

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

**FILL
IN**

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth: _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			Yes	No
1. Do you have any concerns that you would like to discuss with your provider?				
2. Has a provider ever denied or restricted your participation in sports for any reason?				
3. Do you have any ongoing medical issues or recent illness?				
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?				
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				
7. Has a doctor ever told you that you have any heart problems?				
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.				

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)			Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?				
10. Have you ever had a seizure?				
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?				
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?				
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				

PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

FILL IN

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, e-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-enhancing 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 (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

DOCTOR SIGN & STAMP

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

**FILL
IN**

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

- Medically eligible for certain sports

Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

**DOCTOR
SIGN &
STAMP**

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

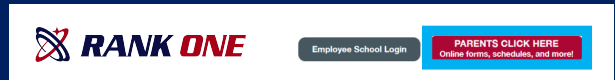
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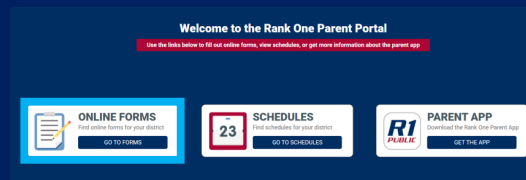
How to Complete Online Forms

With a Parent Account

- Step 1. Visit www.rankone.com
- Step 2. Select “PARENTS CLICK HERE!”



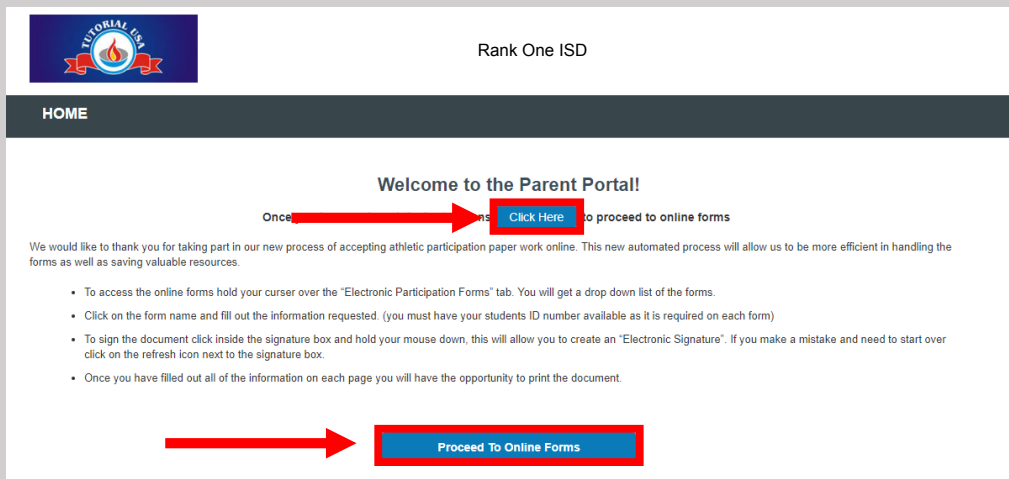
- Step 3. Select “GO TO FORMS”



- Step 4. Select your State
- Step 5. Select your student’s school district

How to Create a Parent Account Tutorial

Read through your district’s instructions page and select “**Proceed to Online Forms**” or “**Click Here**” at the top of the page.



To create a new parent account, select **“Create New Account”**


If you already have a Parent Account, you may use your credentials to login.


Not sure if you have an account? Select **“Search for your account.”** to see if you have already registered.

If you forgot your password, select **“Click here”** next to “Forgot your password” and you will be emailed a re-set password link.

Create a new parent portal account

Register with your social media account

 Login with Facebook

 Login with Google

Register with your account

First name

Last name

Email

Password

Confirm password

Register

Back

If you would like to use your Facebook or Google Plus credentials to create your parent account, select the appropriate icon to register.

If you do not want to use Facebook or Google Plus, you may register for your account by entering your First Name, Last Name, and Email Address

Create a Password and confirm the password (Passwords must be at least 6 characters long)

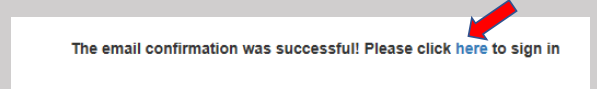
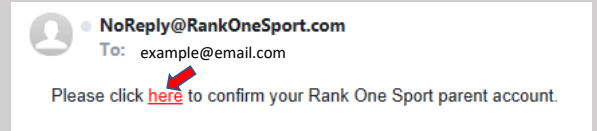
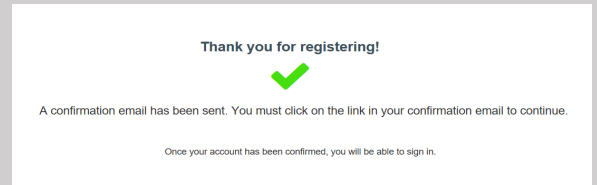
Select Register

After entering your information and selecting Register you will be sent a confirmation email.

