



Athletic/Activities Packet

Mountain View Middle School

2019

Check off List:

- Parent and Student must read the "Athletic and Activities Code".
- Parent and Student must read the "Concussion Information Sheet" and "Sudden Cardiac Arrest Information".
- Parent and Student must sign "Concussion & Cardia Arrest Awareness Form".
- Complete** and sign "Medical Insurance & Emergency Authorization Form".
- Must have current **medical physical** on file. Physicals are good for 24 months from date of exam.
- Current Year **ASB Card** Required (\$25)
- All forms must be returned to the Athletic Director's office before student will be cleared to participate in athletics.**
- Grades will be checked for academic eligibility.

NAME: _____ **DATE:** _____

GENDER: _____ **M** _____ **F** **BIRTHDATE:** _____ **GRADE LEVEL:** _____

ADDRESS: _____

PRIMARY PHONE NUMBER: _____

SCHOOL ATTENDED LAST YEAR: _____

_____ Home School Student _____ Other

Please check one sport per season for the current school year

Fall Sports:

- Baseball
- Fastpitch
- Track
- Team Manager

Winter 1 Sports:

- Boys Basketball
- Girls Soccer
- Team Manager

Winter 2 Sports:

- Girls Basketball
- Wrestling
- Team Manager

Spring Sports:

- Cross Country
- Football
- Volleyball
- Team Manager

STUDENT: I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving many risks of injury. **I understand** that the dangers and risks of playing or practicing to play/participate in sports may result not only in serious injury, but in a serious impairment of my future abilities. **I recognize** that the danger of risk is even greater in contact sports such as football and wrestling. Because of the dangers of participating in sports, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc. and agree to obey such instructions.

I have read and understand:

- The risks involved in athletic participation
- The Bremerton School District Athletics and Activities code and agree to abide by that Code.
- The MVMS Concussion Information Sheet and agree to abide by those instructions.

Student Signature: _____ **Date:** _____

PARENT: I have read and understand:

- The risks involved in athletic participation
- The Bremerton School District Athletics and Activities Code.
- The MVMS Concussion Information Sheet.

As the parent/legal guardian of _____ I agree to support my student in abiding by the Code.

Parent Signature: _____ **Date:** _____

MEDICAL INSURANCE & EMERGENCY AUTHORIZATION FORM

Name of Athlete _____ Grade _____

Address _____

INSURANCE:

Option 1 _____ My son/daughter will enroll in the Student Accident Insurance Program offered through Bremerton School District.

Option 2 _____ My child is covered by the insurance listed below and I will continue to keep it in force throughout the sports season. If there are any changes in this status, I will contact the school to inform them of changes in insurance. The high school principal or designee is authorized to contact the company named below to verify coverage limitations. I accept full responsibility for the cost of treatment of any injury that my son/daughter may suffer while taking part in the program.

Name of Company Providing Insurance: _____

Policy or Group # _____

Parent/Guardian Signature _____ Date _____

EMERGENCY AUTHORIZATION:

As parent or legal guardian, I authorize the team coach or trainer, or in their absence, a qualified physician to examine the above named student, and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he deems necessary to insure proper care of any injury. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment. I hereby give permission to the school to contact emergency transportation necessary at parent/guardian expense.

Name of Parent/Guardian: _____

Parent/Guardian Email: _____

Primary Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

If your physician is not available, will you accept the physician taking calls: _____ Yes _____ No

If not:
Alternate Physician: _____ Phone: _____

History of injuries and/or surgeries: _____

Allergies to drugs (please list): _____

I accept full responsibility for the cost of treatment for any injury, which my child may suffer while taking part in the athletic and activities programs at Bremerton School District.

Parent/Guardian Signature: _____ Date _____

BREMERTONSCHOOLDISTRICT

ATHLETICS AND ACTIVITIES CODE

**READ THIS CODE CAREFULLY. BY SIGNING THE PERMISSION FORM, YOU ARE AGREEING TO ABIDE BY THIS CODE.
KEEP THIS COPY FOR YOUR RECORDS.**

The opportunity to participate in interscholastic athletic and activity programs is a privilege granted to all students of the Bremerton School District. These programs are to be considered a privilege and not a right. Therefore, these privileges can be revoked when deemed necessary. Academics are the first priority while partaking in a school-sponsored activity. Participants must not only be in compliance with the WIAA regulations, but also with that of the Bremerton School District Athletics/Activities Code, the school's Constitution and regulations imposed by the coaching staff.

