

Ken Lantzy All Star Football Classic

Pre-Participation Physical Examination and Certification of Authorized Medical Examiner

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive pre-participation physical examination.

Student Name: _____ Age: _____

School: _____ Sport/Event: Ken Lantzy All Star Football Classic

Height: _____ Weight: _____ Blood Pressure: _____ Resting Pulse: _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		
Lungs		
Abdomen		
Genitourinary (Males Only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot Toes		

I hereby certify that I have reviewed the Health History, performed a comprehensive pre-participation physical examination of the herein named student, and, on the basis of such evaluation and the student's health history, certify that, except as specified below the student is physically fit to participate in The Ken Lantzy All Star Football Classic.

CLEARED **CLEARED**, with recommendation(s) for further evaluation or treatment for: _____

NOT CLEARED, Due to: _____

AME's Name (Print/Type): _____ License #: _____

AME's Signature: _____ MD,DO,PAC,CRNP, or SNP (circle one) Authorized Date of Physical ___ / ___ / ___

Ken Lantzy All Star Football Classic

Athlete's Name: _____

Date of Birth _____

Emergency Contact Information

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Cell Phone: _____ Home Phone: _____ Work Phone: _____

Insurance Information

Medical Insurance Carrier: _____ Policy Number: _____

Insurance Carrier Phone: _____ Group Number: _____

Health Information

Medical History: (Check all that apply)

Heart Disease	COPD	Asthma	Epilepsy
Seizures	Sickle Cell	Skin Diseases	Mono
Cancer	High Blood Pressure	Scoliosis	Diabetes
HIV/AIDS	Visually Impaired	Allergies:	
Mood/Psychiatric	Hearing Impaired	Other:	

Explain all checked: _____

1) Have you ever had Surgery?	Yes or No	5) Have you ever had a concussion or traumatic brain injury?	Yes or No
2) Have you ever had an injury like a sprain, muscle, or ligament tear, or tendonitis?	Yes or No	6) Have you been hit in the head and been confused or lost your memory?	Yes or No
3) Have you ever had any broken bones or dislocated joints?	Yes or No	7) Do you experience dizziness and/on headaches with exercise?	Yes or No
4) Have you ever had a bone or joint injury that required x-ray, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, or crutches?	Yes or No	8) Do you take any prescription medications? If yes please list: _____ _____	Yes or No

Please explain if any answered yes: _____

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's signature _____

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parent's/Guardian's signature _____

Ken Lantzy All Star Football Classic

What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed athlete, one or more of the symptoms listed below may become apparent and/or that the student “doesn’t feel right” soon after, a few days after, or even weeks after the injury.

Headache or “Pressure in the head”	Double or Blurry Vision	Difficulty paying attention
Nausea or Vomiting	Bothered by light or noise	Memory problems
Balance problems or dizziness	Feeling sluggish, hazy or foggy	Confusion

If an athlete believes they may have a concussion: DON’T HIDE IT! Report it and take time to recover.

Return to play from Concussion Management Protocol

- Symptom free upon exertion and throughout the STEP-WISE Return-to-Play Protocol
- An MD or DO (which may not be a MedExpress, I-Care or Med Well doctor) Doctor must fill out a RETURN TO PLAY FORM for the athlete **specifically stating that they are current in managing head injuries/concussion management and the athlete has successfully met all criteria listed above without returing sytoms.**

Warning Signs of Sudden Cardiac Arrest (SCA)

Although SCA happens unexpectedly, some people may have signs or symptoms such as:

Dizziness or Lightheadedness	Racing or fluttering heartbeat	Weakness
Shortness of breath	Syncope(fainting)	Nausea and/or vomiting
Difficulty breathing	Fatigue (extreme tiredness)	Chest pain

These symptoms can be unclear and confusing to athletes. Often people confuse these warning signs with physical exhaustion. SCA can be prevented if underlying cause can be diagnosed and treated.

Ken Lantzy Athletic injury protocol for Return To Play

Any participant of Ken Lantzy All Star Football Classic **MUST** report all injuries to the **Certified Athletic Trainer** on site and/or Coach if it is not during scheduled practice times. The participants **ARE NOT PERMITTED** to leave campus and seek evaluation unless approved by the ATC or in the event of a medical emergency during dormitory hours.

- The ATC will evaluate the injury and determine plan of care for the participant’s injury.
- Any participant in Ken Lantzy Football Classic game/practice who suffers any injury and is FURTHER evaluated by MD, DO, DMD, PT, Chiropractor will require written release to return to participation.

I hereby acknowledge that I am familiar with the nature and risk of concussion, traumatic brain injury, and sudden cardiac arrest while participating in the Ken Lantzy All Star Football Classic. I also understand the Return to Play Protocols for the Ken Lantzy All Star Football Classic.

Student Signature: _____ Date: _____

I hereby acknowledge that I am familiar with the nature and risk of concussion, traumatic brain injury, and sudden cardiac arrest while participating in the Ken Lantzy All Star Football Classic. I also understand the Return to Play Protocols for the Ken Lantzy All Star Football Classic.

Parent’s/Guardian Signature: _____ Date: _____