



Hill College Athletics

Response to the Novel Coronavirus and COVID-19 for 2020-2021

The novel coronavirus, COVID-19, has changed how everyone proceeds with life worldwide. Hill College and Hill College Athletics has prepared a strategic plan of both reopening campus and planning to move forward. First, and foremost, all Hill College faculty, staff, students and student-athletes will be expected follow the guidelines and procedures set forth by the Centers for Disease Control (CDC), Health and Human Services (HHS), NJCAA, the Governor of Texas and Hill College. Failure to follow the recommendations can have a potential detrimental effect on not only your life, health and well-being, but those of your fellow students, student-athletes and the faculty and staff. The athletic department has created a thorough action plan to get athletics back for the 2020-2021 academic year by following recommendations from not only the CDC, HHS and NJCAA, but also the Texas Association of Community Colleges (TACC) Presidents Athletic Workgroup. As a result of this Workgroup, the following recommendations were made:

- All member colleges agree that our student athletes are “**first and foremost students**” and that their health and safety are of the upmost importance.
Hill College has always stressed the student in student-athlete and will continue to strive to ensure that their health and safety is always a priority whether on the athletic field or the classroom.
- All member colleges agree to develop **physical distancing plans** for each athletic team that considers the following:
 - a. Limiting (when applicable) the numbers of athletes to coaches/faculty/staff in each workout session or any activity indoors.
 - b. Length of workout and practice sessions.
 - c. Mechanisms to conduct student and coaching staff symptom checks.
 - d. Public health practice: face coverings, 6-feet of physical distancing, cough/sneeze etiquette, hand hygiene
 - e. Provisions for hand sanitizer and enhanced cleaning of facilities to include regular and frequent cleaning and disinfecting of surfaces, including, but not limited to doorknobs, tables, chairs, exercise equipment, athletic equipment, restrooms, and locker rooms.
 - f. Removal or restriction of possible hazards in common areas such as drinking fountains, furniture and manually operated doors.
- All member colleges agree to create plans for **regular wellness checks** of all athletes on a weekly basis to check for symptoms related to COVID-19.
- All member colleges agree to establish housing plans for all residential students including athletes
- All member colleges agree to **establish travel protocols** for athletes.

The TACC Athletics Workgroup recommendations has guided the Hill College athletics department in its plan to return to athletics. The newly created procedures are intended to provide the highest quality care and protection for our student-athletes. The procedures included in this document will be the expectation when athletics begin in the fall of 2020 for all student-athletes, coaches, athletic trainers, student trainers and other individuals who either participate or assist with the athletic department. COVID-19 is constantly evolving and thus, our procedures will continue to evolve based on recommendations from the CDC, HHS, NJCAA National Office and the Governor of Texas.



Hill College Athletics

Return to Campus Procedures:

Overview and TACC Recommendations

Table of Contents

Key Concepts.....3

Phased Return to Athletics.....4

Prior to Arriving on Campus.....4

After Arriving on Campus.....5

Student Services and Life on Campus5

Team Activities6

 Individualized Team Procedures 6

 Practice 6

 Weight Room/Fitness Center..... 7

 Team Meetings/Study Halls..... 7

 Traveling to Medical Appointments..... 7

Competitions8

 Home Games..... 8

 Road Games 8

Hill College Sports Medicine COVID-19 Athletic Training Room Procedures.....9

COVID-19 Athletic Training Room Procedures for Student Trainers10

UNDERSTANDING OF RISK FOR ATHLETICS PARTICIPATION DURING COVID-19.....11

APPENDIX12

 I. Hill College Athletic COVID-19 Monitoring Form 12

 II. Updated Medical History, COVID-19 History Screening & Physical Forms 14



Hill College Athletics

Key Concepts

The athletics department has designed this plan with the assumption that COVID-19 will be here into the foreseeable future. The timing in launching of this plan was and is contingent on fluidity of the virus as new and updated information comes available weekly, if not daily. We wanted to ensure that we were creating a plan with the most current and updated data available, all the while, allowing enough time for both our staff and the student-athletes to prepare for a new competitive environment. Thus, this plan must be received with the notion that it can and will be updated regularly as we learn more about the virus. It is our aim to be no more less restrictive than the guidance and recommendations that are provided by both state and federal public health agencies. Our return to campus and athletics will be guided by these encompassing key concepts:

