

PRIVIT

Your old physical form used to look like this



It consisted of 4 parts:

- Health History – completed by parent
- Special Needs Athlete Form
- Physical Examination – completed by physician
- Clearance Form – completed by physician

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM
(Note: This form is to be filled out by the parent and parent prior to seeing the physician. The physician shall fill out the form in the clinic.)

Date of Issue: _____
 Name: _____ Date of Birth: _____
 Sex: _____ Age: _____ Grade: _____ School: _____ District: _____

Medications and Allergies: Please list all of the prescription and over-the-counter medications and supplements. Detail each individual that you are currently taking.

Do you have any allergies? No Yes. If yes, please identify specific allergies below:
 Medicines Foods Other Clothing/Insects

Section "Pre" - Informational. Check questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL HISTORY	Yes	No
1. Has a doctor ever diagnosed or recommended you participate in sports/athletics?			26. Do you ever experience or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please specify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> ETC.			27. Have you ever been in contact with a communicable disease?		
3. Have you ever spent time in the hospital?			28. Do you have any chronic, persistent, or other long-term conditions?		
4. Have you ever been injured?			29. Have you ever been hospitalized or in intensive care?		
HEALTH HISTORY QUESTIONS ABOUT YOU	Yes	No	30. Do you have any chronic, persistent, or other long-term conditions?		
5. Have you ever had a heart, lung, kidney, or blood vessel condition?			31. Have you ever had a stroke or TIA?		
6. Have you ever had a heart, lung, kidney, or blood vessel condition?			32. Have you ever had a blood clot or DVT?		
7. Have you ever had a heart, lung, kidney, or blood vessel condition?			33. Have you ever had a heart, lung, kidney, or blood vessel condition?		
8. Have a doctor ever told you that you should avoid participating in sports/athletics? If so, specify all that apply: <input type="checkbox"/> High school sports <input type="checkbox"/> All heart surgery <input type="checkbox"/> High cholesterol <input type="checkbox"/> All heart surgery <input type="checkbox"/> Kidney disease <input type="checkbox"/> Other _____			34. Have you ever been told to stop or limit your alcohol consumption?		
9. Has a doctor ever advised you to stop or limit your alcohol consumption?			35. Do you ever use tobacco or smoke?		
10. Do you get symptoms of heat stress such as dizziness, lightheadedness, or nausea?			36. Do you ever use tobacco or smoke?		
11. Have you ever had an unexplained fainting episode?			37. Do you ever use tobacco or smoke?		
12. Do you get chest pain or shortness of breath during physical activity?			38. Do you ever use tobacco or smoke?		
HEALTH HISTORY QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Do you ever use tobacco or smoke?		
13. Has any family member or relative died of heart problems or had an unexplained or unprovoked sudden death before age 50 (sudden cardiac death)?			40. Do you ever use tobacco or smoke?		
14. Does anyone in your family have high blood pressure, high cholesterol, diabetes, or any other chronic condition?			41. Do you ever use tobacco or smoke?		
15. Does anyone in your family have a heart condition, arrhythmia, or congenital heart defect?			42. Do you ever use tobacco or smoke?		
16. Has anyone in your family had a heart attack, stroke, or blood clot?			43. Do you ever use tobacco or smoke?		
17. Have you ever had a heart, lung, kidney, or blood vessel condition?			44. Do you ever use tobacco or smoke?		
18. Have you ever had a heart, lung, kidney, or blood vessel condition?			45. Do you ever use tobacco or smoke?		
19. Have you ever had a heart, lung, kidney, or blood vessel condition?			46. Do you ever use tobacco or smoke?		
20. Have you ever had a heart, lung, kidney, or blood vessel condition?			47. Do you ever use tobacco or smoke?		
21. Have you ever had a heart, lung, kidney, or blood vessel condition?			48. Do you ever use tobacco or smoke?		
22. Do you have a brother, sister, or other family member who has had a heart, lung, kidney, or blood vessel condition?			49. Do you ever use tobacco or smoke?		
23. Do you have any other family members who have had a heart, lung, kidney, or blood vessel condition?			50. Do you ever use tobacco or smoke?		
24. Do you have any other family members who have had a heart, lung, kidney, or blood vessel condition?			51. Do you ever use tobacco or smoke?		
25. Do you have any other family members who have had a heart, lung, kidney, or blood vessel condition?			52. Do you ever use tobacco or smoke?		

REMARKS ONLY

53. _____
 54. _____
 55. _____
 56. _____
 57. _____
 58. _____
 59. _____
 60. _____

