <input type="checkbox"/> Knocked out / Concussion <input type="checkbox"/> <input type="checkbox"/> Heart Disease <input type="checkbox"/> <input type="checkbox"/> Diabetes <input type="checkbox"/> <input type="checkbox"/> Liver Disease <input type="checkbox"/> <input type="checkbox"/> Tuberculosis <input type="checkbox"/> <input type="checkbox"/> Prescribed EPI PEN	Yes No Condition <input type="checkbox"/> <input type="checkbox"/> Menstrual Irregularities: Last Cycle: _____ <input type="checkbox"/> <input type="checkbox"/> Rapid weight loss / gain <input type="checkbox"/> <input type="checkbox"/> Take supplements/vitamins <input type="checkbox"/> <input type="checkbox"/> Heat related problems <input type="checkbox"/> <input type="checkbox"/> Recent Mononucleosis <input type="checkbox"/> <input type="checkbox"/> Enlarged Spleen <input type="checkbox"/> <input type="checkbox"/> Sickle Cell Trait/Anemia <input type="checkbox"/> <input type="checkbox"/> Overnight in hospital <input type="checkbox"/> <input type="checkbox"/> Allergies (Food, Drugs)
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List Dates for: Last Tetanus Shot: \_\_\_\_\_ Measles Immunization: \_\_\_\_\_ Meningitis Vaccine: \_\_\_\_\_

### PARENTS' WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

1. If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary. .... Yes No
2. I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately. .... Yes No
3. I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school. .... Yes No
4. By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its Representative(s) .... Yes No

Date Signed by Parent \_\_\_\_\_ Signature of Parent \_\_\_\_\_ Typed or Printed Name of Parent \_\_\_\_\_

### II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height _____	Weight _____	Blood Pressure _____	Pulse _____
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<b>GENERAL MEDICAL EXAM :</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">                             Norm                              ENT <input type="checkbox"/>                              Lungs <input type="checkbox"/>                              Heart <input type="checkbox"/>                              Abdomen <input type="checkbox"/>                              Skin <input type="checkbox"/>                              Hernia <input type="checkbox"/>                              (If Needed)                         </td> <td style="width: 50%;">                             Abnl  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </td> </tr> </table>	Norm ENT <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Abdomen <input type="checkbox"/> Skin <input type="checkbox"/> Hernia <input type="checkbox"/> (If Needed)	Abnl <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>OPTIONAL EXAMS:</b> <b>VISION:</b> L: _____ R: _____ Corrected: _____  <b>DENTAL:</b> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17	<b>ORTHOPAEDIC EXAM :</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">                             Norm                              Abnl                              I. Spine / Neck                              Cervical <input type="checkbox"/> <input type="checkbox"/>                              Thoracic <input type="checkbox"/> <input type="checkbox"/>                              Lumbar <input type="checkbox"/> <input type="checkbox"/>                              II. Upper Extremity                              Shoulder <input type="checkbox"/> <input type="checkbox"/>                              Elbow <input type="checkbox"/> <input type="checkbox"/>                              Wrist <input type="checkbox"/> <input type="checkbox"/>                              Hand / Fingers                              III. Lower Extremity                              Hip <input type="checkbox"/> <input type="checkbox"/>                              Knee <input type="checkbox"/> <input type="checkbox"/>                              Ankle <input type="checkbox"/> <input type="checkbox"/> </td> </tr> </table>	Norm Abnl I. Spine / Neck Cervical <input type="checkbox"/> <input type="checkbox"/> Thoracic <input type="checkbox"/> <input type="checkbox"/> Lumbar <input type="checkbox"/> <input type="checkbox"/> II. Upper Extremity Shoulder <input type="checkbox"/> <input type="checkbox"/> Elbow <input type="checkbox"/> <input type="checkbox"/> Wrist <input type="checkbox"/> <input type="checkbox"/> Hand / Fingers III. Lower Extremity Hip <input type="checkbox"/> <input type="checkbox"/> Knee <input type="checkbox"/> <input type="checkbox"/> Ankle <input type="checkbox"/> <input type="checkbox"/>
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COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

From this limited screening I see no reason why this student cannot participate in athletics.

- Student is cleared  
 Cleared after further evaluation and treatment for: \_\_\_\_\_  
 Not cleared for:  contact  non-contact

Printed Name of MD, DO, APRN or PA \_\_\_\_\_ Signature of MD, DO, APRN or PA \_\_\_\_\_ Date of Medical Examination \_\_\_\_\_

This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.

RETURNING



## E.D. White Athletic Participation/Parental Permission Contract

**Athlete's Name:** \_\_\_\_\_  
(PRINT) (Last) (First) (Initial)

**School Year :** 2023-24 .

The E.D. White Athletic Department would like to welcome you into our program. By the use of this contract, we would like you to know some of the basic rules and policies of the Louisiana High School Athletic Association and the E.D. White Athletic Department. Before a student's participation in a sport will be allowed, the athlete and his (her) parents must sign the contract and return the contract to the school.

