



# NJCAA Health and Safety Recommendations for Return to Play

**Fall 2020**

## **Contents:**

<b><u>NATA Pre-Return and Return to Campus</u></b>	<b><u>2</u></b>
<b><u>USCAH Checklist</u></b>	<b><u>6</u></b>
<b><u>Return to Play Welfare and Safety Council</u></b>	<b><u>8</u></b>
<b><u>Daily Questionnaire</u></b>	<b><u>10</u></b>
<b><u>Standard Physical Form</u></b>	<b><u>11</u></b>
<b><u>Sample Pre-Participation COVID-19 Questionnaire</u></b>	<b><u>15</u></b>
<b><u>Return to Sports Education Article</u></b>	<b><u>16</u></b>
<b><u>USCAH Return to Sport Health and Safety Handbook</u></b>	<b><u>24</u></b>
<b><u>COVID Testing Services</u></b>	<b><u>31</u></b>



# Pre-Return and Return-to-Campus Preparation and Communication Plan

The intent of this document is to assist collegiate athletic departments with preparation and implementation strategies to enhance a safe return to campus and athletic activity following the COVID-19 pandemic. Each institution should personalize the content of this plan to incorporate campus-specific policies and resources.



NATA INTERCOLLEGIATE  
COUNCIL for SPORTS MEDICINE

## 1. Preparation for Return to Campus

- A. Campus General Council/Risk Management Liability Understanding & Communication
- B. Creation of Athletics COVID-19 Action Team
- C. Creation of Action Plan
- D. Safe Transition to Athletic Activity



## 2. Staff Return

- A. Acquisition of Personal Protective Equipment
- B. Acquisition of Disinfectant Products
- C. Considerations of Pre-Participation Physicals
- D. Infectious Disease Prevention Plan
- E. Quarantine/Isolation Unit Plan
- F. EMS/911 Emergency

## 4. Return to Training

- A. Safe Transition to Athletic Activity
- B. Equipment Sanitation
- C. Spacing Considerations
- D. Team Ops & Travel Considerations
- E. Event Planning & Management



## 3. Student Athlete Return

- A. Infectious Disease Prevention Education
- B. Infectious Disease Cluster Response Plan
- C. Quarantine/Isolation Unit Plan
- D. Pre-Activity Screenings
- E. Preparations for Implementing Safe Training Approach



## 5. Return to Competition

- A. Contingency Plan for Managing Recurrence



*\*Disclaimer: Recommendations are fluid and subject to change. Therefore, it is important to stay current with public health care guidelines as well as recommendations from governing bodies. Created by NATA ICSM Return to Campus Workgroup: Terry DeZeeuw, Jamie DeRollo, John Dunham, Jeremy Hancock, April Hoy, Aaron Kilfoyle, Dean Miller, Phil Voorhis, Tim Weesner. 04.22.2020.*



# Pre-Return and Return-to-Campus Preparation and Communication Plan

The intent of this document is to assist collegiate athletic departments with preparation and implementation strategies to enhance a safe return to campus and athletic activity following the COVID-19 pandemic. Each institution should personalize the content of this plan to incorporate campus-specific policies and resources.



NATA INTERCOLLEGIATE  
COUNCIL for SPORTS MEDICINE

## A. Campus General Council/Risk Management Liability Understanding & Communication

1. Align department policies with campus policies and communication of public healthcare guidelines
2. Reporting, monitoring and resolution of symptoms of illness should align with institutional guidelines
  - Patient-health care provider contact
  - Emphasis on avoiding communal buildings
3. Infectious disease education for student athletes and departmental staff
  - Guidelines for infection prevention and transmission control
  - Proper communication methods for reporting symptoms
  - Individual personal conduct and hygiene

## B. Creation of Athletics COVID-19 Action Team

### 1. Primary stakeholders/members

- Athletic director or designee
- Health care administrator
- Sports medicine team
- Strength and conditioning
- Team physicians
- Student health
- University crisis management/emergency preparedness
- Counselling
- Facilities

### 2. Potential advisory groups

- Federal/state/local public health officials
- Custodial/sanitation
- Compliance
- Coaching/sport operations
- Equipment
- Housing, dining and nutrition
- Student development
- Academics
- Human resources
- Campus safety
- Athletic conference/governing bodies