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

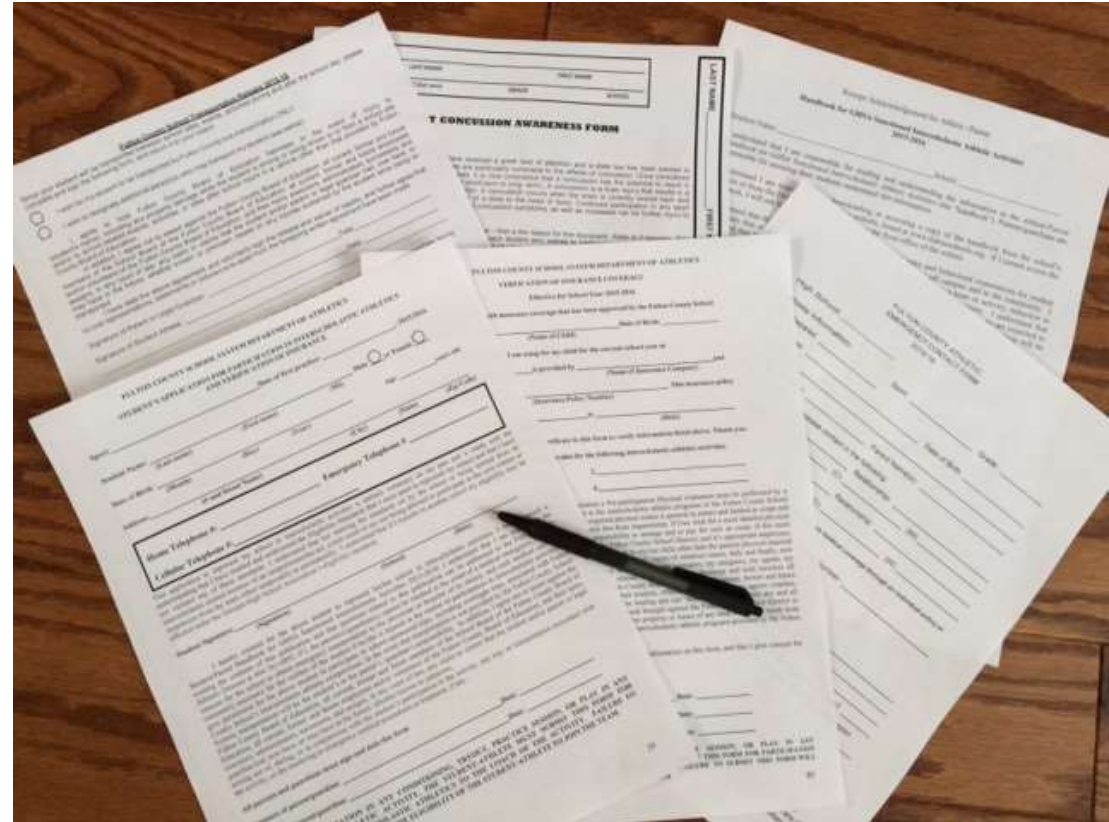
Signature of parent: _____ Physician's signature: _____ Date: _____

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Your old FCS forms used to look like this

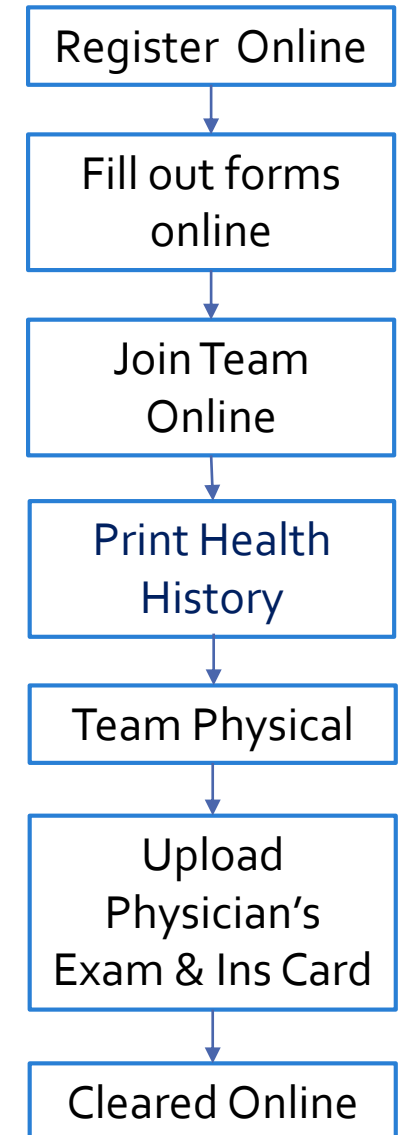


- GHSA Concussion Awareness
- GHSA Handbook Receipt Form
- FCS Application to Participate
- FCS Emergency Contact Form
- FCS Verification of Insurance
- FCS Transportation Release



