

PRIVIT

2016

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 will 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:
 Medication Insects Food Other: _____

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"/> Other: _____			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, progressive, 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, progressive, 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 had a heart condition? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart attack <input type="checkbox"/> Coronary disease <input type="checkbox"/> Other: _____			34. Have you ever been told to stop your exercise or activity?		
9. Have a doctor ever told you that you had a heart condition? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart attack <input type="checkbox"/> Coronary disease <input type="checkbox"/> Other: _____			35. Have you ever been told to stop your exercise or activity?		
10. Have a doctor ever told you that you had a heart condition? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart attack <input type="checkbox"/> Coronary disease <input type="checkbox"/> Other: _____			36. Have you ever been told to stop your exercise or activity?		
11. Have you ever had a heart, lung, kidney, or blood vessel condition?			37. Have you ever been told to stop your exercise or activity?		
12. Have you ever had a heart, lung, kidney, or blood vessel condition?			38. Have you ever been told to stop your exercise or activity?		
13. Have you ever had a heart, lung, kidney, or blood vessel condition?			39. Have you ever been told to stop your exercise or activity?		
14. Have you ever had a heart, lung, kidney, or blood vessel condition?			40. Have you ever been told to stop your exercise or activity?		
15. Have you ever had a heart, lung, kidney, or blood vessel condition?			41. Have you ever been told to stop your exercise or activity?		
16. Have you ever had a heart, lung, kidney, or blood vessel condition?			42. Have you ever been told to stop your exercise or activity?		
17. Have you ever had a heart, lung, kidney, or blood vessel condition?			43. Have you ever been told to stop your exercise or activity?		
18. Have you ever had a heart, lung, kidney, or blood vessel condition?			44. Have you ever been told to stop your exercise or activity?		
19. Have you ever had a heart, lung, kidney, or blood vessel condition?			45. Have you ever been told to stop your exercise or activity?		
20. Have you ever had a heart, lung, kidney, or blood vessel condition?			46. Have you ever been told to stop your exercise or activity?		
21. Have you ever had a heart, lung, kidney, or blood vessel condition?			47. Have you ever been told to stop your exercise or activity?		
22. Have you ever had a heart, lung, kidney, or blood vessel condition?			48. Have you ever been told to stop your exercise or activity?		
23. Have you ever had a heart, lung, kidney, or blood vessel condition?			49. Have you ever been told to stop your exercise or activity?		
24. Have you ever had a heart, lung, kidney, or blood vessel condition?			50. Have you ever been told to stop your exercise or activity?		
25. Have you ever had a heart, lung, kidney, or blood vessel condition?			51. Have you ever been told to stop your exercise or activity?		
26. Have you ever had a heart, lung, kidney, or blood vessel condition?			52. Have you ever been told to stop your exercise or activity?		
27. Have you ever had a heart, lung, kidney, or blood vessel condition?			53. Have you ever been told to stop your exercise or activity?		
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33. Have you ever had a heart, lung, kidney, or blood vessel condition?			59. Have you ever been told to stop your exercise or activity?		
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36. Have you ever had a heart, lung, kidney, or blood vessel condition?			62. Have you ever been told to stop your exercise or activity?		
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42. Have you ever had a heart, lung, kidney, or blood vessel condition?			68. Have you ever been told to stop your exercise or activity?		
43. Have you ever had a heart, lung, kidney, or blood vessel condition?			69. Have you ever been told to stop your exercise or activity?		
44. Have you ever had a heart, lung, kidney, or blood vessel condition?			70. Have you ever been told to stop your exercise or activity?		
45. Have you ever had a heart, lung, kidney, or blood vessel condition?			71. Have you ever been told to stop your exercise or activity?		
46. Have you ever had a heart, lung, kidney, or blood vessel condition?			72. Have you ever been told to stop your exercise or activity?		
47. Have you ever had a heart, lung, kidney, or blood vessel condition?			73. Have you ever been told to stop your exercise or activity?		
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50. Have you ever had a heart, lung, kidney, or blood vessel condition?			76. Have you ever been told to stop your exercise or activity?		
51. Have you ever had a heart, lung, kidney, or blood vessel condition?			77. Have you ever been told to stop your exercise or activity?		
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58. Have you ever had a heart, lung, kidney, or blood vessel condition?			84. Have you ever been told to stop your exercise or activity?		
59. Have you ever had a heart, lung, kidney, or blood vessel condition?			85. Have you ever been told to stop your exercise or activity?		
60. Have you ever had a heart, lung, kidney, or blood vessel condition?			86. Have you ever been told to stop your exercise or activity?		
61. Have you ever had a heart, lung, kidney, or blood vessel condition?			87. Have you ever been told to stop your exercise or activity?		
62. Have you ever had a heart, lung, kidney, or blood vessel condition?			88. Have you ever been told to stop your exercise or activity?		
63. Have you ever had a heart, lung, kidney, or blood vessel condition?			89. Have you ever been told to stop your exercise or activity?		
64. Have you ever had a heart, lung, kidney, or blood vessel condition?			90. Have you ever been told to stop your exercise or activity?		
65. Have you ever had a heart, lung, kidney, or blood vessel condition?			91. Have you ever been told to stop your exercise or activity?		
66. Have you ever had a heart, lung, kidney, or blood vessel condition?			92. Have you ever been told to stop your exercise or activity?		
67. Have you ever had a heart, lung, kidney, or blood vessel condition?			93. Have you ever been told to stop your exercise or activity?		
68. Have you ever had a heart, lung, kidney, or blood vessel condition?			94. Have you ever been told to stop your exercise or activity?		
69. Have you ever had a heart, lung, kidney, or blood vessel condition?			95. Have you ever been told to stop your exercise or activity?		
70. Have you ever had a heart, lung, kidney, or blood vessel condition?			96. Have you ever been told to stop your exercise or activity?		
71. Have you ever had a heart, lung, kidney, or blood vessel condition?			97. Have you ever been told to stop your exercise or activity?		
72. Have you ever had a heart, lung, kidney, or blood vessel condition?			98. Have you ever been told to stop your exercise or activity?		
73. Have you ever had a heart, lung, kidney, or blood vessel condition?			99. Have you ever been told to stop your exercise or activity?		
74. Have you ever had a heart, lung, kidney, or blood vessel condition?			100. Have you ever been told to stop your exercise or activity?		