### Resources to consider

- [CDC: Infection Prevention and Control Assessment Tool for Outpatient Settings \(2016\)](#)
- [BOC Facility Principles \(2015\)](#)
- [CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings \(2019\)](#)
- [American College Health Association \(ACHA\) COVID-19 Resources](#)
  - ACHA Guidelines: Student Health Considerations & Guidelines for Re-opening Higher Education Institutions
- [EPA List N: Disinfectants for Use Against SARS-CoV-2 \(2020\)](#)
- [CDC: Guidance for the Selection and Use of Personal Protective Equipment in Healthcare Settings](#)
- [Interassociation Recommendations: Preventing Catastrophic Injury and Death \(2019\)](#)
- [CSCCa and NSCA Joint Consensus Guidelines for Transition Periods \(2019\)](#)
- [NCAA Core Principles of Resocialization of Sport](#)
- Websites for local, county or regional board of health governing bodies responsible for administering and enforcing state public health laws and regulations



## **C. Creation of Action Plan (with consideration of the following items and in alignment with institution guidelines/action plans)**

### **1. Guidelines and acquisition of personal protective equipment (PPE) for staff**

- Alignment with CDC and State/local guidelines on appropriate protection
  - Evaluate PPE and equipment needs/availability/optimization
- Procurement of materials may dictate levels of service and operational capacity

### **2. Return-to-campus guidelines**

- Alignment with public health agencies, governmental and institutional guidelines regarding travel and post-travel recommendations
- *See recommendations from NATA: ICSM COVID-19 Screening Committee*

### **3. Quarantine/isolation unit planning**

- Alignment with public health agencies and institutional guidelines
- Considerations:
  - On- and off-campus housing/dining
  - Documentation
  - Contact and location tracing (HIPAA/FERPA)
  - Length of time away from individuals/facility
  - Location
  - Monitoring, follow up and serial exams
  - Discontinuation considerations
  - Personal travel procedures
  - Team travel procedures

### **4. Infectious disease cluster response plan**

- Contact local and institutional health authorities
- Consideration of general epidemiological strategies, and best-practice recommendations
- Re-evaluation of prior disinfectant/purification/equipment plan

### **5. COVID-19 prevention disinfectant/purification/equipment plan**

- Considerations:
  - Procurement of materials may dictate levels of service and operational capacity
  - Proper products and application methods
    - Locker rooms
    - Weight room
    - Communal areas
    - Meeting rooms
    - Health care facilities
    - Academic areas
    - High touch surfaces
    - Any shared health, fitness and sport equipment
    - Food service (communal meals and fueling stations)
  - Sanitary hydration
  - Laundry

### **6. EMS/911 emergency differentiation plan**

- Adaptation of emergency action plans based on campus and local EMS/campus safety availability, facilities considerations, increased demands and increased risk of exposure at local emergency facilities
  - Alternate hospitals and health care facilities
  - Alternate transportation plans (triage, location, etc.)
  - On-site availability of physicians
    - Capacity student health services

### **7. Social distancing considerations**

- Social distancing principles within:
  - Team scheduling of shared facilities
  - Health care facilities
  - Locker rooms
  - Weight rooms
  - Team meeting rooms
  - Athletic academic areas
  - High volume communal areas in athletic facilities



- Athletic dining areas
- Recommendations to conduct virtual team activities when possible

#### **8. Implementation of infectious disease prevention plan (shared responsibility)**

- Individual personal conduct
- Signage
- Hand sanitation stations
- Annual prevention education and training
- Operational considerations

#### **9. Pre-participation considerations**

- Physicals exams and screenings
  - Contingency plan based on provider accessibility and institutional guidelines regarding physical exams
  - Evaluation of additional screenings based on health history, as recommended by team physician/primary care physician
    - New student athlete, returning student athlete and student athlete with verified (+) test for COVID-19
  - Obtain recommendations from treating physician when possible



NATA INTERCOLLEGIATE  
COUNCIL for SPORTS MEDICINE

### **D. Safe Transition to Athletic Activity**

**1. Adherence to governing body and consensus recommendations for transition and acclimation to activity following extended inactivity periods**