If you do not receive a confirmation email, please check your junk/spam folders or email support@rankone.com to have your email address verified.

Click on the link in the email to continue.

The link will redirect your web browser. Click the link to sign into your parent account.




If you created your account with email, enter your Email Address and Password and select Sign In

If you used Facebook or Google Plus to create your account, select the appropriate icon to Sign In

If you created your account with email please sign in below:

Email:



Password:

[Sign In](#) 

[Forgot Password](#) [Create New Account](#)

Or

If you created your account with a social media account please select the appropriate service:

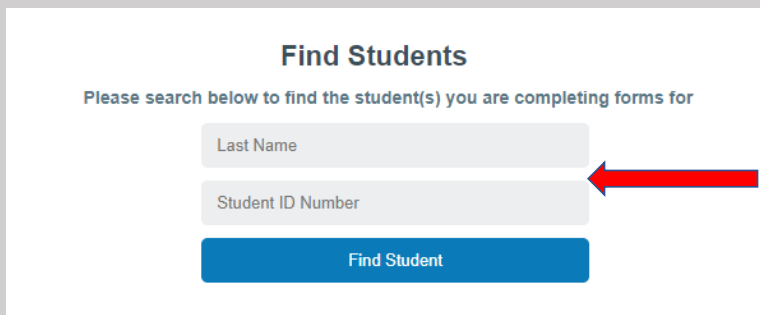
You will then link your student to your account.
(If you have multiple children you will have the opportunity to link multiple students to your account)

*Note: Some schools will require one of these three options to claim your student:

- Last Name and Student ID Number
- Birth Date and Student ID Number
- First Name, Last Name, and Birth Date

****If you do not know your student's ID number you will need to contact the school****

Enter the information requested and select Find Student



Find Students

Please search below to find the student(s) you are completing forms for

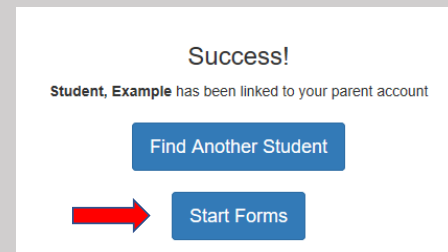
Last Name

Student ID Number

Find Student

You will see your student linked to your account. To add another child to your account select **“Find Another Student”** and enter the requested information.

To start completing the forms select “Start Forms”



Success!

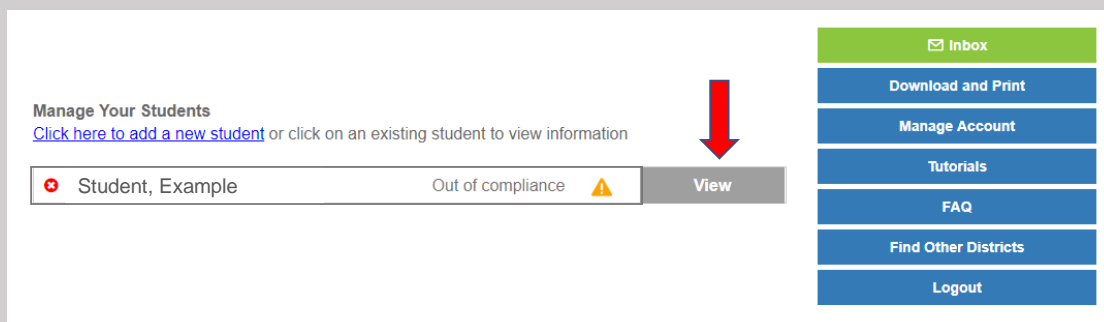
Student, Example has been linked to your parent account

Find Another Student

Start Forms

You will see your Student's Name and their Compliance Status.

Click “View” to complete the online forms and to see your student's status.



Manage Your Students

[Click here to add a new student](#) or click on an existing student to view information

Student, Example	Out of compliance	View
------------------	-------------------	------

- Inbox
- Download and Print
- Manage Account
- Tutorials
- FAQ
- Find Other Districts
- Logout

You will see 2 sections:

1. Paper Documents
2. Electronic Documents

To print a blank Physical form or other printable documents, click on the “**Download and Print**” tab on the right side.

