

# PRIVIT

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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 Exam: \_\_\_\_\_  
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 (including nutritional) that you are currently taking.  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies?  No  Yes. If yes, please identify specific allergies below.  
 Milk/eggs  Nuts  Shellfish  Latex  Other: \_\_\_\_\_

**Section "Past" - Important Information:** Check questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL HISTORY	Yes	No
1. Has a doctor ever diagnosed or treated you for diabetes or prediabetes?			26. Do you ever get dizzy or faint after eating?		
2. Do you have any ongoing medical conditions? If so, please specify below. <input type="checkbox"/> Asthma <input type="checkbox"/> Arthritis <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> ETC.			27. Have you ever been in contact with a contagious disease?		
3. Have you ever spent time in the hospital?			28. Do you have any scars or surgery scars on your body?		
4. Have you ever had surgery?			29. Have you ever been hospitalized or in intensive care?		
<b>HEALTH HISTORY QUESTIONS ABOUT YOU</b>	<b>Yes</b>	<b>No</b>	30. Do you have any other medical conditions or injuries from the last 6 months?		
5. Have you ever had a concussion, pain, headache, or pressure in your head or the neck?			31. Do you have any other medical conditions or injuries from the last 6 months?		
6. Have you ever had a heart attack or angina (chest pain)?			32. Do you have any other medical conditions or injuries from the last 6 months?		
7. Have you ever had a stroke or any other major medical condition?			33. Do you have any other medical conditions or injuries from the last 6 months?		
8. Have you ever had any of the following conditions? If so, specify all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart failure <input type="checkbox"/> High cholesterol <input type="checkbox"/> Kidney disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Other: _____			34. Do you have any other medical conditions or injuries from the last 6 months?		
9. Have you ever had a heart attack or angina (chest pain)?			35. Do you have any other medical conditions or injuries from the last 6 months?		
10. Do you get symptoms of heart disease (e.g. chest pain, shortness of breath, dizziness, fainting)?			36. Do you have any other medical conditions or injuries from the last 6 months?		
11. Have you ever had a heart attack or angina (chest pain)?			37. Do you have any other medical conditions or injuries from the last 6 months?		
12. Do you get chest pain or shortness of breath (e.g. chest pain, shortness of breath, dizziness, fainting)?			38. Do you have any other medical conditions or injuries from the last 6 months?		
<b>HEALTH HISTORY QUESTIONS ABOUT YOUR FAMILY</b>	<b>Yes</b>	<b>No</b>	39. Do you have any other medical conditions or injuries from the last 6 months?		
13. Has any family member or relative died of heart disease or had an angina attack or stroke (heart attack) before age 60 (including myocardial infarction, sudden cardiac death, or sudden death)?			40. Do you have any other medical conditions or injuries from the last 6 months?		
14. Does anyone in your family have high blood pressure, high cholesterol, diabetes, or any other medical condition? If so, specify all that apply: _____			41. Do you have any other medical conditions or injuries from the last 6 months?		
15. Does anyone in your family have a heart condition, arrhythmia, or congenital heart disease?			42. Do you have any other medical conditions or injuries from the last 6 months?		
16. Has anyone in your family had a heart attack, stroke, or other major medical condition?			43. Do you have any other medical conditions or injuries from the last 6 months?		
17. Have you ever had a heart attack or angina (chest pain)?			44. Do you have any other medical conditions or injuries from the last 6 months?		
18. Have you ever had a stroke or any other major medical condition?			45. Do you have any other medical conditions or injuries from the last 6 months?		
19. Have you ever had any of the following conditions? If so, specify all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart failure <input type="checkbox"/> High cholesterol <input type="checkbox"/> Kidney disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Other: _____			46. Do you have any other medical conditions or injuries from the last 6 months?		
20. Have you ever had a heart attack or angina (chest pain)?			47. Do you have any other medical conditions or injuries from the last 6 months?		
21. Do you get symptoms of heart disease (e.g. chest pain, shortness of breath, dizziness, fainting)?			48. Do you have any other medical conditions or injuries from the last 6 months?		
22. Have you ever had a heart attack or angina (chest pain)?			49. Do you have any other medical conditions or injuries from the last 6 months?		
23. Do you get chest pain or shortness of breath (e.g. chest pain, shortness of breath, dizziness, fainting)?			50. Do you have any other medical conditions or injuries from the last 6 months?		
24. Do you have any other medical conditions or injuries from the last 6 months?			51. Do you have any other medical conditions or injuries from the last 6 months?		
25. Do you have any other medical conditions or injuries from the last 6 months?			52. Do you have any other medical conditions or injuries from the last 6 months?		