REMARKS ONLY

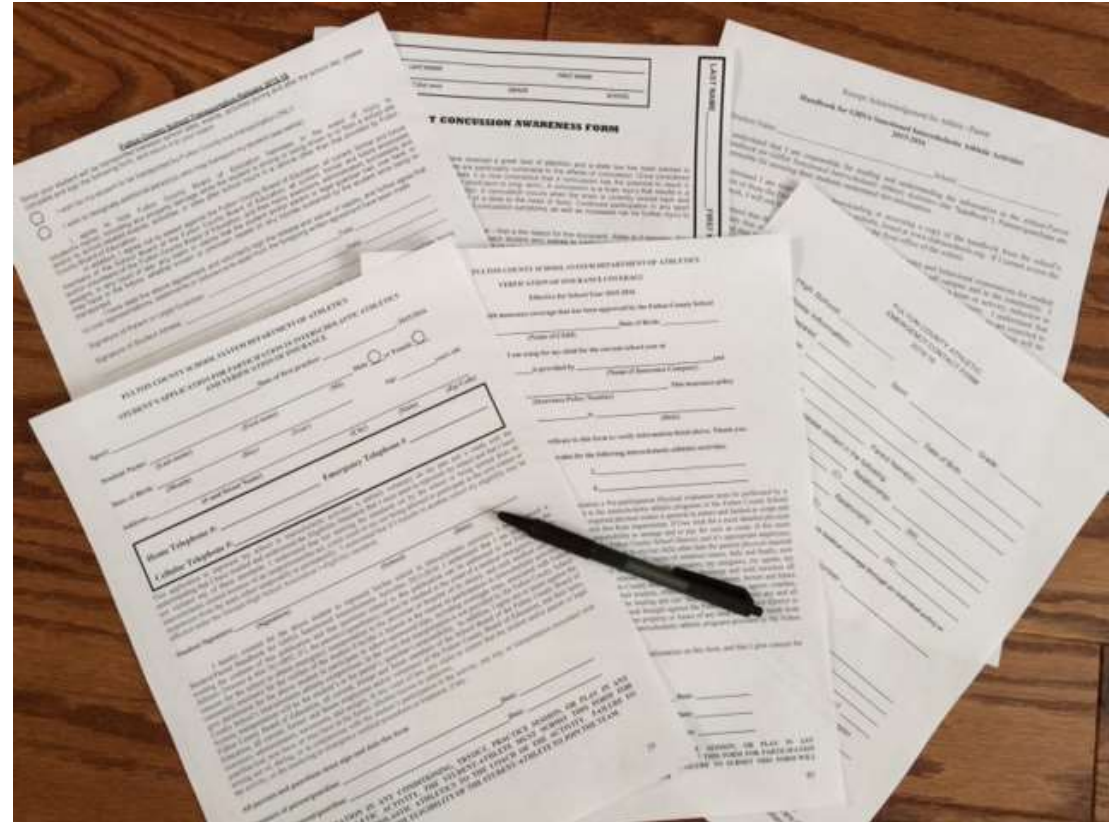
Signature of parent: _____ Physician's signature: _____