- Hill College will continue to follow and update plans, as needed, with the guidance from the Centers for Disease Control and Prevention (CDC), the State of Texas Department of Health and Human Services (HHS), the National Junior College Athletics Association (NJCAA) and the Governor of Texas.
- Student-athletes will return to campus following the appropriate procedures as described in this document in order to best ensure the health, safety and wellness of our students, faculty and staff.
- Campus functions will return to a new normal that emphasizes health and safety.
- Hill College and the athletic department plans are designed to mitigate the risk of a resurgence of the virus.
- Hill College and the athletics department will provide for regular enhanced cleaning and sanitizing services including regular custodial cleaning and providing of sanitizing supplies for use as needed.
- Hill College and the athletic department will continue to modify and revise operating procedures based on updated recommendations from the CDC, HHS, NJCAA and Governor of Texas as conditions change.

It is with these guiding principles that if we as a collective (faculty, staff and students) abide by the guidance and recommendations set forth by the above listed entities that we can hope for a normalized return to campus life and athletic competition. With noncompliance, the primary penalty would be an increase of infections, the possibility of cancelling a few games, and the potential for loss of the entire season. We ask our student-athletes and coaches to lead by example and set the standard for mitigating the risk of infection. By following the guidance and recommendations set forth to reduce the spread of COVID-19, athletes can return to class and athletic competition.

Phased Return to Athletics

- With the NJCAA's recent calendar adjustments moving all competition seasons of sports offered by Hill College to the spring semester, all student-athletes will return to campus and move into the residence halls during on the college's normal move in dates beginning on August 20th.
- Athletic teams will begin fall practices following the NJCAA's adjusted start dates which allows for a phased return to athletics.

Prior to Arriving on Campus

- One week prior to arriving on campus, student-athletes will begin reporting daily symptom checks and temperatures to campus for the athletic trainer to review. If any student-athlete reports positive with any symptom check and reports a fever of 100 F or higher, that student-athlete must see a physician and be cleared by the individual physician's protocols prior to leaving home for campus. In this scenario, the physician's medical clearance must be forwarded to the athletic trainer prior to leaving home.

Based on current plans, athletes will need to begin forwarding the symptom checks and temperatures on August 13th.

Instructions for procedures of how to report symptoms and temperatures will be forwarded out at a later date prior to August 13th.

- If any student-athlete has tested positive for COVID-19, they must have recovered and have a physician's release specific to the COVID-19 illness. This release must be forwarded to the athletic trainer prior to leaving home. **DO NOT report to campus if you are currently ill with COVID-19, in the process of being tested for COVID-19 or having had COVID-19 and recovered without having medical documentation indicating you may resume normal athletic activities.**
- Any student-athlete who flies in will need to also wear a face covering the entire trip until arriving in their residence hall.
- Individual team sports coaches are to impress on their student-athletes the importance of being compliant and ensuring that these procedures are followed.
- The symptom check form is located under Symptom Screening in the Appendix section.

After Arriving on Campus

- Once arriving on campus, the student-athlete must complete a symptom and temperature check prior to leaving their vehicle. This will entail that each student-athlete should possess their own personal thermometer and have it accessible for use while still in vehicle. If the student-athlete is unable to obtain a thermometer prior to leaving their home, they should notify their coach prior to leaving so that one can be made available to them when they arrive on campus.
- If the student-athlete presents with a positive symptom and a fever of 100 F or higher, the student-athlete should stay in their vehicle and notify their coach. The coach should then notify both the athletic trainer and the Vice President of Student Services for further guidance. The student-athlete should not leave their vehicle until being contacted by the Vice President of Student Services.
- If the student-athlete is flying in they must perform the symptom and temperature check prior to getting in the vehicle of the designated individual picking them up and be prepared to either return home or quarantine themselves off campus until cleared medically if they arrive with positive symptoms and a fever of 100 F or higher.
- If the student-athlete does not present with any positive symptoms or a fever of 100 F or higher, they may then, proceed with normal check in after notifying their coach.
- Anyone meeting the criteria of a potential case of COVID-19 will follow campus procedures for handling potential cases of COVID-19 including anyone that individual has recently been in contact with.
- Individual team sports coaches are to impress on their student-athletes the importance of being compliant and ensuring that these procedures are followed.
- The symptom check form is located under Symptom Screening in the Appendix section.