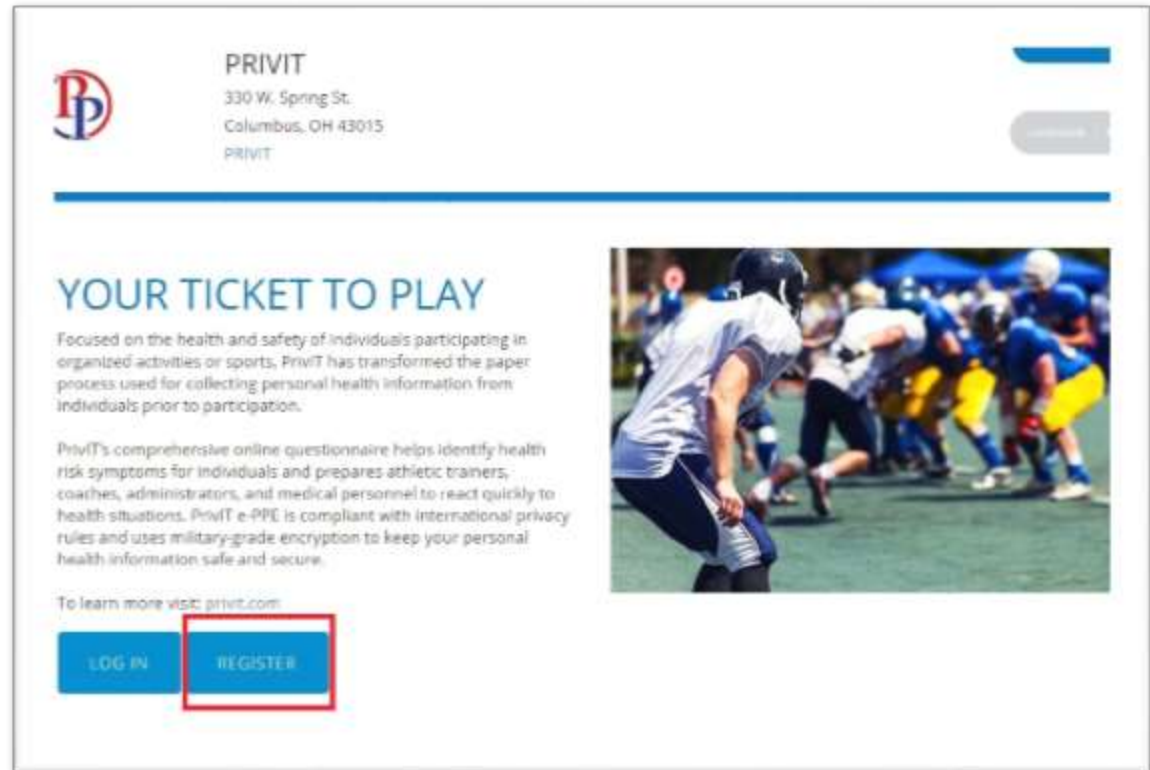
New Process

- 1) **Parent and Player Register** for a PrivIT accounts online.
- 2) **Fill out** Health History, Personal Information, & FCS Forms online.
- 3) **Join your team** online.
- 4) **Print your Pre-Participation Health History** and bring it to your physical.
- 5) **Upload your:**
 - physician's exam,
 - physician's clearance &
 - insurance card.
- 6) Player must be **cleared to play**.



BENEFITS

- Each year you will only update information.
- You can copy information to siblings at same school.
- Coaches can easily review your paperwork.
- No more lost paperwork.
- Players are easily cleared to play.



The screenshot shows the PRIVIT website homepage. At the top left is the PRIVIT logo, a stylized 'P' and 'I' in a circle. To its right is the text: 'PRIVIT', '330 W. Spring St.', 'Columbus, OH 43015', and 'PRIVIT'. Below this is a blue horizontal line. The main heading is 'YOUR TICKET TO PLAY'. Below the heading is a paragraph: 'Focused on the health and safety of individuals participating in organized activities or sports, PRIVIT has transformed the paper process used for collecting personal health information from individuals prior to participation.' Below that is another paragraph: 'PRIVIT's comprehensive online questionnaire helps identify health risk symptoms for individuals and prepares athletic trainers, coaches, administrators, and medical personnel to react quickly to health situations. PRIVIT e-PPE is compliant with international privacy rules and uses military-grade encryption to keep your personal health information safe and secure.' To the right of this text is a photograph of a football game in progress. Below the text is a link: 'To learn more visit: privit.com'. At the bottom are two buttons: 'LOG IN' and 'REGISTER'. The 'REGISTER' button is highlighted with a red rectangular border.

PRIVIT
330 W. Spring St.
Columbus, OH 43015
PRIVIT

YOUR TICKET TO PLAY

Focused on the health and safety of individuals participating in organized activities or sports, PRIVIT has transformed the paper process used for collecting personal health information from individuals prior to participation.

PRIVIT's comprehensive online questionnaire helps identify health risk symptoms for individuals and prepares athletic trainers, coaches, administrators, and medical personnel to react quickly to health situations. PRIVIT e-PPE is compliant with international privacy rules and uses military-grade encryption to keep your personal health information safe and secure.

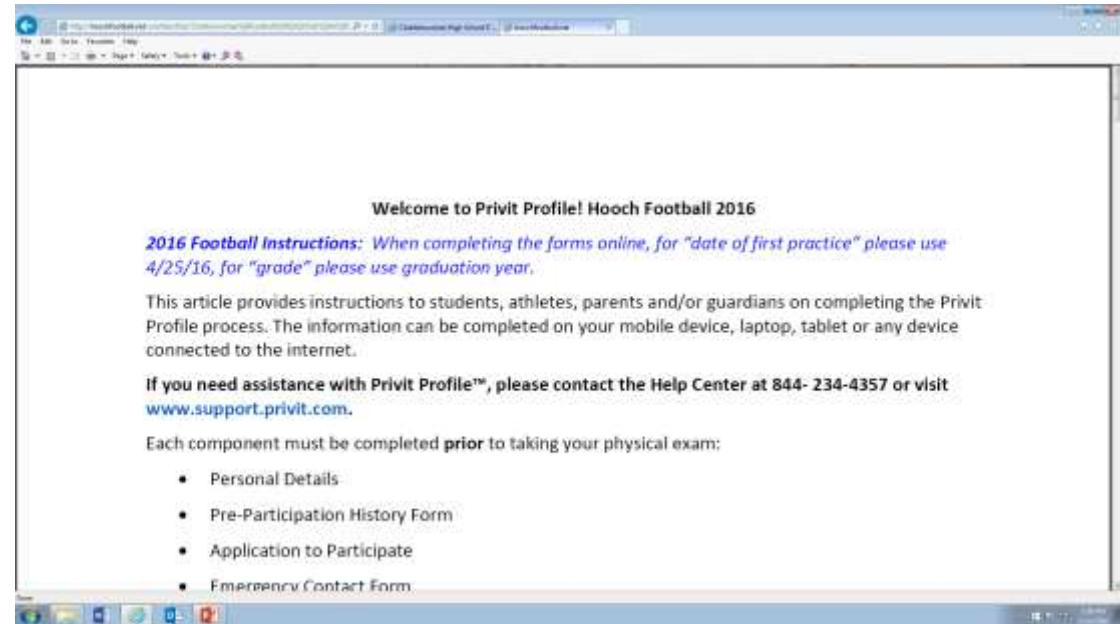
To learn more visit: privit.com

LOG IN REGISTER

Information to have available:

- Family Medical History
- Personal Health History
- Primary insurance information & card
- Medications/Allergies/Immunizations

Print out the “Chattahoochee Q & A” from www.hoochfootball.com for detailed instructions.



Register for a Parent Account

Start by Registering for a parent account.

NOTE: Your player will have to register with a separate account.

PRIVIT
330 W. Spring St.
Columbus, OH 43015
PRIVIT

YOUR TICKET TO PLAY

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To learn more visit: privit.com


[LOG IN](#) [REGISTER](#)


CREATE YOUR ACCOUNT

First Name*

Last Name*

Email Address*

Enter your role* 

Password* 

Confirm Password*

I have read and agree to the Terms of Use.

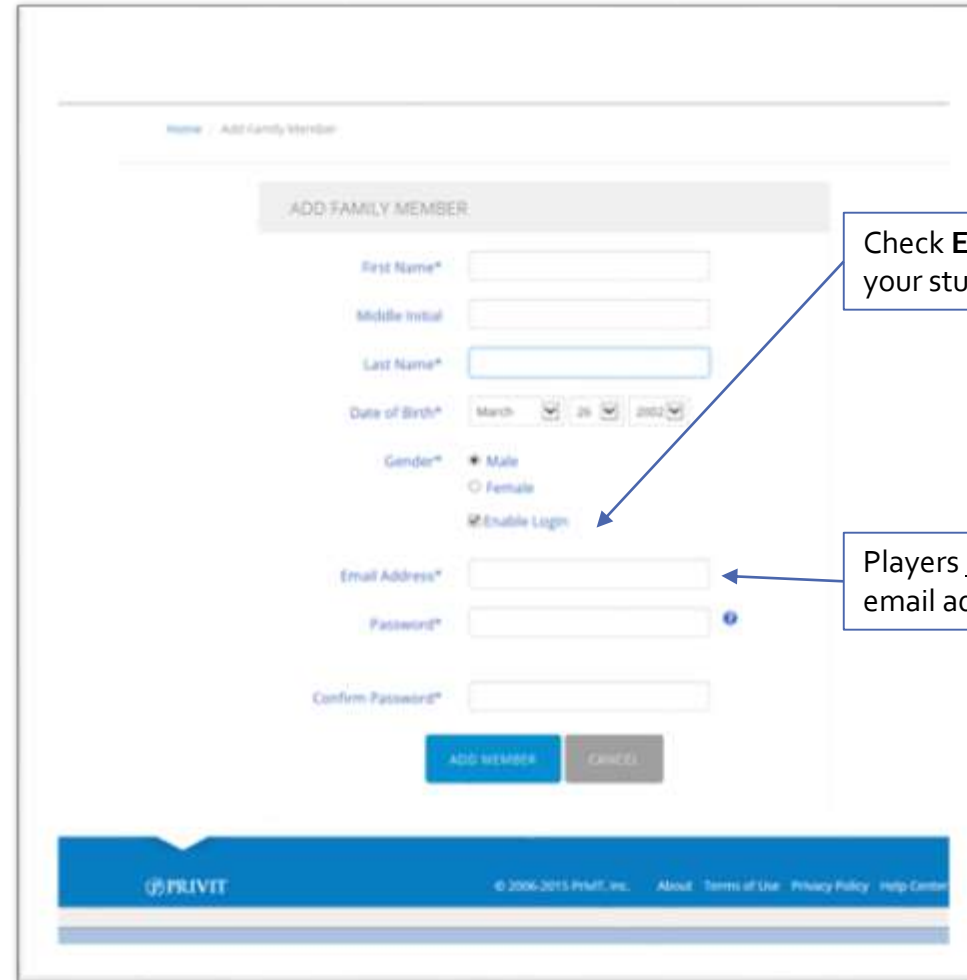
[SIGN UP](#) [CANCEL](#)

Select parent/guardian

Authorize Player Account

Players must have a separate login and email address.

Players will be required to electronically sign documents.



The screenshot shows a web form titled "ADD FAMILY MEMBER" with the following fields and options:

- First Name*
- Middle Initial
- Last Name*
- Date of Birth* (Month: March, Day: 26, Year: 2002)
- Gender* (Male selected, Female unselected)
- Enable Login
- Email Address*
- Password*
- Confirm Password*