**2. Event planning and management considerations**

- Game management personnel
- Visiting team concerns
- Venues
- Spectators

**3. Team operations and team travel considerations**

### **E. Contingency Plan to Manage Recurrence**



# USCAH Checklist: A Framework for Return to Sport from COVID-19

*These checklists are developed by USCAH experts to assist your institution's strategy, planning, and implementation of return to campus and return to sport policies and procedures following COVID-19.*

## Category 1: Development of Policies and Programming

- ☐ Create an Athletics COVID-19 Action Team
  - o Connect with and adhere to local, state, federal, and international guidelines
  - o Collaborate with Risk Management and Legal Staff for policy development
  - o Partner with experts to create institution specific requirements
  - o Review and Incorporate best practices by governing bodies
  - o Identify a "Chief Infection Officer" – a decision maker for return to work or sport
- ☐ Develop and Implement appropriate policies and procedures for safety
  - o Healthcare Personnel protocols and policies
  - o Social Distancing policies
  - o Testing and Monitor protocols
  - o Contact Tracing Plan
  - o Criteria for Quarantine and Isolation
  - o Return to work/Sport Criteria

## Category 2: Personnel Education and Training

- ☐ Develop a training and education plan specific to all stakeholders
  - o Healthcare professionals
  - o Athletes
  - o Coaches
  - o Staff
- ☐ Ensure the education incorporates the following:
  - o Education applied consistently to all groups
  - o Plan for education is transparent to all groups
  - o Assessment following education
  - o Attestation following education for confirmation of understanding
  - o Programming and education to focus on rehearsals and frequent reviews
  - o Meets all institutional, local, state and federal guidelines

## Category 3: Facility Preparation and Management

- ☐ Train personnel for each facility for return to participation
- ☐ Identify, implement, and monitor safety measures at each facility
  - o Equipment Maintenance
  - o Resources for Proper Hygiene
  - o Disinfectant and Sanitization Plan
  - o Access and Entrance to Facilities



U.S. COUNCIL FOR  
ATHLETES' HEALTH

For additional information and programming to ensure your institution is prepared for a return to campus and a return to sport collaborate with USCAH. Contact USCAH at [info@uscah.com](mailto:info@uscah.com) or visit the website at [uscah.com](http://uscah.com).



# USCAH Checklist: A Framework for Return to Sport from COVID-19

*These checklists are developed by USCAH experts to assist your institution's strategy, planning, and implementation of return to campus and return to sport policies and procedures following COVID-19.*

## Category 4: Return to Campus Recommendations

- ☐ Ensure all of the following components are considered when returning to campus:
  - o Implementation of Testing and Monitoring
  - o Risk Mitigation Plans
  - o Compliance to Social Distancing, Personal and Group Hygiene strategies
  - o Following of established Isolation/Quarantine procedures

## Category 5: Training and Practice Modifications

- ☐ Facilities Risk Evaluation
- ☐ Sport-Specific Risk Mitigation
- ☐ Individual Acclimatization

## Category 6: Sustaining Cultural Change

- ☐ Create Cultural Change
  - o Incorporate Campus Policies, local, state and federal initiatives
- ☐ Sustain Cultural Change
  - o Unconditional buy-in from athletes, coaches, medical staff, department staff
  - o Persistent and continued education
  - o Support from high-end leadership and administration



U.S. COUNCIL FOR  
ATHLETES' HEALTH

For additional information and programming to ensure your institution is prepared for a return to campus and a return to sport collaborate with USCAH. Contact USCAH at [info@uscah.com](mailto:info@uscah.com) or visit the website at [uscah.com](http://uscah.com).



## **NJCAA Council on Student-Athlete Welfare and Safety ("Council")**

### **Return to Practice / Play ("Return to Play") Considerations for NJCAA College Athletics**

Return to play for NJCAA college athletics should be based upon a phasic process with each phase subject to state, county and local guidance as well as CDC and other federal recommendations, and concurrent with individual campus-specific policies and procedures.

It is recommended that institutions create a COVID-19 Athletic return to play team to work in concert with that of their institutional re-entry team.

Before considering a return to play, and with the goal of protecting the health and safety of the student-athletes, coaches and staff, the NJCAA recommends that member institutions have policies/protocols in place, at minimum, in each of the areas outlined below.