**REMARKS ONLY**

53. Do you have any other medical conditions or injuries from the last 6 months?  
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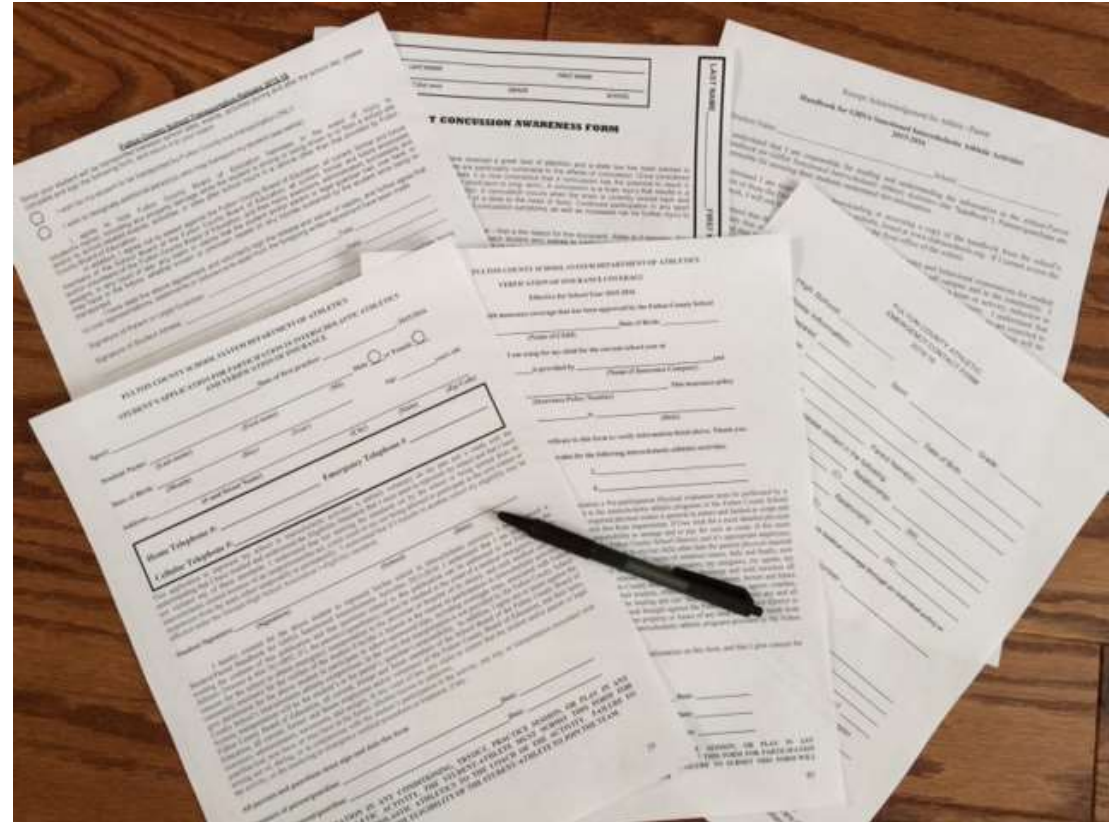
**Signature of parent:** \_\_\_\_\_ **Signature of physician:** \_\_\_\_\_

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# Your old FCS forms used to look like this

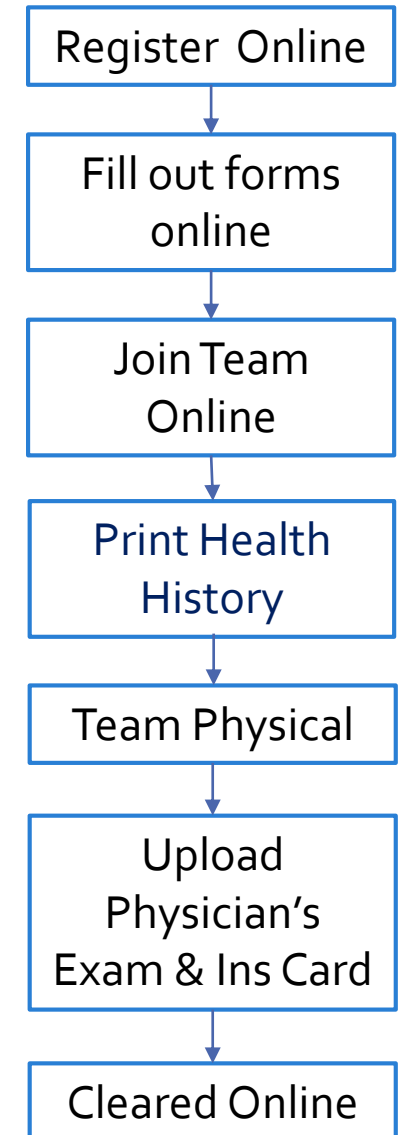


- GHSA Concussion Awareness
- GHSA Handbook Receipt Form
- FCS Application to Participate
- FCS Emergency Contact Form
- FCS Verification of Insurance
- FCS Transportation Release