Student Services and Life on Campus

- Student-athletes will be informed of, understand and abide by all procedures set in place by student services including while in the residence halls, cafeteria, classroom and other areas on and off campus.
- Student-athletes should plan and be prepared to wear face coverings while in public spaces and utilize proper hygienic disinfecting practices recommended by the CDC such as frequent hand washing/sanitation, not touching their faces and socially distancing themselves whenever possible.
- Student-athletes will follow and adhere to all procedures set forth by Hill College including in the classroom, cafeteria and residence halls.
- Student-athletes should plan on staying on campus as much as possible and in their designated rooms until methods of containing COVID-19 become more sustainable nationwide.
- Anyone meeting the criteria of a potential case of COVID-19 will follow campus procedures for handling potential cases of COVID-19 including anyone that individual who has recently been in contact with.

Team Activities

Individualized Team Procedures

- Individual coaching staffs will evaluate their daily routines to identify, plan for and implement procedures of change for their respective teams to include any area above and beyond this action plan utilizing the most current and up to date data from the CDC, HHS, NJCAA, the Governor of Texas and Hill College.

Practice

- Once on campus, student-athletes will need to be prepared to submit a daily symptom check and temperature check to their coaches.
 - a. This will need to be completed prior to any physical activity to allow for accurate temperature readings.
 - b. Coaches may decide how and when they want to perform checks, but they must be performed early in the day in order to ensure accurate temperature readings and then forward to athletic trainer.
 - c. A positive symptom with a temperature of 100 F or higher should be immediately reported to the athletic trainer and the Vice President of Student Services and then isolate and quarantine themselves until informed of what to do next.
 - d. Anyone meeting the criteria of a potential case of COVID-19 will follow campus procedures for handling potential cases of COVID-19 including anyone that individual who has recently been in contact with.
 - e. Individual team sports coaches are to impress on their student-athletes the importance of being compliant and ensuring that these procedures are followed.
 - f. The symptom check form is located under Symptom Screening in the Appendix section.
- Hand sanitizers have been installed behind each bench in the gymnasium, and in the home and visiting team dugouts on the baseball and softball fields and will be with the medical bag for soccer for easy access when needed.
- Disinfecting wipes will be provided to each team for use while at practice for disinfecting common use items and equipment.
- Maintenance and custodial staff have begun and will continue enhanced cleaning and sanitation of campus including all athletics facilities on a regular basis.
- Coaches should plan to perform drills in smaller groups while implementing social distancing protocols when possible and possibly shorten practices to lessen the chance for exposure. Groups of 15 or less are desirable when possible.
- Although water will continue to be provided at practices, common use items such as water bottles and towels will not. Student-athletes should plan accordingly for providing and sanitizing daily their own drinking containers and a towel should one be needed. Sharing of such items is prohibited. Should a student-athlete be unable to procure their own personal drinking container, the student-athlete should contact their respective coach prior to leaving home so that one may be provided once arriving on campus.
- Student-athletes should plan to arrive and immediately leave when practices have completed and not congregate in common areas such as the gymnasium lobby or hallway, locker rooms or clubhouses.
- If able, coaches of indoor sports should plan outdoor activities, when possible, in order to lessen the amount of time individuals spend indoors together. When indoors, opening doors to allow for fresh airflow is recommended.
- Student-athletes who are healthy and do not present with any of the COVID-19 symptoms with a fever of 100F or higher are expected to participate in everyday planned team activities.

Weight Room/Fitness Center

- Smaller groups of 15 or less are ideal when using the weight room in order to allow for social distancing.
- Equipment should not be used without being sanitized between users.
- Disinfecting wipes or spray will be made available for disinfecting equipment between uses.
- Hand sanitizer will be available for disinfecting of hands when needed.

Team Meetings/Study Halls

- Team meetings should be planned with 15 or fewer student-athletes at a time while utilizing established social distancing procedures.
- The length of team meetings should be limited to decrease the amount of time individuals spend indoors with each other.
- All study halls/study groups should plan to be in the library to utilize the library's established social distancing procedures.