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Your old FCS forms used to look like this

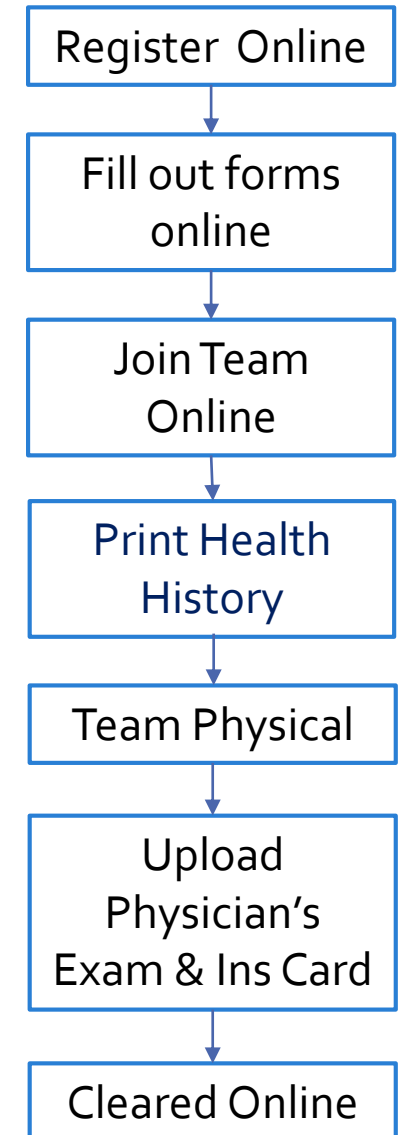


- GHSA Concussion Awareness
- GHSA Handbook Receipt Form
- FCS Application to Participate
- FCS Emergency Contact Form
- FCS Verification of Insurance
- FCS Transportation Release