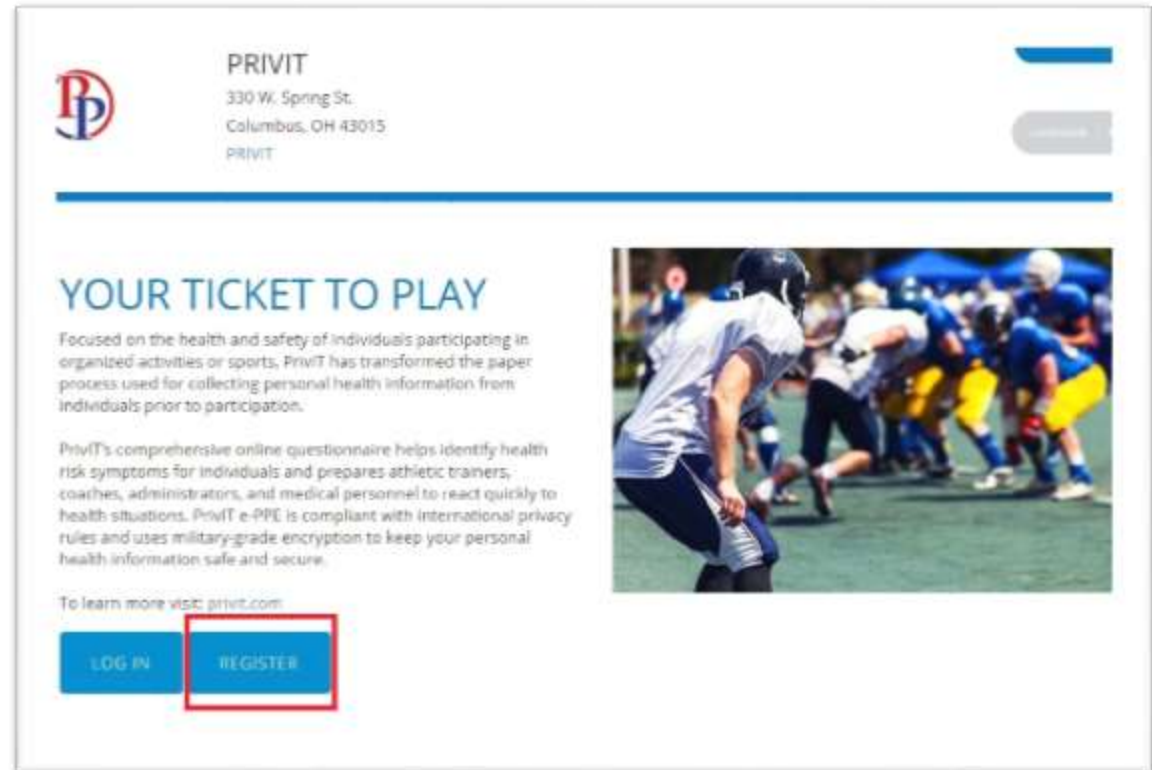
# New Process

- 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.' To the right of this text is a photograph of a football game. Below the paragraph 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.' Below this is the text 'To learn more visit: [privit.com](http://privit.com)'. At the bottom are two buttons: 'LOG IN' and 'REGISTER'. The 'REGISTER' button is highlighted with a red 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.

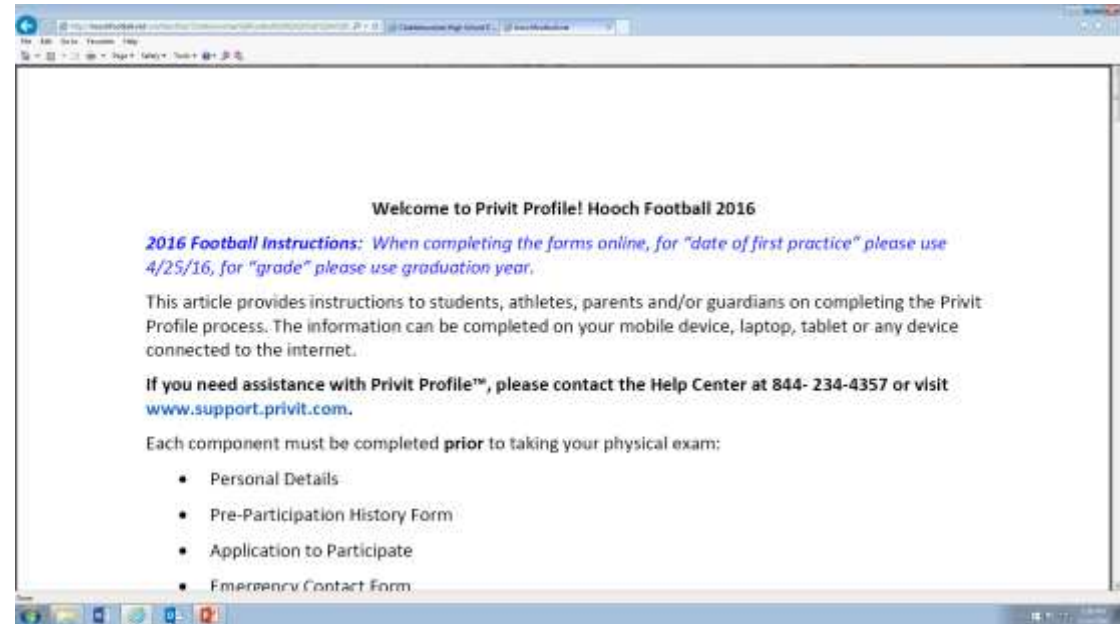
To learn more visit: [privit.com](http://privit.com)