Traveling to Medical Appointments

- Hill College will provide transportation of an injured student-athlete to a medical appointment, when needed, in one of the school vehicles. When this is the occasion, face coverings will be worn throughout the duration of the trip and the vehicle will have enhanced cleaning and sanitation between uses.

Competitions

Home Games

- a. Student-athletes will be encouraged to either stay in locker room or be on field or court and not visit with spectators prior to games
- b. Individual drinking cups will be provided during games in lieu of water bottles
- c. Bench towels will not be provided. Student-athletes who desire the use of a towel during competition should be prepared to provide their own. Sharing of towels is highly discouraged.
- d. Post-game high 5s or handshakes will not occur to allow for proper social distancing protocols.
- e. Once game has concluded, student-athletes are recommended to leave facility as soon as able.
- f. It is requested that visiting teams provide a symptom and temperature check prior to leaving their school and forwarding the results to the appropriate coach.
- g. Coaches will need to contact visiting teams and obtain this information when planning for an upcoming game.
- h. Hand sanitizers are provided behind the benches in the gym and in dugouts at the baseball and softball fields and will be with the medical bags for the soccer teams for when needed.

Road Games

- a. Prior to leaving coaches will perform a symptom check and temperature check of all student-athletes and members of the traveling group including coaches, student trainers and managers.
- b. Once the symptom and temperature check has been completed and all members of the traveling group are negative, the coach will forward the results to both the athletic trainer and the respective home team's coach.
- c. If any member of the traveling group, has a positive symptom with a fever of 100 F or higher, the coach needs to contact both the athletic trainer and the Vice President of Student Services. That individual should then quarantine themselves away from the rest of the traveling group and the traveling group should stay in place until both the individual and traveling group are informed otherwise from the Vice President of Student Services.
- d. Once the team arrives at the game site, the host team's procedures should be observed for any member of the traveling group who begins to show symptoms with a fever of 100 F or higher.
- e. Face coverings will be worn while traveling.
- f. Buses will have enhanced cleaning and sanitation between uses.
- g. Social distancing will be followed as much as possible.



Hill College Sports Medicine

COVID-19 Athletic Training Room Procedures

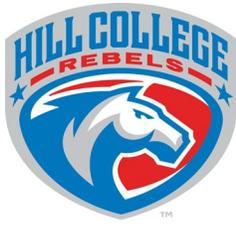
- These procedures are put in place in order to limit the potential risk of COVID-19 infection and contamination among Hill College athletic training staff, student trainers and student-athletes.
- Student-athletes must be seeking medical assistance for entry into the athletic training room. **DO NOT** enter unless you are seeking illness advice or injury evaluation, treatment or rehabilitation.
- If you believe you may have contracted COVID-19, **DO NOT** come to the athletic training room. Stay or return to your dorm room and contact the athletic trainer and your head coach to coordinate further evaluation.
- Upon entry to the athletic training room, individuals must be wearing a facemask, use hand sanitizer, have their temperature taken and recorded, complete the COVID-19 symptom check sheet and input their information into the Daily Treatment Log prior to leaving the carpeted area and entering beyond the entryway.
- Individuals will enter the athletic training room one at a time and wait outside for the previous individual to complete the entry procedures.
- Student-athletes may not touch any athletic training equipment without permission of the athletic trainer including the NormaTec and GameReady and massage tools such as the HyperVolt.
- Student-athletes will need to come in, complete what needs to be done and then leave so that other student-athletes may obtain the services they need.
- Maximum athletic training room capacity will be capped at 5 student-athletes.
- Tables and equipment will be cleaned and sanitized between uses and common space and surfaces (sign in area, door handles, cabinets, ice scoops, etc.) will be cleaned frequently throughout the day.
- Use of the whirlpool tub will not be authorized unless permitted by the athletic trainer. If used, the tub will for single use and then drained, cleaned and sanitized after use. The cold tubs/ice baths will not be permitted as social distance and sanitation protocols are not possible.
- There will be no post practice treatments. If ice is desired, an ice chest with ice, bags and plastic wrap will be placed outside the athletic training room for individual use and application. Thus, all taping, wrapping, treatment and rehabilitation sessions need to be completed in the morning or prior to practice.
- If the bathroom is used, it is expected that it is disinfected after use including using a disinfecting wipe on all commonly touched areas (toilet seat, flush handle, faucet handle, doorknob, etc.)
- The door between the athletic training room and the classroom will remained locked at all times when the athletic training room is unoccupied and beginning at noon each day.



