



KCUSD "FREE" SPORTS PHYSICALS

June 14-17, 2021

2:00 – 7:00 PM / RHS Performing Arts Theatre (PAT)

Last Name: _____ First Name: _____ Grade: _____ ID# _____

CHECK ALL THAT APPLY

	Fall Sport		Winter Sport		Spring Sport
	Cheer (Fall & Winter)		Basketball, Boys		Badminton
	Cross Country, Boys		Basketball, Girls		Baseball
	Cross Country, Girls		Soccer, Boys		Golf, Boys
	Football		Soccer, Girls		Softball
	Golf, Girls		Wrestling, Boys		Swim & Dive, Boys
	Tennis, Girls		Wrestling, Girls		Swim & Dive, Girls
	Volleyball, Girls				Tennis, Boys
	Water Polo, Boys				Track & Field, Boys
	Water Polo, Girls				Track & Field, Girls
					Volleyball, Boys

YOU WILL KEEP THE ORIGINAL COPY OF THE PHYSICAL, RHS WILL MAKE A COPY AND KEEP ON FILE

STEPS TO REGISTER A STUDENT-ATHLETE

- Complete Physical, using Athletic Physical Form** (available on website)
 - At RHS (PAT) – June 14-16, 2021 (2:00-7:00 pm)
- Complete Athletics Registration Packet**
 - RHS Student Handbook Verification
 - Insurance Information (KCUSD Insurance is available)
 - Emergency & Medical Information
 - Review and Sign RHS Protocols and Procedures
 - Review and Sign Code of Conduct
 - Review and Sign Ethics in Sports
 - Review and Sign Sudden Cardiac Arrest "Keep Their Heart in the Game"
 - Review and Sign Heat Illness Information Sheet
 - Review and Sign Concussion
- Turn in completed packet to the RHS Finance Office**
 - Pay any unpaid Athletic bills
 - Grades are checked for Academic Eligibility
- Once the packet is completed you will receive a season eligibility card (Fall, Winter, or Spring)**

Official start dates for each sports season:

1 st Allowable Practice	Sport	1 st Allowable Game
Monday July 26, 2021	Football	Aug 18, 2021
Monday Aug 2, 2021	G Volleyball, G Golf, G Tennis, B-G Water Polo, B-G Cross Country, Cheer	Aug 16, 2021
Monday Oct 25, 2021	B-G Soccer, B-G Basketball, B-G Wrestling	Nov 12, 2021
Monday Jan 10, 2022	Baseball, Softball, B Tennis, B Golf, B-G Track & Field, B-G Swim & Dive, Badminton	Feb 11, 2022



2021 Fall Sports Athletic Clearance Schedule

@ RHS FINANCE OFFICE

Thursday July 22nd

8:00 AM – 12:30 AM

- FOOTBALL

1:00 PM – 4:30 PM

- CROSS COUNTRY, GIRLS
TENNIS, GIRLS GOLF

Friday July 23rd

8:00 AM – 12:30 PM

- WATER POLO
- VOLLEYBALL
- CHEER

1:00 PM – 4:30 PM

- OPEN TO ALL SPORTS

Monday July 26th

8:00 AM – 12:30 AM

- OPEN TO ALL SPORTS

1:00 PM – 4:30 PM

- OPEN TO ALL SPORTS

Friday July 30th

8:00 AM – 12:30 AM

- OPEN TO ALL SPORTS

1:00 PM – 4:30 PM

- OPEN TO ALL SPORTS

Monday Aug 2nd

8:00 AM – 12:30 AM

- OPEN TO ALL SPORTS

1:00 PM – 4:30 PM

- OPEN TO ALL SPORTS

*Pick up the RHS Athletics Registration Packet from the Finance Office or your Coach
FOOTBALL begins Monday July 26, ALL OTHER FALL SPORTS begin Monday August 2*



To Whom It May Concern:

My Son/Daughter

DOB _____,

has my permission to have a physical evaluation on the week of **June 14-18, 2021**. Physicals will be held at: Orange Cove High School or Reedley High School Campus. I understand that the Sport Physicals will be performed and supervised by faculty of University of San Francisco, University of San Jose, and medical staff from Adventist Health Central Valley Network.

A quien le interese:

Mi hijo / hija _____ Fecha de nacimiento _____,

tiene mi permiso para tener una evaluación física en la semana del **14 al 18 de junio de 2021**. Los exámenes físicos se llevarán a cabo en: Orange Cove High School o Reedley High School Campus. Entiendo que los exámenes físicos deportivos serán realizados y supervisados por la facultad de la Universidad de San Francisco, la Universidad de San José y el personal médico de Adventist Health del Valle Central.

Parents Name: _____ Date _____
Nombre de Padre/Madre Fecha

Parent Signature: _____ Date _____
Firma Madre/Padre Fecha

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)
 Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			Yes	No
1. Do you have any concerns that you would like to discuss with your provider?				
2. Has a provider ever denied or restricted your participation in sports for any reason?				
3. Do you have any ongoing medical issues or recent illness?				
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?				
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				
7. Has a doctor ever told you that you have any heart problems?				
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.				

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)			Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?				
10. Have you ever had a seizure?				
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?				
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?				
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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■ 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, e-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-enhancing 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 (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

Medically eligible for certain sports

Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