[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](http://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](http://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\* (dropdown menu showing March, 26, 2002)
- Gender\* (radio buttons for Male and Female)
- Enable Login (checkbox)
- Email Address\* (text input)
- Password\* (text input with a help 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".

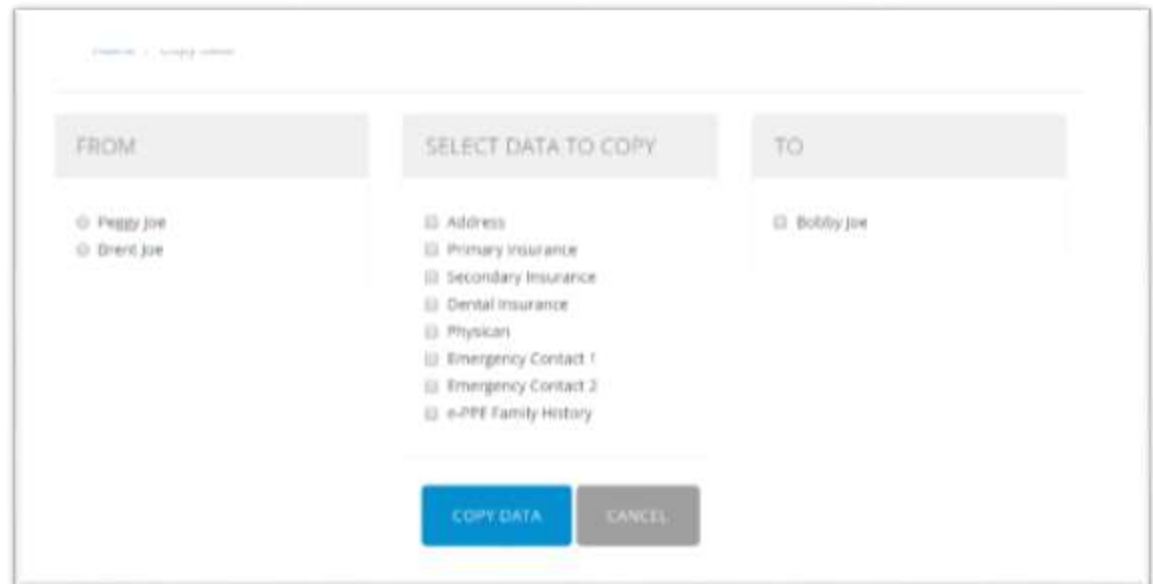
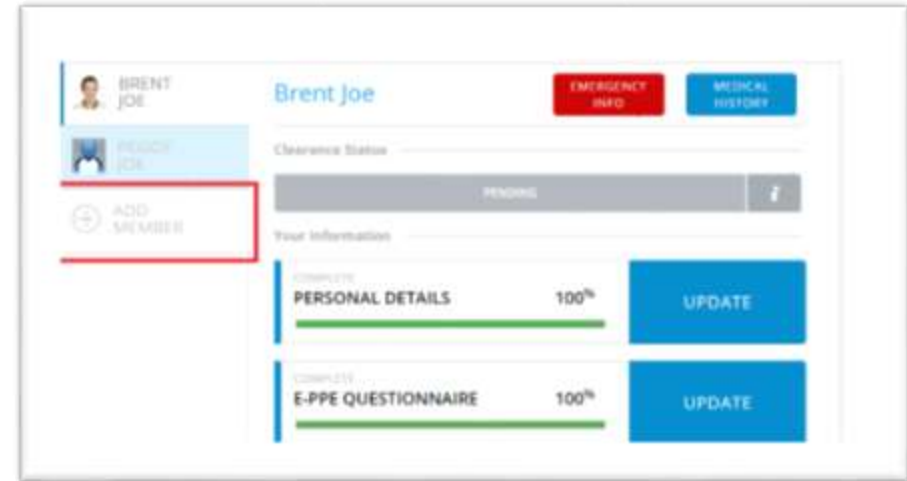
Two callout boxes with arrows point to specific fields:

- 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."