It is important to note that the purpose of this document is to encourage institutions to thoroughly and carefully evaluate every aspect of their athletic operations in the context of their college, state, county and federal guidelines for a safe return to play for student-athletes, coaches, staff, and their college community. It is not meant to be prescriptive nor mandatory. This document is intended to assist colleges in thinking through the complexities of developing their college athletic COVID-19 plan, and their ability to execute the plan with the resources available to them, as they contemplate a return to play.

Every aspect of the athletic program space should be considered when developing this plan: meeting rooms, athletic training room, strength/conditioning facility, locker room, equipment room, area of play, equipment, transportation, all personnel, etc. Additionally, each of these plans should outline procedures during each phase of the re-entry of athletics at that particular institution.

1. *Social distancing.* (Weight room, practice, locker-rooms, meeting rooms, sports medicine, administrative offices, traffic patterns moving through facilities, designated ingress/egress access points, etc.).
2. *Sanitation / disinfection.* (Schedule for each area, type of cleaning supplies, budgeting and obtaining supplies, personnel responsible and their protection, type of sanitizer available for patrons of each facility and education on their disposal, etc.).
3. *Symptom monitoring and documentation.* (Ability to monitor symptoms through use of a daily questionnaire and/or temperature check, personnel responsible, logging of documentation, purchase of thermometers, procedures for protection of privacy. Develop partnership with local hospitals/clinics. Decisions on who is monitored, consideration of vulnerable persons, etc.).
4. *Symptom management and follow-up.* (Protocol for following through on COVID-19 related symptoms, contact tracing system in place – department/college/state responsibility? Process for isolation, documentation required for return to facilities/play, communication system, etc.)
5. *Safe return to play.* (Protocols for progressive training to reduce injury potential for student-athletes out of athletics since March, process for those who have tested positive for COVID-19 or in close contact with someone who was positive, requirement for pre-participation exam, addition of a COVID-19 assessment to the PPE. Education for coaches on exercise adaptation, etc.).



6. *Infection prevention/control measures.* (Provision of hand sanitizer. Development and delivery of education for student-athletes, coaches, staff. Messaging on hygiene, staying home if feeling sick. Communication with athletic department, requirement of face coverings – who, when. Use of individual fluid containers. Laundry, sharing equipment, etc.).
7. *Use, procurement, storage, distribution and disposal of PPE.* (Who will use, when, type of equipment. Who will purchase/procure, budget involved, disposal procedures, etc.).
8. *Criteria for participation in group sessions (once permitted).* (Group sizes and interactions; considerations for vulnerable persons, use of COVID-19 assessment, face covering if required – when, permitted and non-permitted activities, equipment use, etc.).
9. *Contests.* (Consider all involved: including visiting team party, officials, staff, fans. Social distancing, symptom checking, use of vulnerable individuals as staff / officials. Visiting team expectations / procedures, spacing on bench/sideline. Consider an assumption of risk waiver. Use of face coverings. Fans, if permitted – spacing, capacity, use of bathrooms, concessions, movement patterns, congregating after game, meet and greet with players, families, etc.).
10. *Transportation and travel.* (Consider length of travel, vehicle capacity to permit for social distancing, budget impact if multiple vehicles are required, use of face coverings, accountability in maintaining distancing in vehicle, sanitation of vehicle, screening of travel party before boarding vehicle, expectations of drivers, etc.).

## Resources

The following documents can be used as resources as colleges develop their athletic institutional plan for return-to play.

*Return to Sports and Exercise during the COVID-19 Pandemic: Guidance for High School and Collegiate Athletic Programs.* Korey Stringer Institute, University of Connecticut, Storrs, CT

*Pre-Return and Return-to-Campus Preparation and Communication Plan.* NATA Intercollegiate Council for Sports Medicine.

*Return to Training Considerations Post-COVID-19.* United States Olympic and Paralympic Committee.