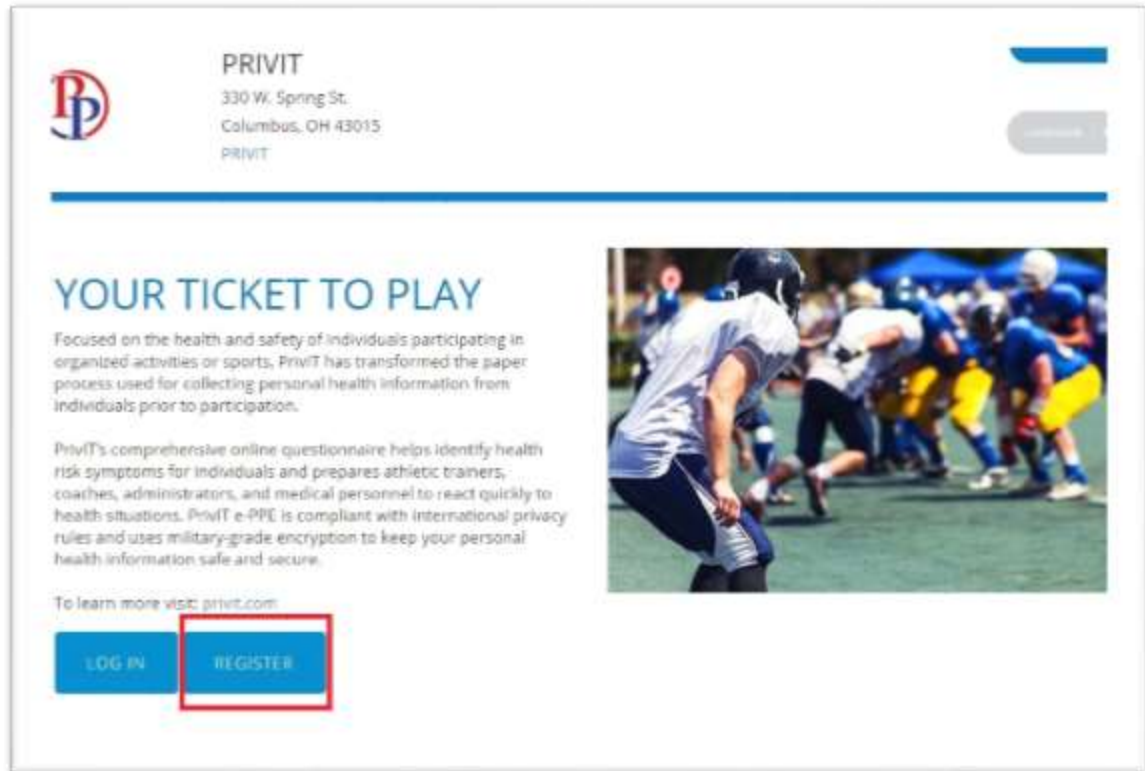
New Process

- 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 the text is a photograph of a football game in progress. At the bottom left, there is a link: 'To learn more visit: privit.com'. Below this link 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.

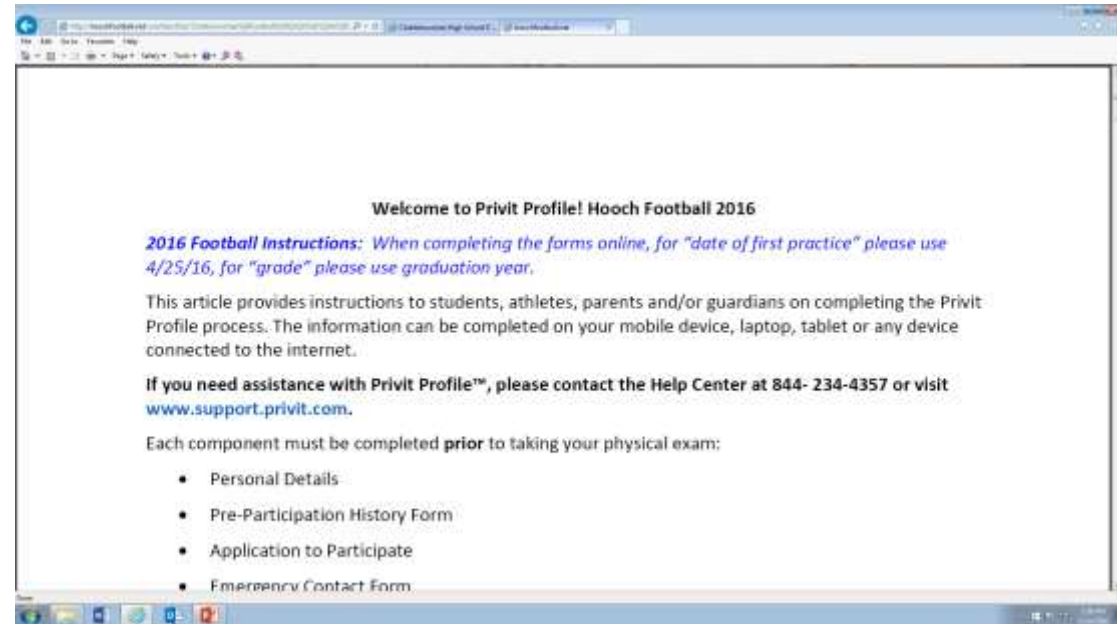
To learn more visit: privit.com

[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

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.

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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* (text input)
- Middle Initial (text input)
- Last Name* (text input)
- Date of Birth* (Month: March, Day: 26, Year: 2002)
- Gender* (Radio buttons: Male, Female)
- Enable Login
- Email Address* (text input)
- Password* (text input with an information icon)
- Confirm Password* (text input)