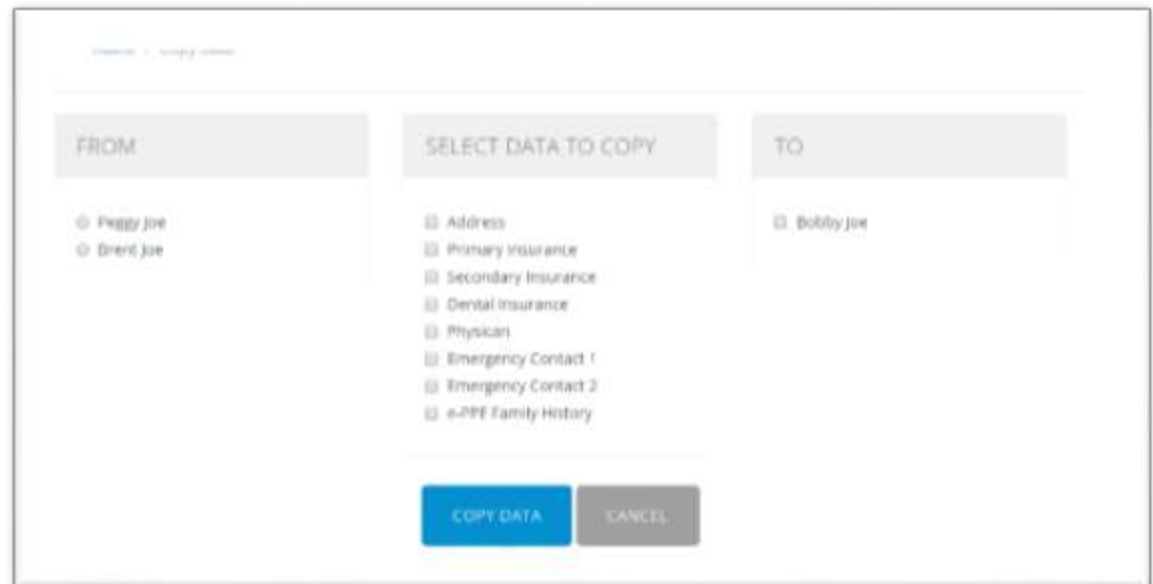
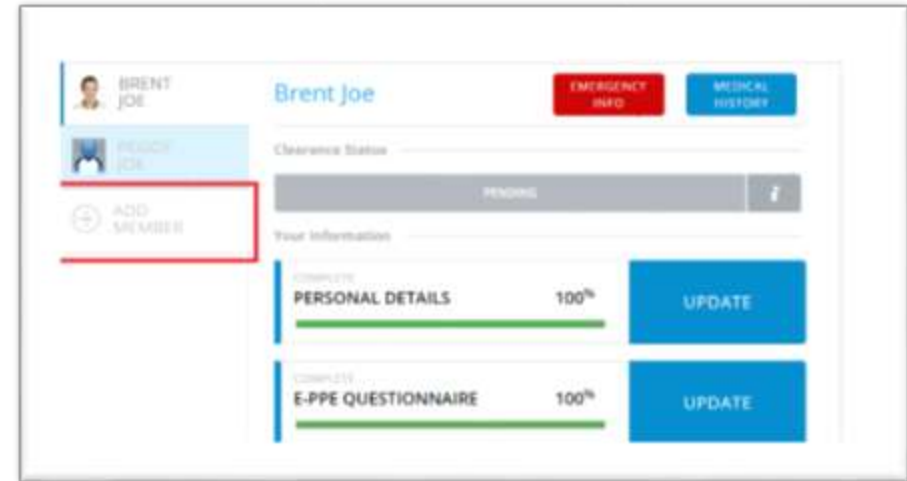
At the bottom of the form are two buttons: "ADD MEMBER" (blue) and "CANCEL" (grey). The footer contains the PRIVIT logo and copyright information: "© 2006-2015 PRIVIT, Inc. About Terms of Use Privacy Policy Help Center".

Two callout boxes with arrows point to specific elements:

- The first callout points to the "Enable Login" checkbox and contains the text: "Check **Enable login** to authorize your student/athlete."
- The second callout points to the "Email Address*" field and contains the text: "Players must have a separate email address."

Copy Data

Copy Data from Parent to Player
Or Sibling to Player



Complete the Personal Details & Pre Participation History Form

You will print the Pre-Participation History Form and bring to your physical.