As an active participant you are looked upon as a role model and a representative of Mountain View Middle School and must conduct yourself in a manner that reflects the school's ideals. The student/athletes signature on this code represents a commitment to the rules set forth in the code. Consider this as your first warning.

ATTENDANCE:

Students must be in attendance the **entire** school day in order to participate that day (either practice or competition), unless approved notification is given to the coach prior to the absence or emergency approval by the administration is granted.

ACADEMIC ELIGIBILITY:

- Students participating in co-curricular activities must be enrolled in at least five classes. Students must be passing all classes in which they are enrolled to be eligible to participate.
- Students participating must be earning a 2.0 GPA when the season begins and must maintain a 2.0 GPA throughout the season to continue to participate.
- Grade checks will be accomplished using progress reports and/or end of semester grades, as applicable. Students failing to meet academic standards at the semester grades will be placed on a five (5)-week probationary period from the start of the season. Students failing at progress report grade checks will be placed on ten (10) school days probationary period.
- In addition, grade checks may be required more often as deemed necessary by an Administrator or the Appeals Board. Students not meeting academic standards will be placed on probation and may not compete. Students may resume play when they have attained a 2.0 GPA with no failing grades. Grade checks for students on probation will be conducted by an Administrator to determine student eligibility.
- Students may appeal their ineligibility, under extenuating circumstances, within three days of notification.

TRANSPORTATION:

To get to an activity you must ride the team bus or ride with a coach that has the required license and vehicle. You are allowed to ride home with your own parent/guardian upon visual exchange between the coach and parent/guardian, as well as signed permission statement from the parent/guardian.

CRIMINAL OFFENSES:

It is a violation of Mountain View Middle School's Athletic Code for any student/athlete to commit any criminal act at any location. Disciplinary actions may result from such violations regardless of whether criminal charges or conviction results. Suspected violations will be individually reviewed and evaluated by an Administrator and/or Eligibility Board.

USAGE OF TOBACCO, ILLEGAL DRUGS, AND ALCOHOL:

Use of Tobacco and Alcohol

The use of tobacco and alcohol will not be tolerated.

1st Violation – Immediate five (5) school days' suspension from activity.

2nd Violation – Immediate removal from the activity for the remainder of the season. If the offense happens towards the end of the season, the suspension may cross over onto next athlete's season of participation.

3rd Violation – Loss of activity privileges for the remainder of the school year. Before being considered for reinstatement the student(s) must prove completion of a substance abuse counseling program.

Use/Possession of Illegal Drugs

The illegal use of drugs and being in possession of will not be tolerated.

1st Violation – The student athlete will be immediately suspended for the remainder of the season.

2nd Violation – The student athlete shall be immediately suspended from all interscholastic participation for one (1) year from the date of the infraction. Before being considered for reinstatement the student(s) must prove completion of a substance abuse counseling program.

3rd Violation – The student athlete shall be permanently ineligible for interscholastic competition.

It is a violation of the Athletic Code to be on any premises while alcohol or other drugs are being used. If found to be in violation; the student athlete will be suspended from all co-curricular activities for three (3) school days from all activities.

PROCEDURE FOR APPEAL

The Appeal/Eligibility Board consists of:

1. An Administrator – Moderator (no voting privileges)
2. Administrator
3. Faculty representative
4. ASB student representative
5. Out-of-season head coach (to be selected by an Administrator)
6. Activities Director from MVMS

The Appeal Board will hear the student/athlete's appeal within two days of an Administrator receiving it and render a decision within three days. The student/athlete is ineligible to compete in contests until the appeal decision is completed.

SPORTSMANSHIP

Mountain View Middle School is a member of the Olympic League and is responsible for following sportsmanship and spectator guidelines. These guidelines are published with the expectation that middle school athletics will uphold the proper spirit of competition. All Squires are expected to abide by our tradition of good sportsmanship with all rivals, to show respect for the visiting school's student body and adults, and to display only signs supportive of our own school. Narrows League rules also prohibit artificial noisemakers, confetti, and antagonistic yelling.

Bremerton School District
Athletics
Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting gameplays) • Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

BREMERTON SCHOOL DISTRICT ATHLETICS

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

RETURN TO PARTICIPATION PROTOCOL

If your child has been diagnosed with a concussion they MUST follow a progressive return to participation protocol (under the supervision of an approved health care provider) before full participation is authorized.

The return to play protocol may not begin until the participant is no longer showing signs or symptoms of concussion. Once symptom free, the athlete may begin a progressive return to play. This progression begins with light aerobic exercise only to increase the heart rate (5-10 minutes of light jog or exercise bike) and progresses each day as long as the child remains symptom free. If at any time symptoms return, the athlete is removed from participation.