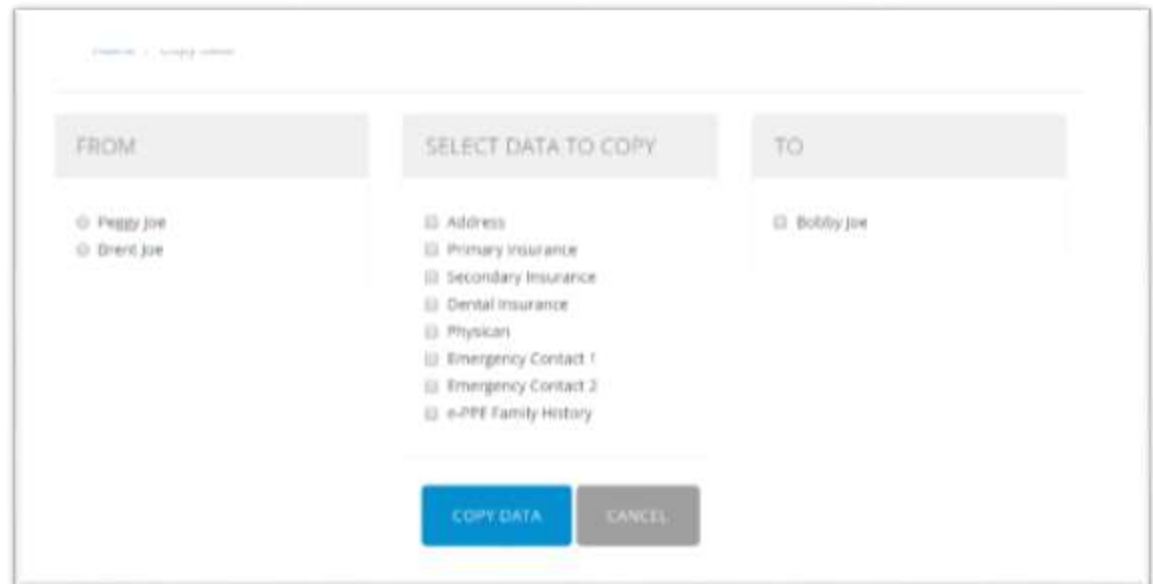
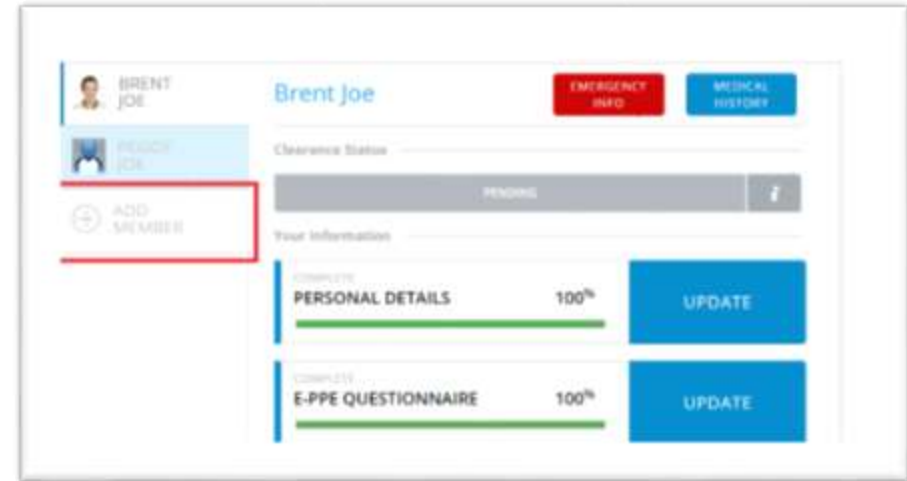
At the bottom of the form are two buttons: "ADD MEMBER" (blue) and "CANCEL" (grey). The footer contains the PRIVIT logo and copyright information: "© 2006-2015 PRIVIT, Inc. About Terms of Use Privacy Policy Help Center".

