

WIAA Physical Extension Form

The sole purpose of this form is to allow an extension of a student's physical during the Coronavirus pandemic **only if/when the student's local primary care physician is unable to provide a NEW physical** for the student that already has an existing physical on file with the school.

This form is to be completed by the parent of the student-athlete. While the student's physical time period will be extended, it is expected that the student does get a physical by their primary care physician as soon as possible. Under no circumstances will this extension be valid beyond the 2020-21 school year.

To participate on a school-sponsored interscholastic athletic team or squad, a student 1) whose physical examination was completed, 2) whose physical is on file with the school, and 3) whose local primary care physician is unable to provide a new physical, must submit this form to the school. This health history update questionnaire must be completed and signed by the student's parent or guardian for review by the school athletic director and/or school nurse.

Any student who does not have an existing physical on file with the school will require a physical with their primary care physician before participating in practice and competition. (ie: freshman who did not have a middle school physical or senior who did not have a physical since freshman year). This form is not to be used for those students.

HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School _____

To participate on a school-sponsored interscholastic athletic team or squad, a student whose physical examination was completed within the last two years, and whose local primary care physician is unable to provide a new physical, must submit this form to the school. This health history update questionnaire must be completed and signed by the student's parent or guardian.

Student _____ Age _____ Grade _____

Date of Last Physical Examination _____ Sport _____

Since the last pre-participation physical examination, has your son/daughter:

1. Had any changes in health since the last physical? Yes ___ No ___

2. Had a positive lab test for COVID-19 or been hospitalized with presumed COVID-19? Yes ___ No ___

3. Been medically advised not to participate in a sport? Yes ___ No ___

If yes, describe in detail _____

4. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes ___ No ___

If yes, explain in detail _____

5. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes ___ No ___

If yes, describe in detail _____

6. Fainted or "blacked out?" Yes ___ No ___

If yes, was this during or immediately after exercise? _____

7. Experienced chest pains, shortness of breath or "racing heart?" Yes ___ No ___

If yes, explain _____

8. Has there been a recent history of fatigue and unusual tiredness? Yes ___ No ___

9. Been hospitalized or visited the emergency room? Yes ___ No ___

If yes, explain in detail _____

10. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes ___ No ___

11. Started or stopped taking any over-the-counter or prescribed medications that your primary care provider is not aware of? Yes ___ No ___

If yes, name of medication(s) _____

Date: _____ Signature of parent/guardian _____

PLEASE RETURN COMPLETED FORM TO THE SCHOOL NURSE