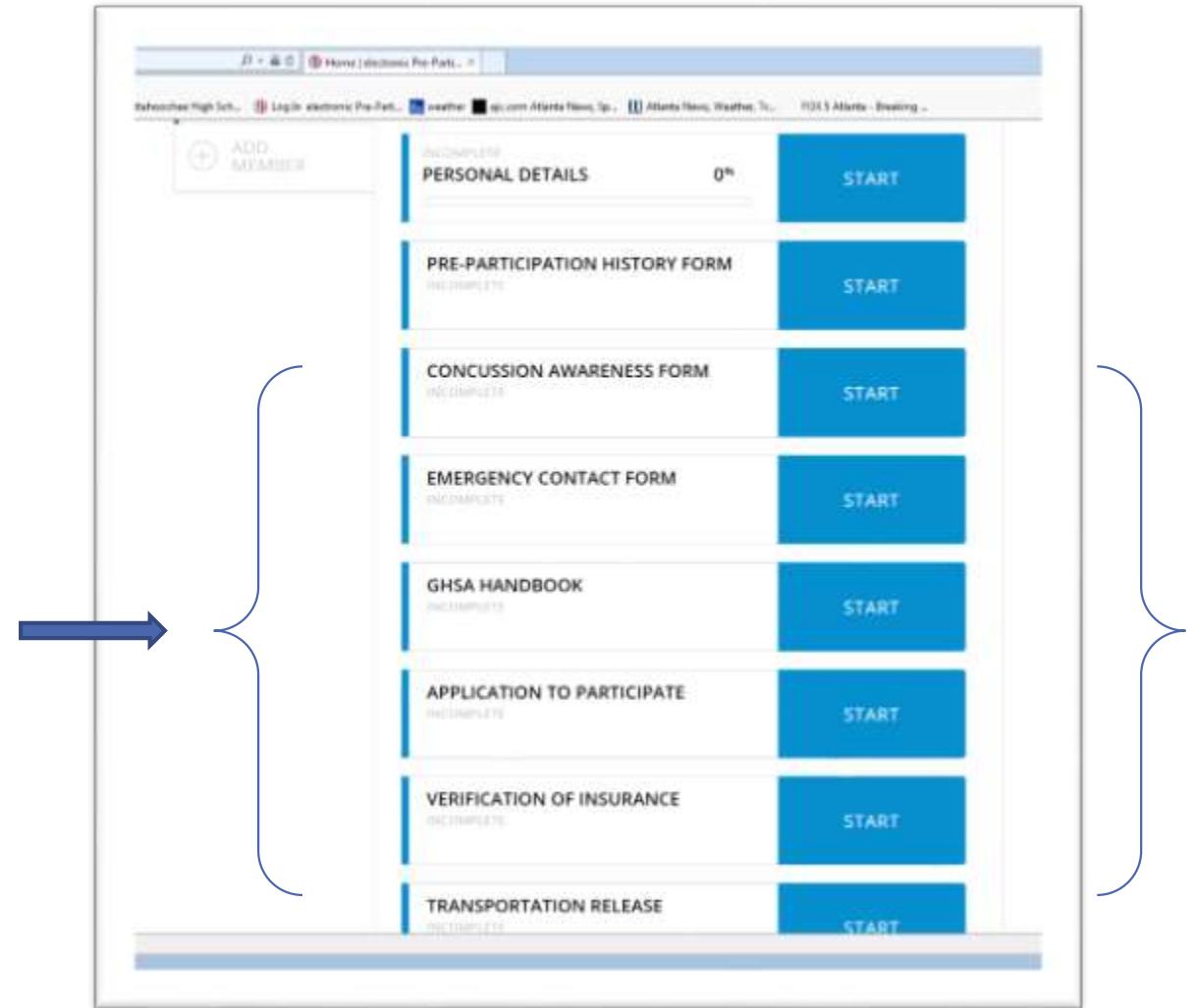
The screenshot shows a web interface for managing electronic pre-participation forms. On the left, there is a button labeled '+ ADD MEMBER'. The main content area is a table with the following rows:

INCOMPLETE	PERSONAL DETAILS	0%	START
INCOMPLETE	PRE-PARTICIPATION HISTORY FORM		START
INCOMPLETE	CONCUSSION AWARENESS FORM		START
INCOMPLETE	EMERGENCY CONTACT FORM		START
INCOMPLETE	GHSA HANDBOOK		START
INCOMPLETE	APPLICATION TO PARTICIPATE		START
INCOMPLETE	VERIFICATION OF INSURANCE		START
INCOMPLETE	TRANSPORTATION RELEASE		START

Two blue arrows point from the left towards the 'PERSONAL DETAILS' and 'PRE-PARTICIPATION HISTORY FORM' rows.

Complete the remaining forms

- Concussion Awareness
- Emergency Contact Form
- GHSA Handbook Receipt
- Application to Participate
- Verification of Insurance
- Transportation Release

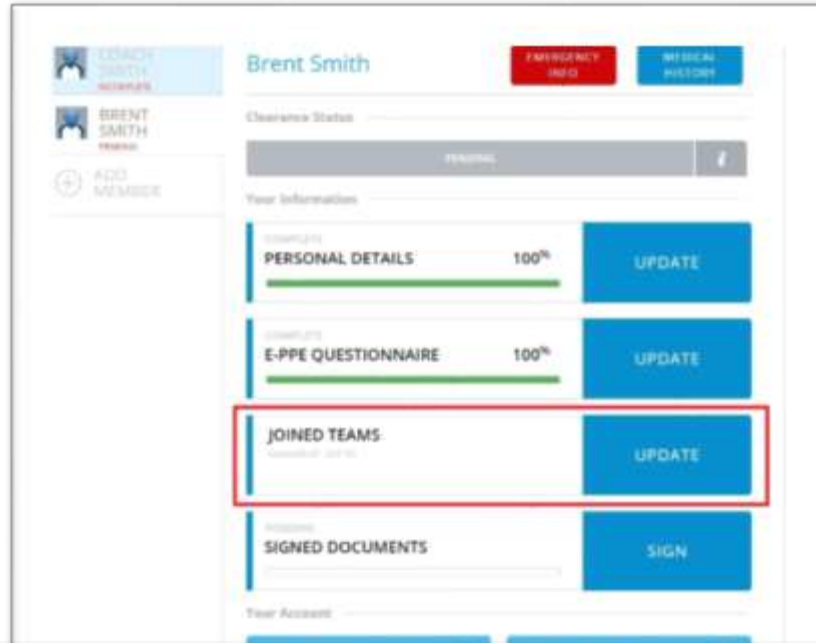


Join your Team



Select your team, so that your coach can access your information.

Players will not be cleared to participate until they have joined a team.