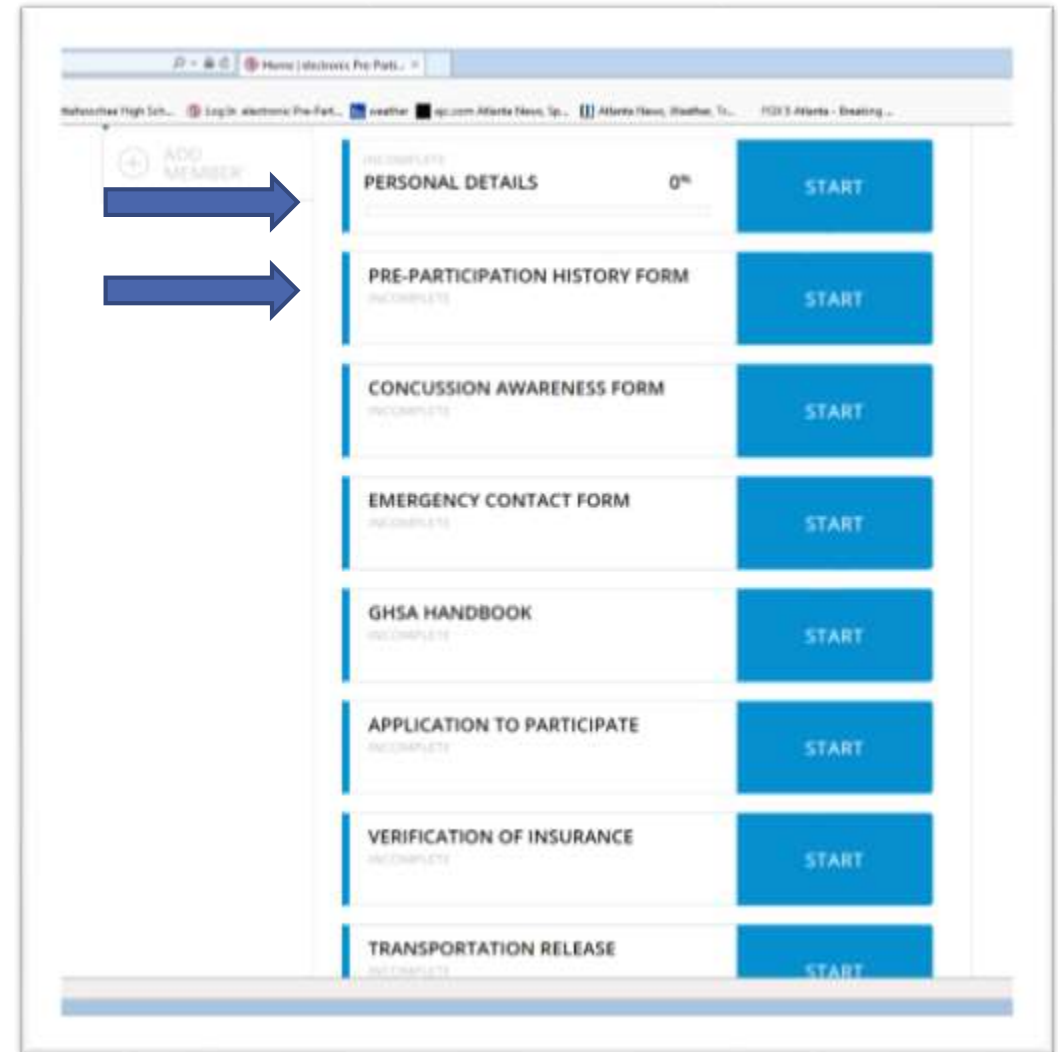
# Copy Data

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.

