

Dear Parent/ Guardian,

The Athletic Department at Hand Middle School now hosts their Pre-Participation Athletic Forms online with PlanetHS. This digital platform will allow you, and your student(s), to complete and access athletic forms via computer, tablet, or mobile phone. It is HIPAA, COPPA and FERPA compliant. A link to the privacy policy is located at the bottom of the Sign in page at www.planeths.com.

Parent and student must create separate accounts, using different emails and/or mobile numbers.

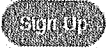
Important: Students must be sure to create accounts using accurate information, including their Official Name from school registration, DOB, high school graduation year and school.

You can click SELF HELP on the right of the screen for walkthroughs of the account creation, account linking, and athletic forms functionality.

STEP 1. Go to www.planeths.com and click on the yellow login button in the top right of the screen .



Once on the Login page, click on



- OR - With a smartphone, follow the Quick Account Instructions on the second page of this letter.

Note: if students are under 13, and they create an account, they must know their parent/guardian's email address or mobile phone number. (COPPA COMPLIANCE)

- Choose the type of account you wish to create.
- Complete the requested information.
- Be sure when choosing your school that you choose the school the student is attending.

STEP 2. Link the Parent account to the Student(s) account.



You will be led through this process after creating an account. If you do not link accounts at the time of account creation, you can always click the **LINK ACCOUNT** button at any time to complete or initiate the linking process. Parents can link to as many student accounts as they wish by repeating the linking invitation process.

STEP 3. Complete Athletic Forms as Advised.



Students with accounts may begin completing digital forms immediately. Parents must be linked to a student account to see the electronic version of the forms. If they are not linked, they will only see example PDF versions of the forms. You can complete forms or see their status at any time by clicking on the **ATHLETIC FORMS** button.

For additional help please refer to the one-page help-guide below, access the complete online forms tips located in the light green bar at the top of the Athletic Forms page in your account or use the light blue self help button located on the right-hand side of your screen.

Athletes cannot participate in sports until digital forms are complete and approved unless otherwise specified by your school. Forms will be valid for the entire school year for which they are filled out, with the exception of the physical exam provided by your physician which will reflect the policy set in place by your athletic department. *Completing and having your Pre-Participation Registration Forms accepted by your school does NOT guarantee you have made the team.*

If you need assistance with PlanetHS or need more information, please consult the help documents found here <https://schoolsupport.helpdocs.com> or email schoolsupport@planeths.com. If you have questions regarding the content of form requirements, please contact your school Athletic Director.

Thank you

Hand Middle School Athletic Department



-----*Quick Account Instructions for account creation via mobile phone: If you have not received a request to link accounts with your student; please use the code that corresponds to the school your student attends. If you have multiple students at different campuses, use the code that corresponds to your oldest student. Once you send the code you will immediately receive a text back with a hyperlink to create your account. *(Msg & Data rates may apply.)*

Hand Middle School: via mobile phone send a text to 69274 containing **S1602** in the message. You will instantly receive a text inviting you to create an account.

(Text HELP to 69274 for more information. Text STOP to 69274 to opt out. Msg & Data rates may apply. The wireless carriers are not liable for delayed or undelivered messages. Number of messages vary per user).



Athletic Pre-Participation Forms Getting Started Guide (Parent & Student)

Your school has elected to collect pre-participation forms online through . Follow the steps below to complete pre-participation registration:

<p>1. Create Accounts</p>	<ul style="list-style-type: none"> • Both a parent and student are required to create separate accounts. Each account must have a unique email or mobile #. • Go to www.planeths.com • If your school has provided their <i>Quick Account Code</i>, TEXT the code to 69274 to create your parent & student account. <p><i>*Creation of accounts can be done on all devices with a connection: Computers, Smart Phones, Tablets, iPads, etc.</i></p> <ul style="list-style-type: none"> • <u>Home School selection</u>- this is the school that you/your student attends/studies. Do NOT select the school district in which your school resides. • <u>My student plays for both the Middle School and High School?</u> If your student plays on both a middle and high school team, upon account creation, select the home school in which your STUDENT STUDIES. You will be able to select a secondary school within the Additional Schools section after creating your account.
<p>2. Link Parent & Student Accounts</p>	<p>Once logged in, you will be prompted to link the parent and student account. Enter the email address or mobile # to send an invitation to the parent/student. The invited person clicks on the link in the email or text message to finish the linking process. The invited person can also login and accept the link request by clicking on the Link Account Button and selecting accept.</p> <p>Why do I have to link accounts? Forms required by your school, often require both a parent and student signature to mark the form as completed. For the system to know what student and parent will be viewing and signing the proper forms, a linked parent/student account is required.</p>
<p>3. Athletic Forms button</p>	<p>Click the Athletic Forms button to move to the Pre-Participation Forms Overview Page and complete the required digital forms.</p>
<p>4. Select the Sports you will participate</p>	<p>In the Sports Interest section, check the sports you will be trying out for. By checking these sports, you are allowing the coach of that team to view your pre-participation paperwork...</p>
<p>5. Additional Schools (If Applicable)</p>	<p>If you/your student participate in sports at multiple schools, add the additional schools here. If you/your student do not play for multiple schools, leave this section blank. Adding additional schools will allow the Athletic Director(s) at the additional school(s) view your pre-participation paperwork.</p>
<p>6. Complete & Sign Digital Forms</p>	<p>Click on each form link, complete each form, and click the Sign & Submit button. Both the parent and student must complete this step. Your school/district chooses which forms require the student, parent, or student AND parent signatures. Upon completion of each form, you should be auto promoted to the next form.</p>

	<p>Students with accounts may begin completing digital forms immediately. Parents must be linked to a student account to see the electronic version of the forms. If they are not linked, they will only see example PDF versions of the forms. You can complete forms or see their status at any time by clicking on the ATHLETIC FORMS button. This gives the ability for students to send a parent linked account request and to upload the physical exam signed by the physician during group physicals.</p>
	<p>Upload Buttons are shown when you are required to upload a document instead of completing the web-form. For example, the physical exam form your physician completes or a birth certificate. These forms can be uploaded by either the parent or student but require the parents signature.</p>
<p>7- Accepted Forms Notification</p>	<p>When your school has accepted all forms, a notification will be sent to you stating all forms have been accepted. You will be notified via email and/or text message (if you have selected the text message option during account creation), if a form has been denied by your school. You will be sent a notification, in which you will be given the reason for denial and a link to review and resubmit your changes back to the school.</p>

If you need assistance with PlanethS or need more information, please consult the help documents found here <https://schoolsupport.helpdocs.com> or email schoolsupport@planeths.com. If you have questions regarding the content of form requirements, please contact your school Athletic Director.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? 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 infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you ever 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		Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP	/	(/)	Pulse
MEDICAL		VISION R 20/	L 20/
		Corrected <input type="checkbox"/> Y <input type="checkbox"/> N	
		NORMAL	ABNORMAL FINDINGS
Appearance			
<ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, 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, tinea corporis 			
Neurologic*			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional			
<ul style="list-style-type: none"> Duck-walk, single leg hop 			

*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