

Please note...Per South Carolina High School League rules, pre-participation physicals are valid from April 1, 2025 through the end of the 2025-2026 school year.

**HORRY COUNTY SCHOOLS
PRE-PARTICIPATION HEALTH SCREENING FOR ATHLETICS / EXTRACURRICULAR ACTIVITIES**

**HORRY COUNTY SCHOOLS
PRE-PARTICIPATION HEALTH SCREENING EXAMINATION**

Name _____ Sex: M F Grade: 7 8 9 10 11 12 Date of Birth _____
FIRST MIDDLE LAST (2025 - 2026 School Year) Month / Day / Year

Name: _____ Date of Exam: _____

Sports you plan to play (Circle all that apply) Football Basketball Baseball Softball Volleyball Wrestling
Cross Country Soccer Track Swimming Golf Lacrosse Cheerleading Tennis NJROTC Dance Team

Date of Birth: _____ / _____ / _____ Age: _____ Sex: M F

Grade: 7 8 9 10 11 12
(2025-2026 School Year)

Medical History (Answer ALL questions by checking the YES or NO boxes. Explain ALL "Yes" answers in the space below!)

GENERAL MEDICAL HISTORY:		YES	NO	Don't Know
1.	HAVE YOU HAD ANY MEDICAL PROBLEM OR PHYSICAL INJURY SINCE YOUR LAST PHYSICAL EXAM?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	DO YOU HAVE ASTHMA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	DO YOU HAVE DIABETES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	DO YOU HAVE HIGH BLOOD PRESSURE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	DO YOU HAVE SEIZURES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	DO YOU HAVE SICKLE CELL TRAIT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	HAVE YOU HAD ANY OTHER MAJOR MEDICAL PROBLEM?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	HAVE YOU EVER BEEN HOSPITALIZED OR HAD SURGERY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	DO YOU COUGH, WHEEZE, OR HAVE TROUBLE BREATHING WHEN EXERCISING?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	DO YOU USE AN INHALER?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	DO YOU HAVE A SINGLE ORGAN (TESTICLE OR KIDNEY)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	ARE YOU CURRENTLY TAKING ANY MEDICINES OR DO YOU TAKE ANY MEDICINES ON A REGULAR BASIS (PRESCRIPTION OR OVER-THE-COUNTER)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	HAVE YOU EVER TAKEN ANY SUPPLEMENTS OR VITAMINS TO HELP WITH WEIGHT LOSS, WEIGHT GAIN, OR TO IMPROVE PERFORMANCE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	DO YOU HAVE ANY ALLERGIES (SEASONAL, INSECTS, FOOD, OR MEDICINES)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	HAVE YOU EVER HAD A RASH OR HIVES DEVELOP DURING OR AFTER EXERCISE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	DO YOU HAVE ANY SKIN PROBLEMS OTHER THAN ACNE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	HAVE YOU EVER HAD A HEAD INJURY, BEEN KNOCKED OUT, LOST YOUR MEMORY, HAD YOUR "BELL RUNG", OR A CONCUSSION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	HAVE YOU EVER HAD NUMBNESS OR TINGLING IN YOUR ARMS, HANDS, LEGS, OR FEET?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	HAVE YOU EVER HAD A "STINGER", "BURNER", OR PINCHED NERVE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	HAVE YOU EVER BECOME ILL FROM EXERCISING IN THE HEAT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	HAVE YOU HAD MONONUCLEOSIS OR ANY SIGNIFICANT ILLNESS IN THE LAST 60 DAYS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	DO YOU HAVE TROUBLE WITH YOUR EYES/VISION/WEAR GLASSES OR CONTACTS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	DO YOU HAVE TROUBLE WITH YOUR HEARING/WEAR HEARING AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	DO YOU WANT TO WEIGH MORE OR LESS THAN YOU DO NOW?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	DO YOU LOSE WEIGHT REGULARLY TO MEET WEIGHT REQUIREMENTS FOR YOUR SPORT OR OTHER REASONS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	DO YOU FEEL STRESSED OUT, OVERLY TIRED, OR DEPRESSED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	ARE THERE ANY OTHER ISSUES YOU WOULD LIKE TO DISCUSS WITH THE DOCTOR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC HISTORY:				
1.	HAS A PHYSICIAN EVER DENIED OR RESTRICTED YOUR PARTICIPATION IN SPORTS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	HAS A PHYSICIAN EVER ORDER A TEST FOR YOUR HEART? FOR EXAMPLE: ECG/EKG, ECHOCARDIOGRAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	HAVE YOU EVER PASSED OUT DURING OR AFTER EXERCISE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	HAVE YOU EVER BEEN DIZZY DURING OR AFTER EXERCISE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	HAVE YOU EVER HAD CHEST PAIN OR CHEST PRESSURE DURING OR AFTER EXERCISE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	DO YOU TIRE EASILY OR MORE QUICKLY THAN YOUR FRIENDS DURING EXERCISE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	HAVE YOU EVER HAD RACING OF YOUR HEART OR SKIPPED HEARTBEATS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	HAVE YOU EVER BEEN TOLD YOU HAD A HEART MURMUR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	HAVE YOU EVER BEEN TOLD YOU HAD AN ENLARGED HEART?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	HAS ANY MEMBER OF YOUR FAMILY: ↳ DIED OF HEART PROBLEMS OR SUDDEN DEATH BEFORE AGE 50 ↳ BEEN TOLD THEY HAD A SERIOUS HEART PROBLEM BEFORE AGE 50 ↳ BEEN TOLD THEY HAD MARFAN'S SYNDROME ↳ BEEN TOLD THEY HAD HYPERTROPHIC CARDIOMYOPATHY, LONG-QT SYNDROME, OR ANY OTHER HEART ARRHYTHMIA OR CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORTHOPAEDIC HISTORY:				
1.	HAVE YOU EVER BROKEN OR FRACTURED ANY BONES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	HAVE YOU EVER DISLOCATED OR PARTIALLY DISLOCATED ANY JOINT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	HAVE YOU HAD ANY PROBLEMS RELATED TO YOUR: ↳ NECK, SPINE, OR BACK ↳ SHOULDERS ↳ ELBOWS ↳ WRISTS, HANDS, OR FINGERS ↳ HIPS ↳ KNEES ↳ ANKLES, FEET, OR TOES ↳ OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEMALES ONLY:				
1.	ARE YOUR PERIODS REGULAR (EVERY MONTH)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	ARE YOUR PERIODS HEAVY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	WHEN WAS YOUR FIRST PERIOD? MONTH _____ YEAR _____			
4.	WHEN WAS YOUR LAST PERIOD? MONTH _____ YEAR _____			