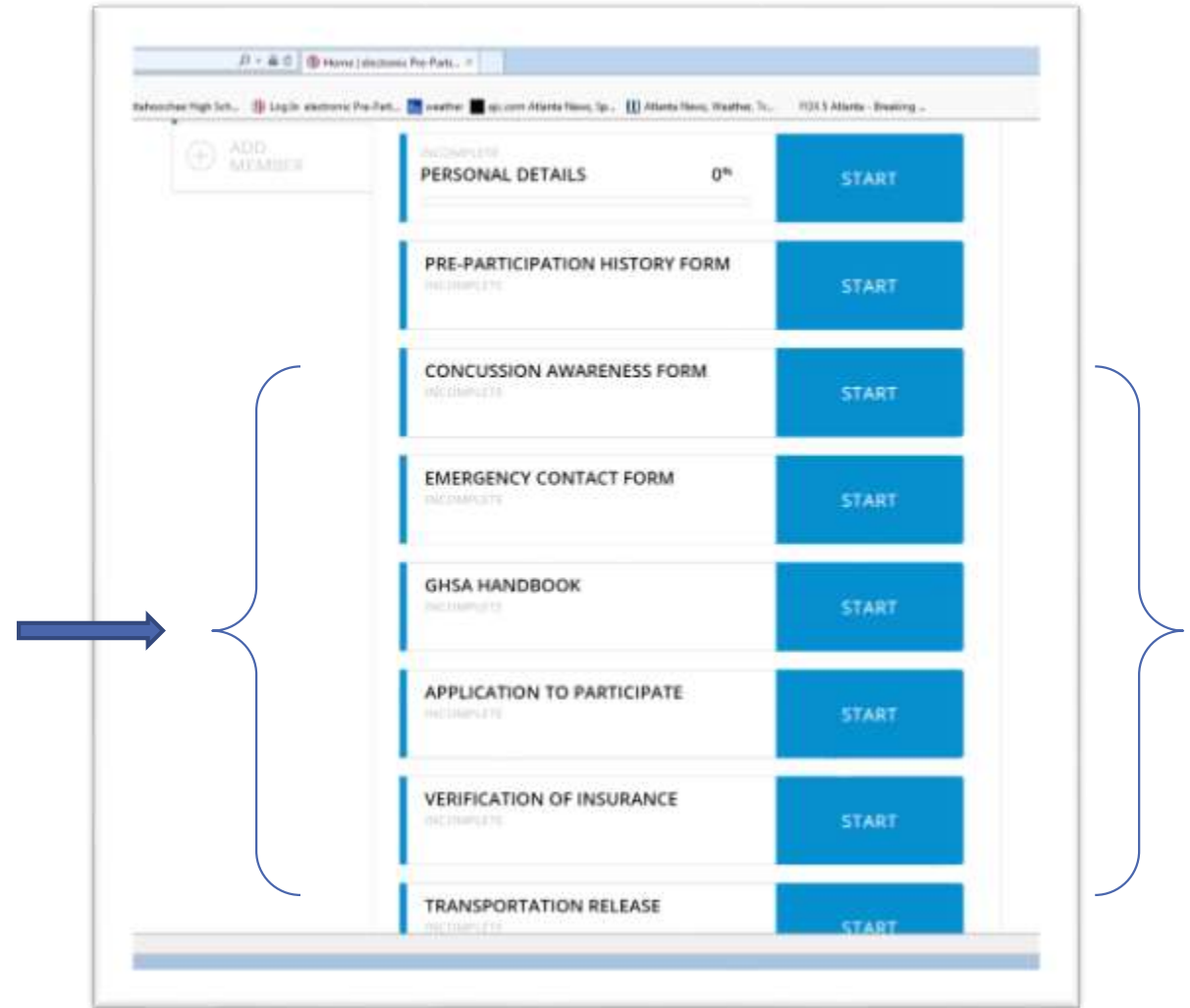


The screenshot shows a web browser window with a navigation bar at the top containing the text "Home | electronic Pre-Part...". Below the navigation bar is a sidebar with a button labeled "ADD MEMBER" and two blue arrows pointing to the right. The main content area displays a list of forms, each with a status indicator (e.g., "INCOMPLETE") and a "START" button. 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