Hill College Sports Medicine

COVID-19 Athletic Training Room Procedures for Student Trainers

- Student trainers must follow the same entry procedures as everyone else, including using hand sanitizer, a facemask, taking temperature and performing a symptom check.
- Student trainers must come in, complete their task and leave. There will not be any “hanging out” in the athletic training room.
- One student trainer may be in the athletic training room performing athletic training room tasks. These tasks include:
 1. Ensuring everyone entering athletic training room follows entry protocols.
 2. Regular cleaning and disinfecting of common use areas such as entry area, doorknobs, ice scoops and etc.
 3. Cleaning and disinfecting tables and equipment between uses.
 4. Wearing gloves when working with athletes.
 5. Other everyday tasks and expectations included with athletic training room coverage and tasks as assigned.
- Student trainers must limit physical contact with any athletic training room supplies and equipment beyond what is needed to complete their daily tasks and then to clean and sanitize anything they do come into contact with.
- While at practices, student trainers are to:
 1. Fill individual athlete water bottles so that the athletes do not come into contact with the coolers.
 2. Assist coaching staff with regular disinfecting of common use equipment.
 3. Other everyday student trainer expectations included with their team coverage.
- Once practice sessions are completed, student trainers will be expected to clean and sanitize any and all equipment that was used for the day.
- Student trainers need to be prepared to accept other duties as assigned as need arises.



Hill College Athletics

UNDERSTANDING OF RISK FOR ATHLETICS PARTICIPATION DURING COVID-19

By signing below, I understand: (please check in appropriate space and sign at bottom of page)

_____ That COVID-19 is a Novel (new) Coronavirus in which knowledge in its recognition, evaluation and treatment is constantly evolving and regularly updated.

_____ That as new knowledge is updated in regard to COVID-19, Hill College and the Hill College Athletics Department will update its plans and procedures as needed.

_____ That Hill College and the Hill College Athletics Department utilizes the recommendations and guidance of the Center for Disease Control (CDC), the State of Texas Health and Human Services (HHS), the National Junior College Athletics Association (NJCAA) and the Governor of Texas in its response to COVID-19.

_____ That even while utilizing the recommended guidance, not all potential exposure to COVID-19 is totally preventable and although even when using the greatest of precautions, exposure to COVID-19 is possible while participating in athletics activities or during everyday life.

_____ That by participating in team sport practices and competitions, the recommended guidance for slowing the spread and potentially preventing COVID-19 (social distancing and minimizing contact with others) cannot always be followed and that exposure to COVID-19 can be easier during these instances. As a result, the coaching staff will plan to utilize the recommended guidance when able but due to the nature of competition with team sports, the recommended guidance cannot always be implemented.

_____ That Hill College provides insurance coverage to assist in paying for injuries sustained while participating in Hill College athletics activities as detailed in the Hill College Athletics Insurance Authorization Form. As such, this insurance coverage does not assist with any injuries sustained prior to participating on a Hill College Athletics team, for injuries sustained while not participating in Hill College athletics activities and illnesses of any sort including testing and treatment of COVID-19. Hill College and the Hill College Athletics Department will, to the best of its ability: identify, isolate and assist with obtaining further care for any student exhibiting symptoms of COVID-19 following current recommended guidance in order to aid and assist with recovery and slow any potential spread.

By signing below, I agree that as a Hill College student-athlete, I will lead by example in following the recommendations and guidance of the CDC, HHS, NJCAA and Governor of Texas and will abide by, to the best of my ability, to the Hill College Athletics Department Response to the Novel Coronavirus and COVID-19 for 2020-2021.

Signature

Date

APPENDIX

I. Hill College Athletic COVID-19 Monitoring Form



Hill College Athletics

COVID-19 Athlete/Coach Monitoring Form

Date: _____ Sport: _____

NAME	TIME	CIRCLE YES OR NO BELOW										TEMP		
		FEVER	COUGH	SORE THROAT		SHORTNESS OF BREATH		CONTACT W/ COVID-19		LOSS OF SMELL	LOSS OF TASTE			
Coach		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Coach		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
1		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
2		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
3		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
4		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
5		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
6		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
7		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
8		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
9		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
10		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
11		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
12		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
13		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
14		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
15		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
16		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	

Responsible Coaches Signature: _____

Date: _____

II. Updated Medical History, COVID-19 History Screening & Physical Forms



Hill College Sports Medicine

PREPARTICIPATION MEDICAL HISTORY FORM

Athletes MUST complete this form and take with them to physician when obtaining physical.