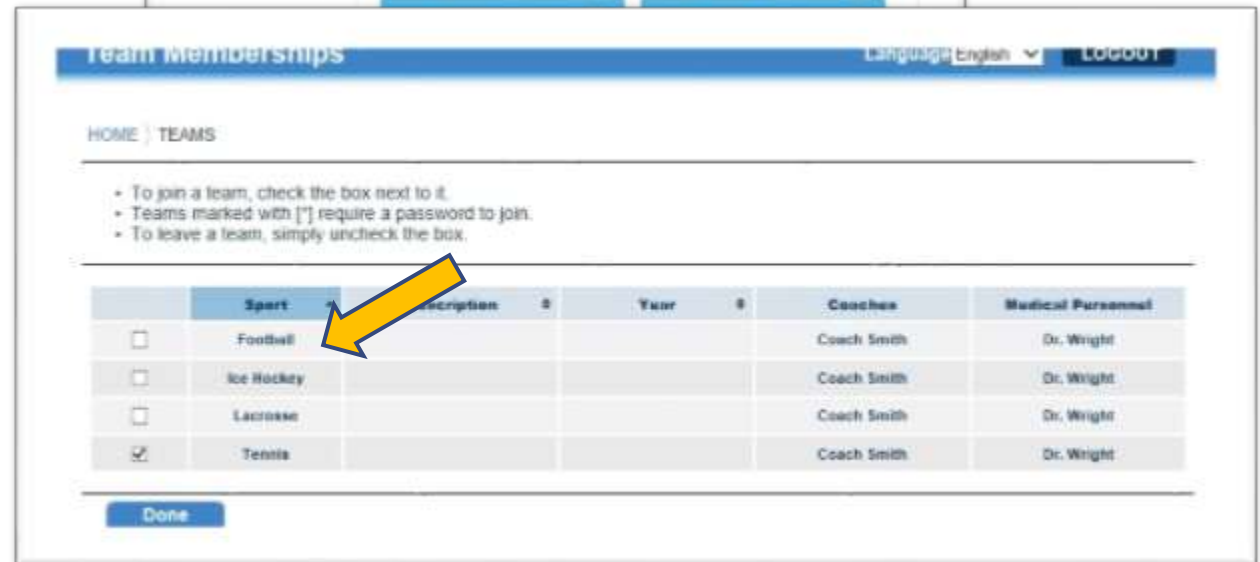


Brent Smith [EMERGENCY INFO] [MEDICAL HISTORY]

Clearance Status: **PERMANENT**

Your Information:

- PERSONAL DETAILS 100% [UPDATE]
- E-PPE QUESTIONNAIRE 100% [UPDATE]
- JOINED TEAMS** [UPDATE]
- SIGNED DOCUMENTS [SIGN]



Team Memberships Language: English [Logout]

HOME | TEAMS

- To join a team, check the box next to it.
- Teams marked with [*] require a password to join.
- To leave a team, simply uncheck the box.

	Sport	Description	Year	Coaches	Medical Personnel
<input type="checkbox"/>	Football			Coch Smith	Dr. Wright
<input type="checkbox"/>	Ice Hockey			Coch Smith	Dr. Wright
<input type="checkbox"/>	Lacrosse			Coch Smith	Dr. Wright
<input checked="" type="checkbox"/>	Tennis			Coch Smith	Dr. Wright

[Done]

Sign the forms

Parents will need to create an electronic signature and sign all forms.

Players will also have to login , create a signature and sign all forms.

Forms are locked and dated, once signed.



Player Account & Signature

Player must register for a separate account,

With a separate email address.

Player must also sign forms online.

CREATE YOUR ACCOUNT

First Name*

Last Name*

Email Address*

Enter your role* ?

Password* ?

Confirm Password*

I have read and agree to the Terms of Use.

Print your Pre-Participation History Form

Bring this form with you to our
team physical day.

Or, take this form to your personal physician.



A screenshot of a web application user profile page for Brent Smith. The page is divided into several sections. At the top left, there are two profile cards: one for 'COACH SMITH' (status: INCOMPLETE) and one for 'BRENT SMITH' (status: PENDING), with an 'ADD MEMBER' button below them. The main header shows the user's name 'Brent Smith', an 'EMERGENCY INFO' button, and a 'MEDICAL HISTORY' button. Below this, the 'Clearance Status' is shown as 'PENDING'. The 'Your Information' section contains four rows: 'PERSONAL DETAILS' (100% complete, UPDATE button), 'E-PPE QUESTIONNAIRE' (100% complete, UPDATE button), 'JOINED TEAMS' (SIGNATURE DATE: 12/19, UPDATE button), and 'SIGNED DOCUMENTS' (PENDING, SIGN button). The 'Your Account' section at the bottom has four buttons: 'MANAGE TEAMS', 'PRINT DOCUMENTS' (highlighted with a red box), 'MANAGE DOCUMENTS', and 'MANAGE ACCOUNT'.

Upload

Insurance Card

Physician's Exam

Physician's Clearance



Brent Smith [EMERGENCY INFO] [MEDICAL HISTORY]

Clearance Status
[INCOMPLETE QUESTIONNAIRE]

Your Information

PERSONAL DETAILS 0% [START]

NOT AVAILABLE EX-PIRE QUESTIONNAIRE 0% [NOT AVAILABLE]

JOINED TEAMS [UPDATE]

Your Account

[MANAGE TEAMS] [MANAGE DOCUMENTS] [MANAGE ACCOUNT]

Options
[DELETE PROFILE]

Home / My Documents / Upload Document

UPLOAD DOCUMENT

Document* [Choose...]