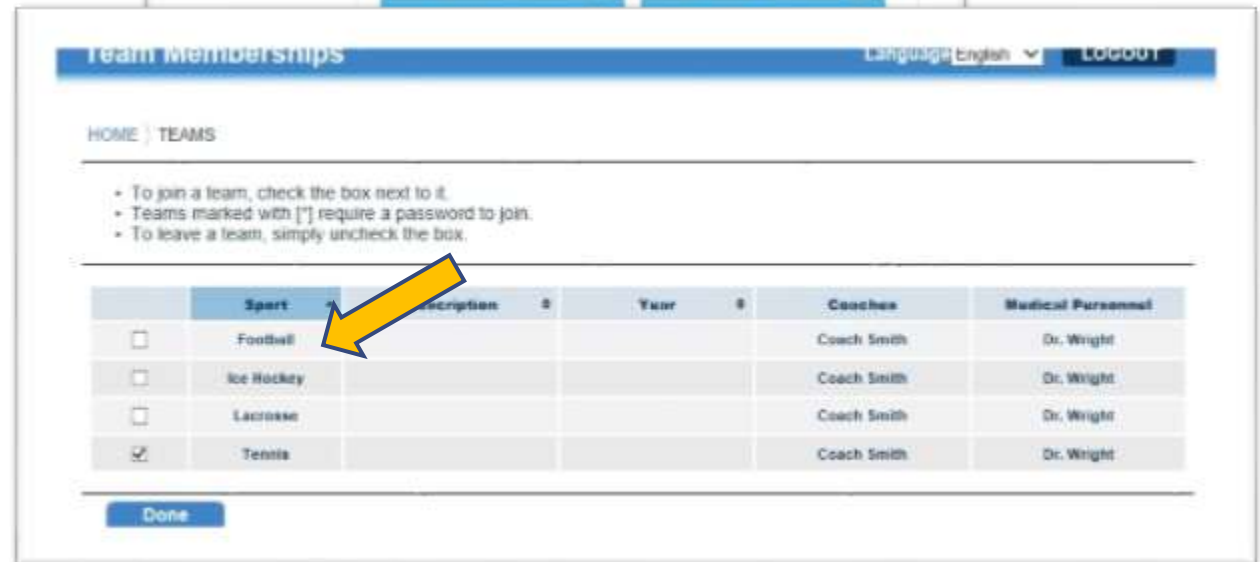
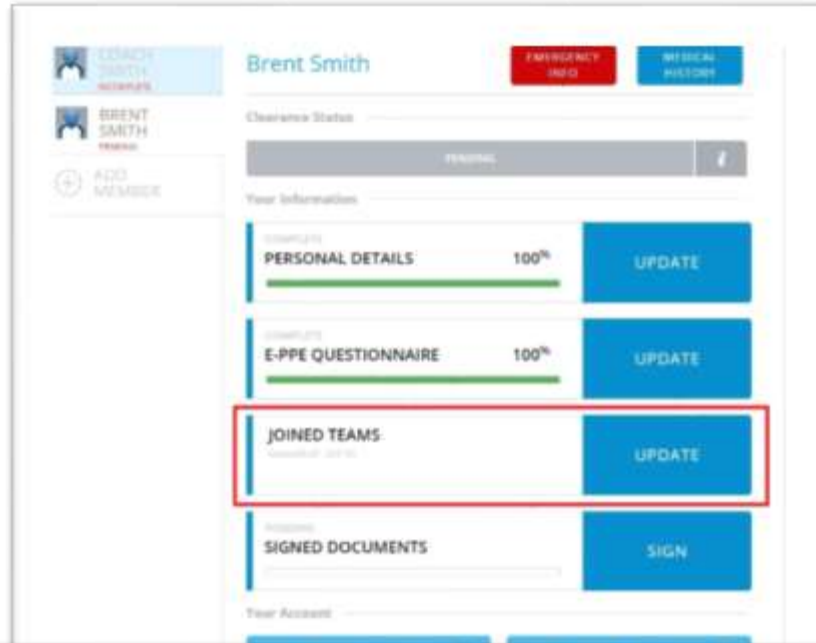


# Join your Team



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

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



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 two buttons at the top right: "EMERGENCY INFO" (red) and "MEDICAL HISTORY" (blue). On the left, there is a sidebar with a profile picture and name "BRENT SMITH" (with "PENDING" below it) and an "ADD MEMBER" button. The main content area shows "Clearance Status" as "PENDING". Under "Your Information", there are four rows: "PERSONAL DETAILS" (100% complete, UPDATE button), "E-PPE QUESTIONNAIRE" (100% complete, UPDATE button), "JOINED TEAMS" (SUMMER 2019, UPDATE button), and "SIGNED DOCUMENTS" (PENDING, SIGN button). 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