Height _____ Weight _____ Pulse _____ Respiration _____
BP L BRACHIAL _____ / _____ BP R BRACHIAL _____ / _____
Vision L 20/ _____ R 20/ _____ Corrected (CIRCLE): Yes No If yes, with? (CIRCLE) Glasses Contacts

GENERAL MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
CARDIOPULMONARY			
PULSES (INCLUDING FEMORAL)			
HEART (SUPINE, SITTING, STANDING and VALSALVA)			
PHYSICAL STIGMATA OF MARFAN SYNDROME			
LUNGS			
SKIN			
ABDOMINAL			
MUSCULOSKELETAL			
NECK			
SHOULDER			
ELBOWS			
WRISTS			
HANDS			
BACK/SPINE			
HIP/PELVIS			
KNEES			
ANKLES			
FEET			
DENTAL			
GUMS AND TONGUE			
TEETH			
TMJ JOINT			

Clearance (check one):
 CLEARED
 CLEARED AFTER completing evaluation/treatment for: _____
 NOT CLEARED for sport/activity (list) _____
 NOT CLEARED FOR ANY SPORTS PARTICIPATION due to: _____

Other recommendations: _____

Physician Office Name: _____ Phone Number: _____

Name of Examining Clinician: _____

Signature of Examining Clinician: _____ MD,DO,PAC,NP Date: _____

Physical forms MUST be signed by a Licensed Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) or a Certified Physician's Assistant (PAC) or Nurse Practitioner (NP) practicing under the supervision of a licensed MD or DO.

Signature of student-athlete: _____ Date signed: _____

Signature of parent/guardian: _____ Date signed: _____

**A photocopy or facsimile of this document shall be considered the same as the original document.

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Thinking about playing a sport in 2025-2026?

IMPORTANT INFO BELOW!

Dear Parent/Guardian:

In 2017 Horry County Schools implemented a new electronic registration system for athletics. Parents and students are required to create an online account and complete the pre-participation physical packet online. The online packet must be completed before any participation in athletic activities will be allowed. To complete this process, please follow the instructions outlined below.

If you have already completed a parent and student account previously on **PlanetHS** or **Student Central Big Teams**, then simply log in using your same account username and password and complete the required information for 2025-2026. **If you do not remember your account information, please contact the athletic department at your child's school.**

DO NOT CREATE A SECOND ACCOUNT IF YOU HAVE FORGOTTEN YOUR PASSWORD.

Visit <https://studentcentral.bigteams.com> and click "sign up" or "log in". You may also text a school code (see below) to **69274** to sign up. **Do not create an account or sign any forms before April 1, 2025.**

Aynor HS **S564** Carolina Forest HS **S688** Conway HS **S700** Green Sea Floyds HS **S591** Loris HS **S723**
Myrtle Beach HS **S637** North Myrtle Beach HS **S653** Socastee HS **S623** St. James HS **S640**

BOTH parent and student need to make separate accounts and then **LINK** the two accounts. See below for instructions on how to link parent and student accounts and complete the physical forms online.

Athlete/Parent Account Registration and Pre-Participation Form Completion

1. Go to <https://studentcentral.bigteams.com> and click "sign up".
2. Parent **AND** Student will need to make separate accounts
 - A. Students, please enter your **legal** first, middle, and last name.
 - B. **Students, it is recommended that you use your HCS email and password.**
Ex. Jsmith@g.horrycountyschools.net
 - C. Please choose the **high school** at which the student will be participating. You may add a middle school later.
3. Once logged in to either parent or student account:
 - A. Complete Emergency Information
 - B. Click Athletic Forms
 - C. Click Athletic Participation
 - D. Scroll down and click "**Link Accounts**" and enter the email address or phone number of the parent/student who needs to be linked.
4. The other person will receive an email/text to confirm linking accounts. They will see the invite and click "**Approve**".
5. Once the accounts are linked, you will follow steps B and C again and then scroll all the way to the bottom.
6. **Click on each of the forms and complete them appropriately.**
7. **PHYSICAL EXAM** form and **BIRTH CERTIFICATE** will need to be uploaded as a document or a clear picture (make sure it is the page of the physical with doctor's signature, we don't need the other pages).
8. **Both the Parent and Student** will have to click on the links to each form from their separate accounts because both signatures will be required before it will be approved.

If you have any questions, you may contact the Athletic Director or Athletic Trainer for the school at which you will be participating.

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