STUDENT SPORTS – CONCUSSION, HEAD INJURY AND SUDDEN CARDIAC ARREST

Concussion and Head Injury

The Bremerton School District Board of Directors recognizes that concussions and head injuries are commonly reported injuries in children and adolescents who participate in sports and other recreational activities. The Board acknowledges that the risk of catastrophic injuries or death is significant when a concussion or head injury is not properly evaluated and managed.

Therefore, all competitive sport activities in the District will be identified by the administration and all appropriate district staff, coaches and team volunteers will complete training as required Procedure 3422 to recognize warning signs and symptoms of concussion and head injury. Additionally, all coaches will comply with Washington Interscholastic Activities Association (WIAA) guidelines for the management of concussions and head injuries.

Consistent with Washington law, the District will utilize guidelines developed with the WIAA and other pertinent information to inform and educate coaches, youth athletes, and their parents/guardians of the nature and risk of concussions or head injuries, including the dangers associated with continuing to play after a concussion or head injury. Annually, the District will distribute a head injury and concussion information sheet to all parents/guardians of student participants in competitive sport activities.

Prior to the first use of school facilities, all private nonprofit youth programs must provide a written statement of compliance with this policy in regard to concussion and head injury with proof of insurance as required by RCW 4.24.660.

Sudden Cardiac Arrest

The Board further recognizes that sudden cardiac arrest is reported to be the leading cause of death in young athletes. The Board will work with the WIAA and the University of Washington Medicine Center for Sports Cardiology to make available an online pamphlet that provides student athletes, their parents/guardians and coaches with information about sudden cardiac arrest. To this end, the District will maintain a link on its website to the OSPI website where the online pamphlet will be posted.

Annually, prior to participating in an interscholastic athletic activity, students and their parent/guardian must review the online pamphlet and return a signed statement to the school documenting their review. This form may be combined with the annually distributed head injury and concussion information sheet referenced above.

The Board will also work with the WIAA and the University of Washington Medicine Center for Sports Cardiology to make available an existing online sudden cardiac arrest prevention program for coaches. Every three years, prior to coaching an interscholastic athletic activity,

all coaches will complete the online program and provide a certificate of completion to the district.

All coaches, including volunteers, will complete training as required in the District procedure. Additionally, all coaches of competitive sport activities will comply with WIAA guidelines for the management of sudden cardiac arrest.

Prior to their first use of school facilities, all private nonprofit youth programs must provide a written statement of compliance with this policy in regard to sudden cardiac arrest with proof of insurance as required by RCW 4.24.660.

- | | | |
|-----------------------|---|---|
| Cross References: | Policy 3413
Policy 3418
Policy 4260 | Automated External Defibrillators
Response to Student Injury or Illness
Use of School Facilities |
| Legal References: | RCW 28A.600
RCW 4.24.660 | Students
Liability of school districts under contract
with youth programs. |
| Management Resources: | | <i>Policy News</i> , June 2015 <i>Policy News</i> ,
August 2014 <i>Policy News</i> , August 2009
Concussion and Head Injuries Legislation |

Bremerton School District

Adopted:	1/07/2010	_____	_____
Revised:	9/17/15	_____	_____
Affirmed:	_____	_____	_____

Student Sports Procedure – Concussion, Head Injury & Sudden Cardiac Arrest

Concussion, Head Injury & Sudden Cardiac Arrest Management in Student Sports

Athletic Director or Administrator in Charge of Athletics Duties:

1. **Updating:** Each spring, the athletic director, or the administrator in charge of athletics if there is no athletic director, will review any changes that have been made in forms required for concussion, head injury and sudden cardiac arrest management by consulting with the WIAA or the WIAA Web site. If there are any updated forms, they will be adopted and used for the upcoming school year.
2. **Identifying Sports:** By June 30 of each year, the athletic director or administrator in charge will identify competitive sport activities in the district for which compliance with Policy 3422 is required. A list of competitive sports activities, Policy 3422 and this procedure will be distributed to all coaching staff and volunteers.

Coach Training: All coaches will undergo training in head injury and concussion management and at least once every two years by one of the following means: (1) through attendance at a WIAA or similar clock hour presentation which uses WIAA guidelines; or (2) by completing WIAA online training. All coaches will undergo training in sudden cardiac arrest prevention every three years by completing an online program developed by the WIAA and the University of Washington medicine center for sports cardiology and providing proof of completion of same to the district.