Document Type* [Select Document Type]

Comment []

[UPLOAD] [CANCEL]

Home / My Documents / Manage Documents

ACTAS [UPLOAD DOCUMENT]

Document Type [] [] [] []

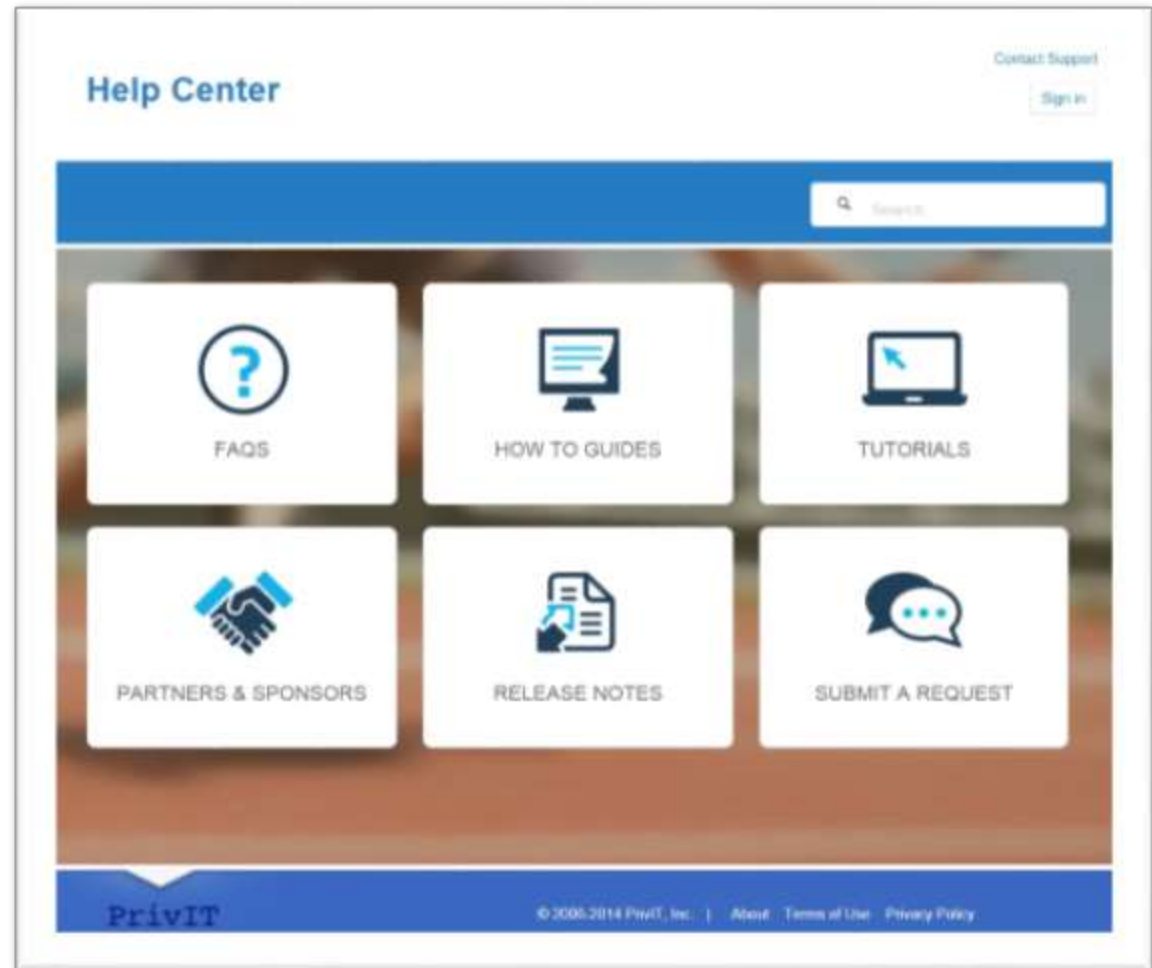
You haven't uploaded any documents yet.

[DONE]

Where to get Help

Privit Help Center:

- Online FAQ
- How To Guides
- Video Tutorials
- Email Request
 - Create a new Help Center Password
- **1-800-234-HELP (2357)**
 - M-F, 8am-5pm ET



Don't forget to complete the Trainer/Emory Forms

The Trainer/Emory Forms are NOT on Privit, at this time.



- A packet of .pdf forms is available on:
 - www.HoochFootball.net
 - Or
 - www.Chattcougar.net

If you do not have insurance

Fulton County Schools offers reasonably
priced Student Insurance. Go to:

www.HoochFootball.net

Or

www.chattcougar.com



2015-2016

STUDENT ACCIDENT INSURANCE PLAN

If your child is injured, do you have
accident medical coverage?

INSURANCE, ACCIDENT, MEDICAL, COVERAGE, PLAN, 2015-2016

Clearance Status

Player status will show as pending until:

1. All your documents are showing as 100% complete and signed,
2. You have joined a team, &
3. The school administrator has cleared your player.

Player Profile Summary:

- PERSONAL DETAILS**: COMPLETE (100%) [UPDATE]
- E-PPE QUESTIONNAIRE**: COMPLETE (100%) [UPDATE]
- JOINED TEAMS**: Crosscountry 0 | Tennis (2015-16) | IceHockey [UPDATE]
- SIGNED DOCUMENTS**: PENDING [SIGN]

Player Profile: Brent Joe

EMERGENCY INFO | MEDICAL HISTORY

Clearance Status: **Status: Pending**

PENDING

You are ready to play.

Clearance Status

CLEARED