Name: _____

Date: _____

General Health	Answer		Explanation of "YES" Answers including date
1. Have you had a medical illness or injury in the past year?	Yes	No	
2. Have you been hospitalized in the past year?	Yes	No	
3. Are you missing any paired organs?	Yes	No	
4. Are you currently under doctor's care?	Yes	No	
5. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	Yes	No	
6. Do you have any allergies? (pollen, medicine, food, insects)	Yes	No	
7. Do you have any current skin problems? (itching, rashes, excessive acne, warts, fungus or blisters)	Yes	No	
8. Have you ever become ill from exercising in the heat? (heat exhaustion, heat stroke)	Yes	No	
9. Have you ever had problems with your eyes or vision?	Yes	No	
10. Have you ever gotten unexpectedly short of breath with exercise?	Yes	No	
11. Do you have asthma?	Yes	No	
12. Do you have seasonal allergies requiring medical treatment?	Yes	No	
13. Do you use any special protective or corrective equipment or devices that are not usually used for your sport or position?(knee brace, foot orthotics, retainer, hearing aide)	Yes	No	
14. Do you want to weight less or more than you do now?	Yes	No	
15. Have you ever been diagnosed with or tested for sickle cell trait or cell disease?	Yes	No	
Neurovascular	Answer		Explanation of "YES" Answers including date
1. Have you ever had a head injury or concussion?	Yes	No	
If yes, how many times?			
If yes, when was last concussion? (month and year)			
How severe was each concussion including symptoms experienced, treatment received and time held out of athletics participation.			
2. Have you ever been knocked out, become unconscious, or lost your memory?	Yes	No	
3. Have you ever had a seizure?	Yes	No	
4. Do you have frequent or severe headaches?	Yes	No	
5. Have you ever had numbness or tingling in your arms, hands, legs or feet?	Yes	No	
6. Have you ever had a stinger, burner or pinched nerve?	Yes	No	

Cardiovascular	Answer		Explanation of "YES" Answers including date
1. Have you ever been dizzy during or after exercise?	Yes	No	
2. Have you ever had prior testing for the heart ordered by a physician?	Yes	No	
3. Have you ever passed out/fainted during or after exercise?	Yes	No	
4. Have you ever had chest pain during or after exercise?	Yes	No	
5. Do you get tired more quickly than your teammates during exercise?	Yes	No	
6. Have you ever experienced racing of your heart or skipped heartbeats?	Yes	No	
7. Do you or have you ever had high blood pressure or cholesterol?	Yes	No	
8. Have you ever been told you have a heart murmur?	Yes	No	
9. Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	Yes	No	
10. Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc) Marfan's syndrome, or abnormal heart rhythm?	Yes	No	
11. Have you had a severe viral infection (myocarditis or mononucleosis) within the last month?	Yes	No	
12. Has a physician ever denied or restricted your participation in sports for any heart problems?	Yes	No	
Orthopedic	Answer		Explanation of "YES" Answers including date
1. Have you ever had a sprain, strain or swelling after injury?	Yes	No	
If yes, explain in further detail: body part injured, date of injury, extent of injury, if limited athletic participation and if participation was limited, for how long.			
2. Have you broken or fractured any bones or dislocated any joints?	Yes	No	
Females Only	Answer		
1. When was your first menstrual period?			
2. When was your most recent menstrual period?			
3. How much time do you usually have from the start of one period to the start of another?			
4. How many periods have you had in the last year?			
5. What was the longest time between periods in the last year?			

Agree to the statements below by initialing in the blanks and sign and date.

_____ I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

_____ I understand that the preparticipation medical history and physical forms are merely screening tools in determining overall health prior to athletic participation and not a complete medical physical and thus, not all medical conditions and illnesses may be observed.

_____ I understand that failure to provide truthful answers to the above questions could cause complications to preexisting injuries, illnesses or conditions and Hill College will NOT be responsible for either preexisting injuries or complications that arise from preexisting injuries.