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

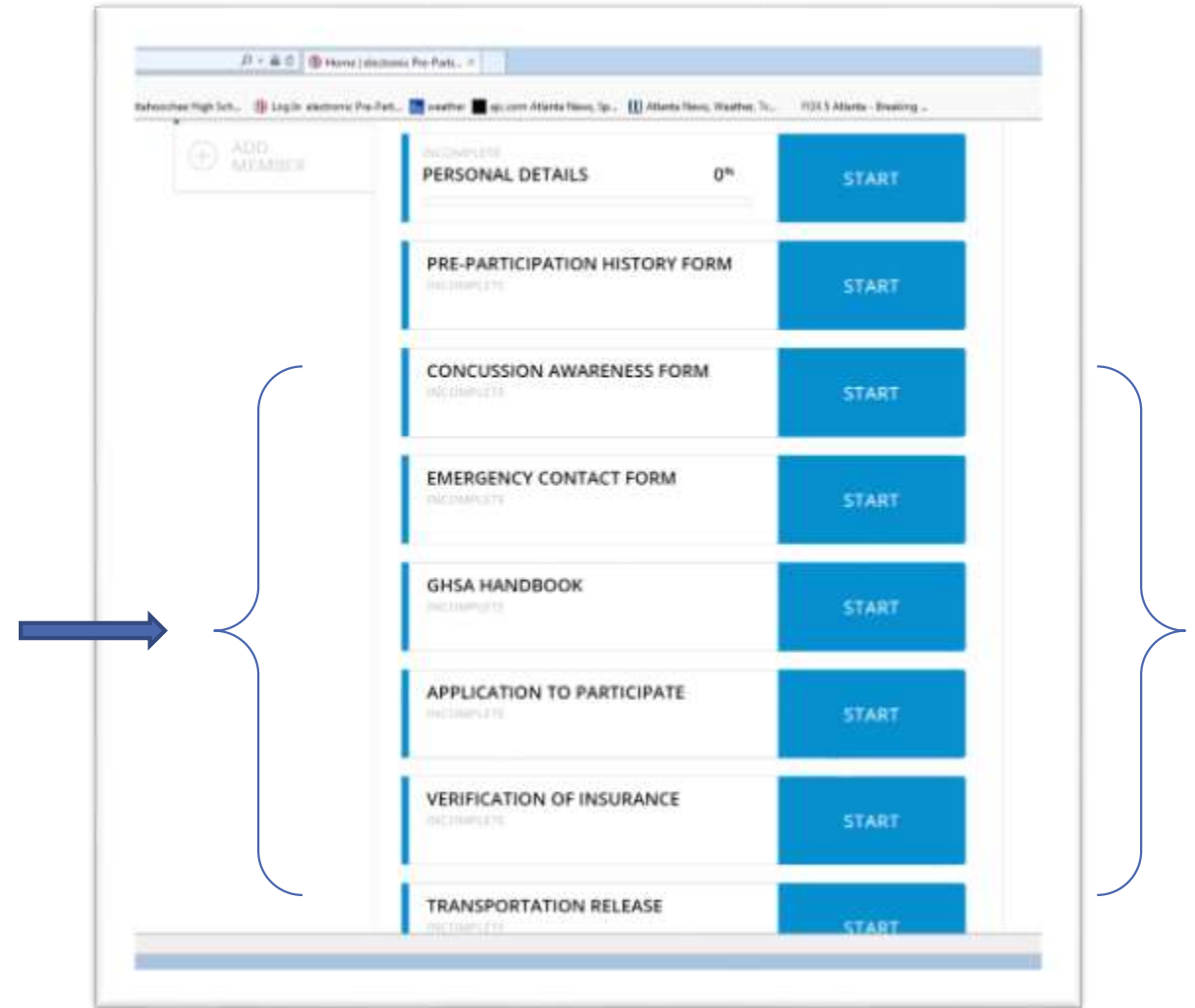
You will print the Pre-Participation History Form and bring to your physical.

The screenshot shows a web browser window with a navigation bar at the top containing the text "Home | electronic Pre-Part...". Below the navigation bar is a sidebar with a "+ ADD MEMBER" button. The main content area displays a list of forms, each with a status indicator (e.g., "INCOMPLETE") and a "START" button. Two blue arrows point from the "ADD MEMBER" button to the "PERSONAL DETAILS" and "PRE-PARTICIPATION HISTORY FORM" entries. The forms listed are:

Form Name	Status	Action
PERSONAL DETAILS	INCOMPLETE	START
PRE-PARTICIPATION HISTORY FORM	INCOMPLETE	START
CONCUSSION AWARENESS FORM	INCOMPLETE	START
EMERGENCY CONTACT FORM	INCOMPLETE	START
GHSA HANDBOOK	INCOMPLETE	START
APPLICATION TO PARTICIPATE	INCOMPLETE	START
VERIFICATION OF INSURANCE	INCOMPLETE	START
TRANSPORTATION RELEASE	INCOMPLETE	START