# NJCAA STUDENT ATHLETE COVID 19 DAILY SCREENING QUESTIONNAIRE

**ATHLETE NAME:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SPORT:** \_\_\_\_\_

**ATHLETE TEMPERATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Have you had any of the following symptoms since your last screening?**

Cough	YES	NO	New or Worsening Cough	YES	NO
Shortness of breath	YES	NO	Body or Muscle Aches	YES	NO
Fever	YES	NO	Decreased sense of smell/taste	YES	NO
Chills	YES	NO	Sore Throat	YES	NO
Diarrhea	YES	NO	Headache	YES	NO

**If you are experiencing any other symptoms, please list below and provide further details:**

**(For Housing Students Only) Have you travelled off-campus since your last daily screening?** YES NO

**If yes, please explain below:**

**Have you been in direct contact with anyone who has tested positive for COVID19, or has presumptive positive for COVID19 since your last daily screening?** YES NO

**If yes, please explain below and provide details about results and location:**

**Athletic Trainer or Designee Signature:** \_\_\_\_\_

**Clearance Status:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Athlete Signature:** \_\_\_\_\_

# ■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

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

## PHYSICIAN REMINDERS

- 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?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	/	( / )	Pulse
Vision R 20/		L 20/	Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
<b>MEDICAL</b>		<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul>			
Eyes/ears/nose/throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>			
Lymph nodes			
Heart* <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, supine, +/- Valsalva)</li> <li>Location of point of maximal impulse (PMI)</li> </ul>			
Pulses <ul style="list-style-type: none"> <li>Simultaneous femoral and radial pulses</li> </ul>			
Lungs			
Abdomen			
Genitourinary (males only) <sup>b</sup>			
Skin <ul style="list-style-type: none"> <li>HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>			
Neurologic <sup>c</sup>			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> <li>Duck-walk, single leg hop</li> </ul>			

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ 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 certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO



# ■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

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

Name \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

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

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



# ■ PREPARTICIPATION PHYSICAL EVALUATION 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 certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_

Other Information \_\_\_\_\_



# ■ PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam \_\_\_\_\_

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

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

---



---



---



---



---

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

---



---



---



---



---

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.



## Pre-Participation Student-Athlete COVID-19 Screening

To be completed prior to pre-participation physical and presented to healthcare practitioner for review during physical exam.  
To be submitted to Athletic Department as attachment to physical exam document.

Name: \_\_\_\_\_

Last

First

Middle

Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(MM/DD/YYYY)

Gender: ☐ Male ☐ Female Sport(s): \_\_\_\_\_

**Please complete this form to assess your potential exposure / possession of COVID-19 and other illnesses.**

Are you currently free from illness? ☐ Yes ☐ No

Prior to coming / returning to campus, did you experience, or are you currently experiencing any of the following:

SYMPTOM	YES	NO	LENGTH OF SYMPTOM	EXPLANATION
Fever				
Body Chills				
Extreme Level of Fatigue				
Cough				
Pain / Difficulty Breathing				
Shortness of Breath				
Sore Throat				
Body / Muscle Aches				
Loss of Taste				
Loss of Smell				
Changes to Vision / Eye Discharge				

QUESTION	YES	NO
2-14 days prior to experiencing these symptoms, did you experience a suspected exposure to COVID-19?		
Have you had any direct contact with anyone who lives in or has visited a place where COVID-19 is spreading and/or is an area reporting an increased number of COVID-19 cases (i.e. "hot spots")?		
Have you had any direct contact with someone that has a suspected or lab confirmed case of COVID-19?		
Prior to coming to campus / during your time away from campus, did you self-quarantine due to suspected symptoms or exposure of COVID-19?		
Prior to coming to campus / during your time away from campus, have you been living in, or have visited an area reporting an increased number of COVID-19 cases (i.e. "hot spots")?		

Have you previously been or are you currently diagnosed with COVID-19?

☐ YES ☐ NO

DATE OF DIAGNOSIS: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have medical documentation to support your diagnosis and treatment of COVID-19?

☐ YES ☐ NO

PHYSICIAN NAME: \_\_\_\_\_

PHYSICIAN LOCATION: \_\_\_\_\_

Please list any countries/states/cities you have traveled to since March 15th, 2020 and the dates you were there:

1. \_\_\_\_\_ Dates: \_\_\_\_\_
2. \_\_\_\_\_ Dates: \_\_\_\_\_
3. \_\_\_\_\_ Dates: \_\_\_\_\_
4. \_\_\_\_\_ Dates: \_\_\_\_\_
5. \_\_\_\_\_ Dates: \_\_\_\_\_

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_