Student-Athlete Signature

Printed Name

Date



Hill College Athletics

Pre-Participation Student-Athlete COVID-19 Screening

To be completed prior to pre-participation physical and presented to healthcare practitioner for review during physical exam.
 To be submitted to Athletic Department as attachment to physical exam document.

Name: _____ / _____ / _____
 Last First Date of Birth (mm/dd/yyyy)

Please complete this form to assess your potential exposure / possession of COVID-19 and other illness.

Are you currently free from all illnesses? Yes NO (circle one)

Prior to today, have you experienced or are you currently experiencing any of the following:

Symptom	YES	NO	LENGTH OF SYMPTOME (if yes)	EXPLANATION (has symptom resolved and, if so, when)
Fever				
Body Chills				
Extreme Level of Fatigue				
Cough				
Pain / Difficulty Breathing				
Shortness of Breath				
Sore Throat				
Body / Muscle Aches				
Loss of Taste				
Loss of Smell				
Changes to Vision / Eyc Discharge				

QUESTIONS	YES	NO
1. If you answered YES to any of the above questions, did you experience a suspected exposure to COVID-19 2-14 days prior		
2. Have you had any direct contact with anyone who lives in or has visited a place where COVID-19 is spreading and/or is an area reporting an increased number of COVID-19 cases (i.e. "hot spots")?		
3. Have you had any direct contact with someone what has a suspected or lab confirmed case of COVID-19?		
4. Prior to today, have you self-quarantined due to suspected symptoms or exposure of COVID-19?		
5. Prior to today, have you been living in, or have you visited an area reporting an increased number of COVID-19 cases (i.e. hotspots)?		

Explanations: Please explain any yes question above including how and when including dates and your current status:

Have you previously been or are you currently diagnosed with COVID-19? YES NO (circle one) Date of Diagnosis (if yes): ___ / ___ / ___

If you answered YES, attach all paperwork confirming diagnosis and date of recovery or current status. **DO NOT** report to campus if you are currently diagnosed and under suspicion of contracting COVID-19. If you fall under this category, you must be completely recovered with medical documentation stating so prior to reporting to campus.

Please list any countries/states/cities you have traveled to since March 15th, 2020 and dates you were there:

1. _____ Dates: _____
2. _____ Dates: _____
3. _____ Dates: _____
4. _____ Dates: _____ (add more on back, if applicable)

I understand the Novel Coronavirus, COVID-19, is a new worldwide pandemic affecting everyone around the world and is constantly evolving. As so, I also understand, that recommendations will evolve, and that today's recommendations may not be the same tomorrow. With this in mind, I understand that Hill College and the Hill College Athletics Department follow and utilize the recommendations and guidance of the Centers for Disease Control (CDC), the Health and Human Services (HHS), the Texas Department of Health (TDH) and the National Junior College Athletics Association (NJCAA) in implementing a plan to reduce the possibility of infection of COVID-19 as well as all other forms of infectious disease, and so, I voluntarily choose to participate in the Hill College Athletics Programs and understand that there is not any way to fully prevent becoming infected with COVID-19 or any other infectious disease.

Student-Athlete Signature: _____ Date: _____



Hill College Sports Medicine

PREPARTICIPATION PHYSICAL EXAMINATION FORM

Last Name: _____ First Name: _____
 Date of Birth: _____ Sport: _____ Freshman / Sophomore (circle one)

ATHLETES PLEASE DO NOT WRITE BELOW THIS LINE FOR MEDICAL PERSONNEL ONLY

Height: _____ inches Weight: _____ lbs BP: _____ / _____ Pulse: _____ bpm
 Vision: (R) _____ / _____ (L) _____ / _____ (Both) _____ / _____ Corrected? Y / N

	NORMAL	ABNORMAL FINDINGS	ADDITIONAL COMMENTS
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in standing position			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			
Other			
RECOMMENDED TEST/NOT REQUIRED			
Electrocardiogram (ECG)			
Sickle Cell Trait			

CLEARED **NOT CLEARED** **CLEARANCE PENDING** (comments below)

Comments: _____

I have reviewed the student-athlete's COVID-19 screening form and they do not appear to have any concerns.

Physician's Printed Name: _____ Phone #: _____

Physician's Signature: _____ Date: _____