

INSTRUCTIONS FOR COMPLETING DIAA FORM FOR SPORTS

PAGE 1 INSTRUCTION PAGE FOR YOUR RECORDS - DO NOT RETURN

PAGE 2 PARENT COMPLETES BEFORE VISIT TO DOCTOR

1. Complete all questions in top section.
2. Indicate the sports in which your child MAY NOT participate.
3. Parent must read, sign, and date all 5 statements.
4. Student must read, sign, and date statement #1.

PAGE 3 PARENT COMPLETES BEFORE VISIT TO DOCTOR

1. Complete ALL questions in top section and mental health assessment
2. Answer "Yes" or "No" to all questions about health history.
3. If you answer "Yes" to any of the questions, provide an explanation.
4. If "Yes" is answered to any of the questions since the athlete was last cleared for athletic participation, a referral and clearance by the athlete's primary care provider are required.
5. Parent must sign and date.
6. Student must sign and date.

PAGE 4 DOCTOR COMPLETES AT VISIT

1. Ensure that your child's name and date of birth are on this page.
2. Ensure that the doctor checks off one of the following: "Not Cleared", "Cleared without restrictions", or "Cleared with the following restrictions" (restrictions must be listed).
3. Ensure that the form is signed and dated by the doctor.

PAGE 5 PARENT COMPLETES BEFORE VISIT TO DOCTOR

1. ALL questions in Section 1 and Section 2 MUST be answered. If something does not apply, please write "N/A". DO NOT skip any questions.
2. Parent must read, sign, and date Section 3.
3. Student must read, sign, and date Section 3 (unless the form stipulates "if over 18").
4. The rest of the form will be completed by the SCHOOL NURSE (the doctor does not need to sign Section 4).

PAGE 6 CONCUSSION INFORMATION FOR YOUR RECORDS - DO NOT RETURN

PAGE 7 CARDIAC ARREST INFORMATION FOR YOUR RECORDS -
DO NOT RETURN