Complete the remaining forms

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

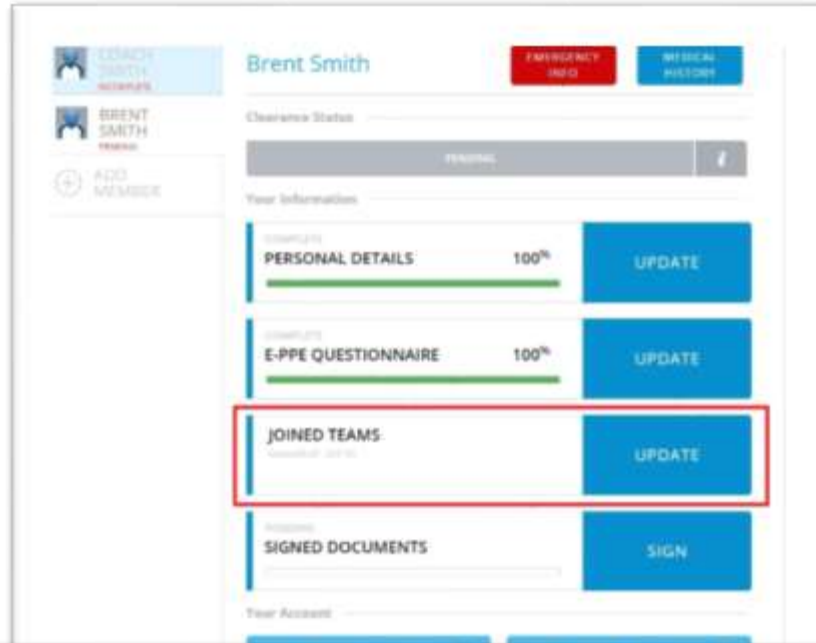


Join your Team



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

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

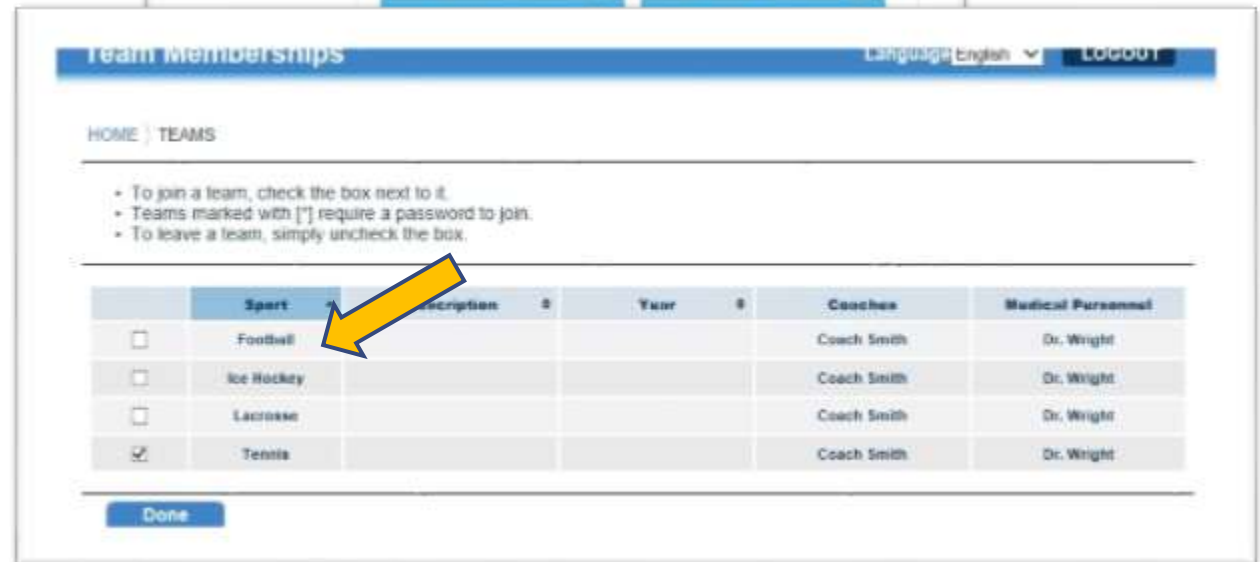


Brent Smith [EMERGENCY INFO] [MEDICAL HISTORY]

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			Coach Smith	Dr. Wright
<input type="checkbox"/>	Ice Hockey			Coach Smith	Dr. Wright
<input type="checkbox"/>	Lacrosse			Coach Smith	Dr. Wright
<input checked="" type="checkbox"/>	Tennis			Coach 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 titled "Brent Smith" and has a navigation bar with "EMERGENCY INFO" and "MEDICAL HISTORY" buttons. The profile shows a "Clearance Status" of "PENDING". Under "Your Information", there are four sections: "PERSONAL DETAILS" (100% complete), "E-PPE QUESTIONNAIRE" (100% complete), "JOINED TEAMS" (1 team), and "SIGNED DOCUMENTS" (0 documents). At the bottom, under "Your Account", there are 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

WCOMFETS QUESTIONNAIRE [i]

Your Information

WCOMFETS PERSONAL DETAILS 0% [START]

NOT AVAILABLE E-PPR 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] [v]