Parent Information:

On a yearly basis and prior to the youth athlete's initiating practice or competition, a concussion and head injury information sheet will be signed and returned by the youth athlete and the athlete's parent and/or guardian. The information sheet will also incorporate a statement attesting to the student and parent/guardian's review of the online pamphlet on sudden cardiac arrest posted on the OSPI website. The statement must be signed by both the student and parent. The information sheet may be incorporated into the parent permission sheet which allows students to participate in extracurricular athletics.

Coach's Responsibility:

A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game or one who exhibits symptoms of sudden cardiac arrest will be immediately removed from play.

Return to Play After Concussion, Head Injury or symptoms of sudden cardiac arrest:

A student athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and sudden cardiac arrest and receives written clearance to return to play from that health care provider. The health care provider may be a volunteer.



Sudden Cardiac Arrest

Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!



Cardiac 3-Minute Drill

1. RECOGNIZE

Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



**Be Prepared!
Every Second Counts!**

BREMERTON SCHOOL DISTRICT ATHLETICS

Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form

The Bremerton School District believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness pamphlet you received. Refer to it regularly.

This form must be signed annually by the parent/guardian and student prior to participation in Bremerton School District athletics. If you have questions regarding any of the information provided in the pamphlet, please contact the athletic director at your school.

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST AWARENESS PAMPHLETS.

Student Name (Printed) _____
Student Name (Signed) _____
Date

Parent Name (Printed) _____
Parent Name (Signed) _____
Date

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PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION

Name: _____ Birth Date: _____ Exam Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Sports: _____

HISTORY

Yes No

- 1 a. Have you had any illness/injury recently, or do you have an illness/injury now?
- b. Have you had a medical problem, illness or injury since your last exam?
- c. Do you have any chronic or recurrent illness?
- d. Have you ever had any illness lasting more than a week?
- e. Have you ever been hospitalized overnight?
- f. Have you had any surgery other than tonsillectomy?
- g. Have you ever had any injuries requiring treatment by a physician?
- h. Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)?
2. Are you presently taking ANY medications (including birth control pill, vitamin, aspirin, etc.)?
3. Do you have ANY allergies (medicines, bees, foods, or other factors)?
- 4 a. Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?
- b. Do you tire more easily or quickly than your friends during exercise?
- c. Have you ever had any problem with your blood pressure or your heart?
- d. Have any close relatives had heart problems, heart attack or sudden death before they were age 50?
5. Do you have any skin problems (acne, itching, rashes, etc.)?
- 6 a. Have you ever had fainting, convulsions, seizures or severe dizziness?
- b. Do you have frequent severe headaches?
- c. Have you ever had a "stinger" or "burner" or "pinched nerve"?
- d. Have you ever been "knocked out" or "passed out"?
- e. Have you ever had a neck or head injury?
7. Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems?
8. Have you had asthma, or trouble breathing, or cough during or after exercise?
- 9 a. Do you wear eyeglasses, contact lenses or protective eye wear?
- b. Have you had any problem with your eyes or vision?
10. Do you wear any dental appliance such as braces, bridge, plate, retainer?
- 11 a. Have you ever had a knee injury?
- b. Have you ever had an ankle injury?
- c. Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?
- d. Have you ever had a broken bone (fracture)?
- e. Have you ever had a cast, splint, or had to use crutches?
- f. Must you use special equipment for competition (pads, braces, neck roll, etc.)?
12. Has it been more than 5 years since your last tetanus booster shot?
13. Are you worried about your weight?
14. FEMALES: Have you any menstrual problems?
15. Have you any medical concerns about participating in your sport?

***** ATHLETE SHOULD NOT WRITE BELOW THIS LINE *****

EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number):

PHYSICAL EXAMINATION

Optional

Age: _____

Pulse: _____

Height: _____

Blood Pressure: _____

Weight: _____

Visual Acuity: Left 20/_____
Right 20/_____

Urinalysis:

Body Fat %

HCT:

EST VO2 Max:

Audiometry:

Normal

Abnormal

- 1. Head
- 2. Eyes (pupils), ENT
- 3. Teeth
- 4. Chest
- 5. Lungs
- 6. Heart
- 7. Abdomen
- 8. Genitalia
- 9. Neurologic
- 10. Skin
- 11. Physical Maturity
- 12. Spine, Back
- 13. Shoulders, Upper extremities
- 14. Lower extremities

- _____
- _____
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- _____
- _____

Assessment: Full participation
 Limited participation (describe limitations, restrictions):

Participation contraindicated (list reasons):

Recommendations (equipment, taping, rehabilitation, etc.):

EXAM DATE: _____

EXAMINER'S SIGNATURE: _____

EXAMINER'S PHONE: () _____

PRINT EXAMINER'S NAME: _____