In most cases printable forms such as the Physical should be turned into the school manually. However, some schools may allow you to upload these documents to an electronic form titled “**Physical Upload Form**”. If your student’s school allows this option, it will appear under the Electronic Forms section.

To complete the electronic forms, click on the first blue link to open the form. The form status will show as “Incomplete” until after the school has approved your student’s forms.

Note*: Some schools may require multiple forms to be completed.

If you have any questions related to the forms, please contact your student’s school.

Rank One Sport ISD Forms		
Manage Your Students Click here to add a new student or click on an existing student to view information		
Student, Example	Out of compliance	Close
Paper Documents to be submitted		
Physical	Incomplete	
Electronic Documents to be submitted by the parent		
Example Forms Signature Page	Approved	Not available for download
Example Eligibility Form	Approved	Not available for download
Example Insurance Card Upload Form	Incomplete	

Additional Features inside your Parent Account include:

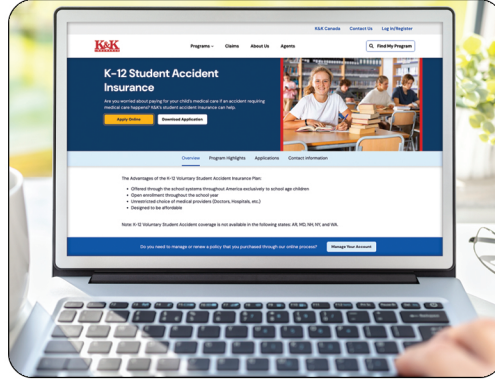
- Inbox** – Where you can receive messages from your student’s school
- Printable Documents** – Access documents that you can print
- Manage Account** – Change your Password or Delete your account
- Tutorials** – Access Tutorials to help you complete electronic forms and manage your account
- FAQ** – View Frequently Asked Questions and Answers
- Find other Districts** – Search for other schools
- Logout** – Click Logout to Sign Out of your account

Rank One Sport ISD Forms		
Manage Your Students Click here to add a new student or click on an existing student to view information		
Student Example	Out of compliance	View

- Inbox
- Download and Print
- Manage Account
- Tutorials
- FAQ
- Find Other Districts
- Logout

K-12 Student Accident Insurance

Apply Online today



Are you worried about paying for your child's medical care if an accident requiring medical care happens? K&K's student accident insurance can help.

K-12 Accident Plans available through your school:

- At-School Accident Only
- 24-Hour Accident Only
- Extended Dental
- Football

How to Enroll Online

Enrolling online is easy and should take only a few minutes. Go to www.studentinsurance-kk.com and click the "Apply Online" button.

1. Start by telling us the name of the school district and state where your child attends school. Enter the first few letters of the school/district name.
2. We'll request each student's name and grade level.
3. You'll see the available plans and their rates. Select your coverage and continue to the next step.
4. We'll request information about you, like your name and email address.
5. Next, you'll enter information about the child or children to be covered.
6. Enter your credit card or eCheck payment information.
7. Finally, print out a copy of the confirmation for your records.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to www.studentinsurance-kk.com. Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

¿Le preocupa tener que pagar la atención médica de su hijo si ocurre un accidente? El seguro contra accidentes para estudiantes de K&K puede ayudarlo.

Planes de cobertura en caso de accidente para K-12 disponibles a través de su escuela:

- Sólo accidentes en la escuela
- Sólo accidentes, 24 horas
- Dental extendido
- Fútbol

Cómo inscribirse en línea

Enscribirse en línea es fácil y sólo le tomará unos pocos minutos. Visite www.studentinsurance-kk.com y haga clic en el botón "Apply Online" ("Aplicar en línea").

1. Comience por decirnos el nombre del distrito escolar y el estado en el que su hijo(a) va a la escuela.
2. Solicitaremos el nombre y el grado de cada uno de los estudiantes.
3. Verá los planes disponibles y sus tarifas. Seleccione su cobertura y continúe con el siguiente paso.
4. Le solicitaremos información sobre usted, como su nombre y dirección de correo electrónico.
5. Después, ingresará la información acerca del niño o niños que recibirá(n) cobertura.
6. Ingrese la información de pago de su tarjeta de crédito o eCheck.
7. Finalmente, imprima una copia de la confirmación para sus registros.

Para obtener más detalles sobre la cobertura, incluidos costos, beneficios, exclusiones y reducciones o limitaciones y los términos en virtud de los cuales esta póliza podría continuar en vigencia, consulte www.studentinsurance-kk.com. Los estudiantes pueden comprar la cobertura únicamente si su distrito escolar es titular de una póliza con la compañía de seguros.