Comment

[UPLOAD] [CANCEL]

Home / My Documents / Manage Documents

ACTAS [UPLOAD DOCUMENT]

Document Type [UNAPPROVED] [APPROVED] [RECALL]

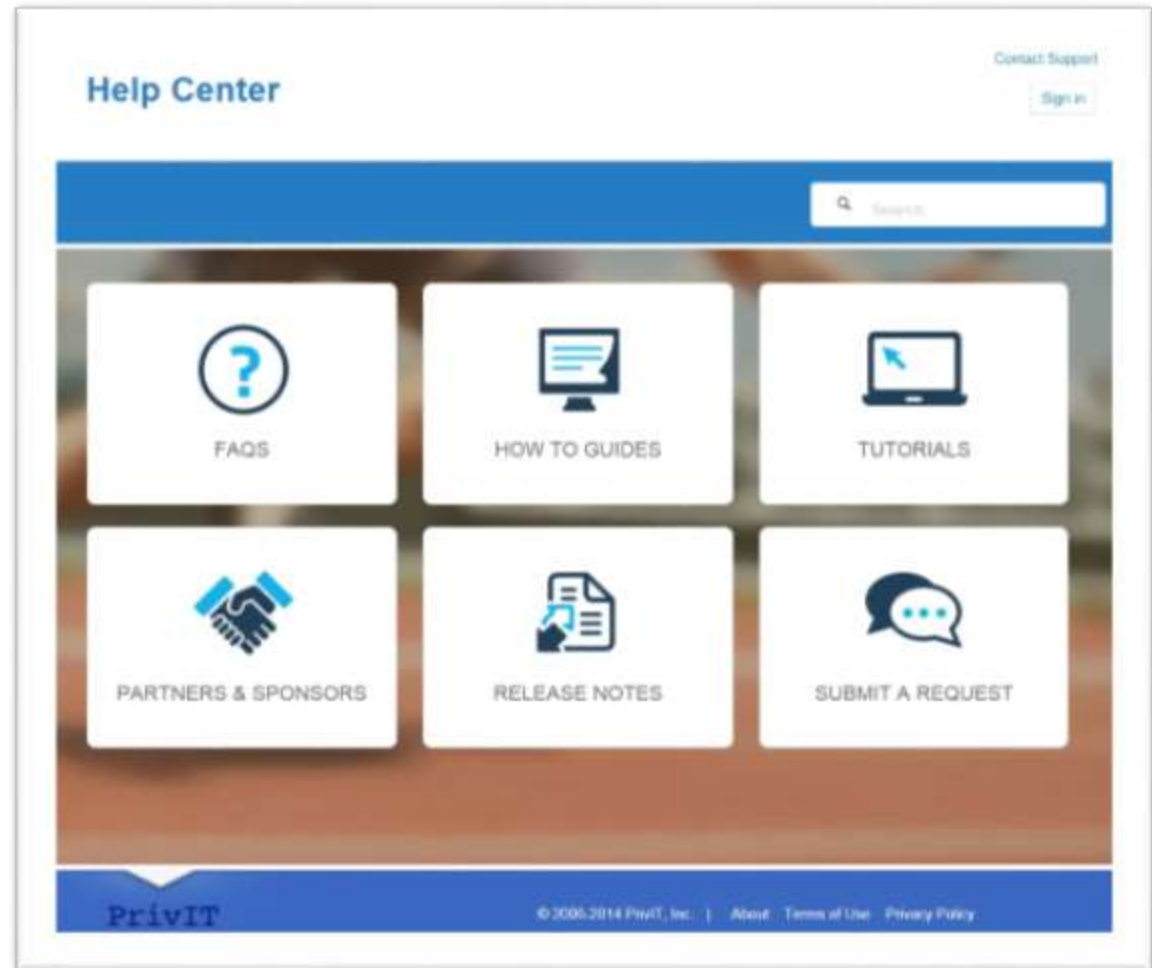
You haven't uploaded any documents yet.

[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 Information

COMPLETE	PERSONAL DETAILS	100%	UPDATE
COMPLETE	E-PPE QUESTIONNAIRE	100%	UPDATE
	JOINED TEAMS		UPDATE
	crosscountry 0 tennis (2015-16)		
	icehockey		
PENDING	SIGNED DOCUMENTS		SIGN

Brent Joe

EMERGENCY INFO MEDICAL HISTORY

Clearance Status **Status: Pending**

PENDING

You are ready to play.

Clearance Status

CLEARED

