

Sports Physicals 2011

Dear Parents or Guardian,

Our yearly athletic physicals will be held April 28th, 2011 in the Rabun County High School Gym from 3:15-5:30. Various doctors and nurses from our community will be giving the physicals. These physicals are for all 6th through 11th grade students that plan to participate in athletics for the 2011-2012 school year (next school year). Please drop off and pick up your child at the top parking area of the Gym. These physicals are free so please take advantage of this opportunity. Parents please fill out the history portion of the physical and parent consent to participate form.

Students should bring all forms signed on the day of the physical.

****Football players must have a current physical for Spring Practice 2011.**

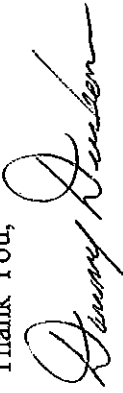
****All Athletes must have an annual physical on file to participate in any athletic programs.**

The date for the physicals is Thursday, April 28th from 3:15 – 5:30 in the RCHS gym.

If you have any questions regarding physicals please do not hesitate to call.

(706-982-2060)

Thank You,



Danny Durham

Student Athletes;

The history form of the physical must be filled out and signed by a parent or guardian before a doctor can do an examination. Please be sure to bring all forms with you on April 28th. You may not enter the gym if your form is not signed by a parent.

Thank you;



Coach Durham

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION	
Height	Weight
BP	Pulse
Vision R 20/	L 20/
Corrected	Corrected
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Martian stigmata (kyphosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperflexity, myopia, MVP, aortic insufficiency) Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing Lymph nodes Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses Lungs Abdomen Genitourinary (males only)* Skin <ul style="list-style-type: none"> HSV lesions suggestive of MRSA, urea corporis Neurologic* MUSCULOSKELETAL Neck Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle Feet/soles Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 	NORMAL

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
 *Consider GU exam if in private setting. Having third party present is recommended.
 *Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
 Pending further evaluation
 For any sports
 For certain sports _____
 Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____ MD or DO _____