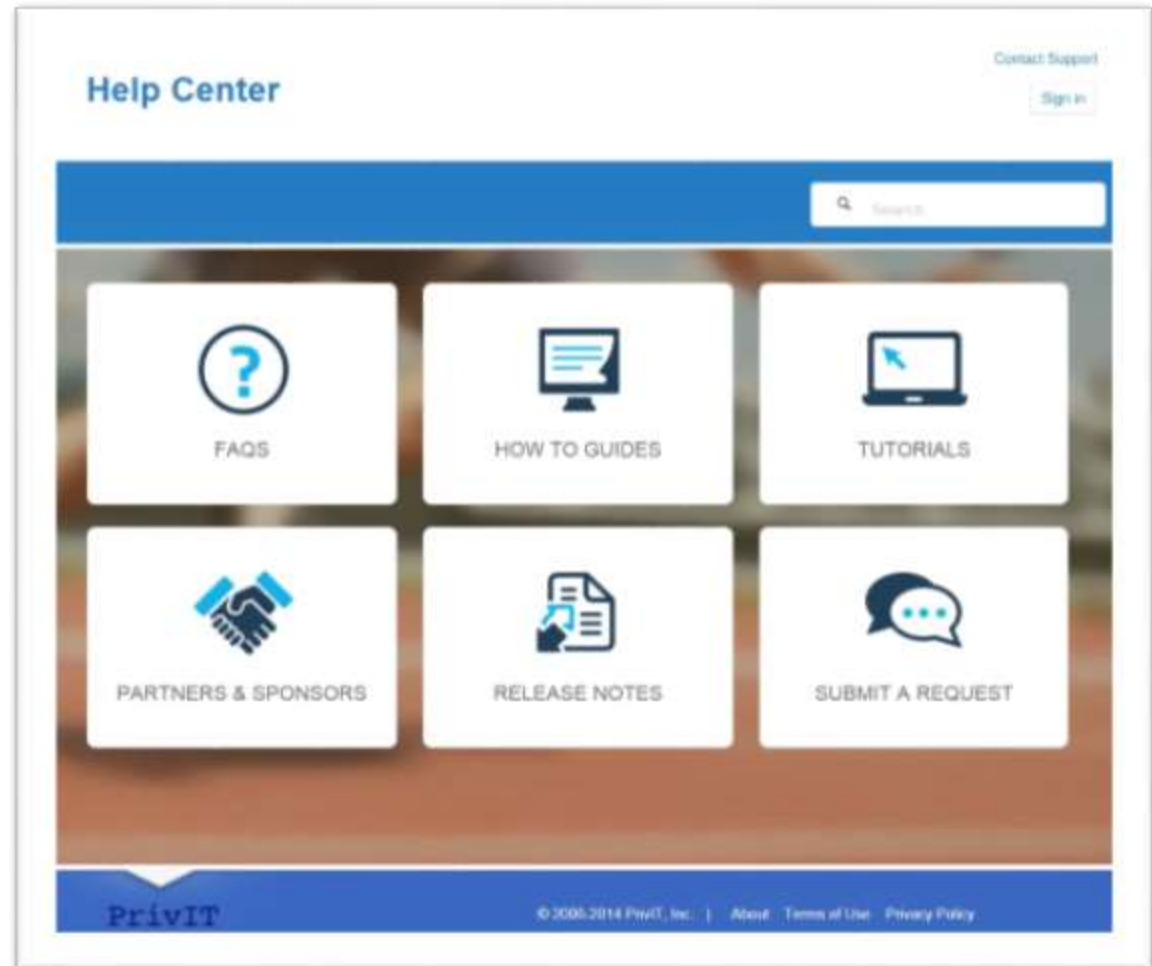
A screenshot of a user profile page for Brent Smith. The page includes navigation buttons for 'EMERGENCY INFO' and 'MEDICAL HISTORY'. Under 'Clearance Status', there is a 'WELCOME QUESTIONNAIRE' button. The 'Your Information' section contains three items: 'PERSONAL DETAILS' (0% complete, 'START' button), 'NOT AVAILABLE EX-PRQ QUESTIONNAIRE' (0% complete, 'NOT AVAILABLE' button), and 'JOINED TEAMS' (with an 'UPDATE' button). The 'Your Account' section has three buttons: 'MANAGE TEAMS', 'MANAGE DOCUMENTS' (highlighted with a red box), and 'MANAGE ACCOUNT'. At the bottom, there is a 'DELETE PROFILE' button.A screenshot of the 'Upload Document' form. It features a 'Document\*' field with a 'Browse...' button, a 'Document Type\*' dropdown menu (highlighted with a red box and containing the text 'Select Document Type'), and a 'Comment' text area. At the bottom, there are 'UPLOAD' and 'CANCEL' buttons.A screenshot of a document management page. It shows a table with columns for 'ACTION', 'DOCUMENT TYPE', 'ORGANIZATION', 'ISSUED ON', and 'ISSUE'. Below the table, a message states 'You haven't uploaded any documents yet.' and a 'DONE' button is visible. An 'UPLOAD DOCUMENT' button is highlighted with a red box in the top right corner.



# 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](http://www.HoochFootball.net)
  - Or
  - [www.Chattcougar.net](http://www.Chattcougar.net)

# If you do not have insurance

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

[www.HoochFootball.net](http://www.HoochFootball.net)

Or

[www.chattcougar.com](http://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

# 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: BRENT JOE

COMPLETE	PERSONAL DETAILS	100%	UPDATE
COMPLETE	E-PPE QUESTIONNAIRE	100%	UPDATE
	JOINED TEAMS		UPDATE
	Crosscountry 0   Tennis (2015-16)		
	Ice Hockey		
PENDING	SIGNED DOCUMENTS		SIGN

**Brent Joe** EMERGENCY INFO MEDICAL HISTORY

Clearance Status: **Status: Pending**

**PENDING**

# You are ready to play.

Clearance Status

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CLEARED