### LHSAA Eligibility Requirements

**Age:** You cannot become 19 years of age prior to September 1, of this school year.

**Scholastic:** 1. To be eligible for the first semester of the 2023 - 2024 school year, a student shall have earned at least six (6) units from the 2022-23 school year which shall be listed on the student's transcript and shall have at least a "C" average as determined by the Local Education Authority when considering all "graded" subjects.

2. To be eligible for the second semester of the 2023-24 school year, a student shall pass at least six (6) subjects from the first semester of the 2023-2024 school year.

**Transfer:** If at any time a student transfers from one member school to another member school in the same parish, the student shall become immediately **INELIGIBLE** for a period of one calendar year from the date of enrollment/attendance in the second school.

### Medical

**Examination:** You must pass a physical examination given by a physician licensed to practice medicine and complete an LHSAA medical history evaluation form prior to participating.

### E.D. White Policies

**Commitment:** All athletes are encouraged to be committed to their teammates and coaches for the duration of their sport season. If an athlete is considering quitting, he/she must meet with the coach and athletic director before being dropped from the team. Depending upon the circumstances, the athlete may or may not be granted permission to participate in other sports.

**Injuries:** Unless the injury is an emergency, the athlete should see their family doctor.

**Insurance:** Since our insurance company is a secondary carrier, you must file with your personal insurance company for the claim to be valid with our company. This should be done as soon as possible after the injury. Claim forms are available through the Dean of Students' office.

**Travel:** Athletes are required to travel with his (her) team to and from an athletic contest, except arrangements have been made otherwise.

## **Athletic Code of Conduct:**

We believe that being an E.D. White Catholic High School athlete is a student choice, thereby a privilege, one that along with being a great honor, carries with it responsibilities. As an EDW Catholic athlete, our young people have a standard to uphold: one of positive leadership, character, responsibility, competitive spirit and integrity. It is imperative that all students taking part in athletics understand the following responsibilities and rules. The athletic director and the respective head coach have the right to remove the privilege of participation.

The following are expected of an EDW Catholic athlete:

1. That proper behavior and respect towards others will reflect positively on the team, and in the E.D. White Catholic Community. A positive reflection is the only desirable one for your team.
2. That you understand that individual recognition and accomplishments are the result of teamwork.
3. That you will accept and respect the decisions of your coaches to be in the best interest of the team. Any concerns should be discussed privately and in an appropriate manner with your coach.
4. **Athletes are expected to uphold a strict policy of no tobacco/nicotine use in any form, no alcohol consumption in any form, no drug/chemical use in any form, and no use of mind-altering substances.**
5. **An athlete should not be in the company of any individual who engages in any of the above-mentioned activities (as stated in rule #4).**
6. **An athlete is expected to uphold these standards and abide by the Code of Conduct 365 days per year, 7 days per week, and 24 hours per day.**

**Disciplinary Action:** If there are no prior disciplinary incidents involving a student athlete, the following disciplinary action must be taken by all coaches.

A **first offense** would result in suspension for 10% of the regular scheduled games for the sport that the athlete is playing when the infraction occurred or for the upcoming season if the infraction occurred outside of an athlete's sport season. The suspension would take effect for the game(s) scheduled immediately after the infraction was detected. The only other consequence may be in the form of additional conditioning. The type and amount of additional conditioning should be explained to the parents and athletes prior to the beginning of the sports season.

A **second offense** would result in suspension from contests in that sport for the remainder of that school year. An underclassman would be required to attend all practices if he expected to participate the following year.

A **third offense** would result in suspension from athletics for the remainder of the athlete's high school years.

If there has been a criminal offense involved in a disciplinary incident by a student athlete, a coach always reserves the right to suspend an athlete from his squad after the first offense with the approval of the Athletic Director and the School Administrator.

This contract outlines the major regulations of the athletic department and the type of conduct expected of E.D. White athletes. However, it is impossible in any contract to include all the details of what is appropriate and inappropriate conduct. Any conduct, which violates published or announced regulations of the school, deviates from what is generally considered good behavior, or is contrary to Christian principles may be subject to appropriate disciplinary action by the athletic department.

Violations also include but are not limited to the following:

1. The athlete hosting a gathering or party where alcohol, tobacco, or drugs are possessed/consumed.
2. The athlete being in a bar room or club that serves alcohol.
3. The athlete openly discussing or admitting to possessing or consuming alcohol, tobacco, or drugs.
4. Photographs or videos on social media where the athlete is consuming or in possession of alcohol, tobacco, or drugs.
5. References on social media by the athlete regarding the possession or use of alcohol, tobacco, or drugs.

### 2023 – 2024 E.D. White Catholic High School Athletic Code of Conduct

I have read the E.D. White Catholic High School Athletic Code of Conduct and agree to abide by its terms and conditions.

Athlete's Name \_\_\_\_\_  
PRINT (Last) (First)

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read the E.D. White Catholic High School Athletic Code of Conduct and agree to support my child in upholding the requirements of being an athlete and abiding by the Code.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_