

EL DIAMANTE HIGH SCHOOL



EL DIAMANTE HIGH SCHOOL SPORTS PHYSICALS FOR 2021-2022 Wednesday, May 05, 2021

El Diamante High School Gym

Dear Parents,

Students participating in sports next school year may have a physical done at school on Wednesday, May 5, 2021 free of charge. Local physicians have volunteered to provide this valuable service for your student athlete. Physicals are **mandatory every year** for athletes. This physical will qualify for next school year, 2021-2022.

To participate in the El Diamante High School sports physical program:

1. Complete both sides of the Health History Form.
Parent must sign and date at the bottom of this form.
2. Complete the information on the top of the Physical Form.
3. Return the forms to the school nurse no later than **Wednesday, April 28th, 2021**. No late sign-ups will be accepted

On the day of the physical students **must wear gym clothes** (t-shirt with elastic waist shorts).

Due to COVID and COVID Protocol, students will be given assigned times to show up for the physical. The nurse will call/email parents with assigned times, so please put a working phone number and/or working email on the physical form for communication.

Parents and athletes must also complete/update your information each year on FamilyID.com. You may access this site from the El Diamante website, under the Athletics tab.

Please feel free to call the School Nurse if you have any questions.

Jennifer Lyons, RN, PHN
EDHS School Nurse
559-735-3520 or Email
JLyons@vusd.org



VISALIA UNIFIED SCHOOL DISTRICT
***HIGH SCHOOL SPORTS PHYSICAL (To be completed by the parent)**

NAME: _____ M ___ F ___ BIRTHDATE _____ ID# _____

ADDRESS _____ PHONE _____ CURRENT GRADE _____

I hereby give consent to the Visalia Unified School District to receive any information concerning my child's health, including via fax from or send to Dr. _____

Signature of parent/guardian _____ Date _____

.....
(To be completed by the physician)

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ LAST Tdap/TETANUS _____

Given today:(Date) _____ Tdap _____ MMR _____

Hep B _____ Hep A _____

Normal	Evaluation	Abnormal	Comments
	VISION		
	EYES		
	EARS		
	MOUTH/TEETH		
	NOSE/THROAT/NECK		
	SKIN		
	HEART		
	LUNGS		
	ABDOMEN/VISCERA		
	BACK		
	EXTREMITIES/REFLEXES		
	TESTICULAR SCREENING (MALES ONLY)		

CLEARED..... may compete in:	NOT CLEARED...until the following are completed:
<input type="checkbox"/> ALL SPORTS <input type="checkbox"/> CONTACT SPORTS <input type="checkbox"/> NON-CONTACT SPORTS <input type="checkbox"/> OTHER Comments: _____ _____ Medical Provider Signature: _____ <div style="text-align: right;">MD, DO, NP, or PA only</div> Printed Name: _____ Address: _____ Phone number: _____ Date: _____	_____ _____ _____ _____ _____ _____ _____ Medical Provider Signature: _____ <div style="text-align: right;">MD, DO, NP or PA only</div> Printed Name: _____ Address: _____ Phone number: _____ Date: _____

AMERICAN MEDICAL ASSOCIATION DISQUALIFYING CONDITIONS FOR SPORT PARTICIPATION

CONDITIONS	COLLISION	CONTACT	NON CONTACT	OTHER
GENERAL: Acute Infection: Respiratory, genitourinary, infectious mononucleosis, hepatitis, active rheumatic fever, active tuberculosis.	X	X	X	X
Obvious physical immaturity in comparison with other competitors	X	X		
Hemorrhagic Disease: Hemophilia, purpura and other serious bleeding tendencies	X	X	X	
Diabetes: Inadequately controlled	X	X	X	X
Diabetes: Controlled				
Jaundice	X	X	X	X
EYES: Absence or loss of function of one eye	X	X		
RESPIRATORY: Tuberculosis (active or symptomatic)	X	X	X	X
Severe pulmonary insufficiency	X	X	X	X
CARDIOVASCULAR: Mitral stenosis, aortic stenosis, aortic insufficiency, coarctating of aorta, cyanotic heart disease, recent carditis or any etiology	X	X	X	X
Hypertension on organic basis	X	X	X	X
Previous heart surgery for congenital or acquired heart disease*				
LIVER: Enlarged spleen	X	X		
SKIN: Boils, impetigo and herpes simplex gladiatorum	X	X		
SPLEEN: Enlarged spleen	X	X	X	
HERNIA: Inguinal or femoral hernia	X	X	X	
MUSCULOSKELETAL: Symptomatic abnormalities or inflammations	X	X	X	X
Functional inadequacy of the musculoskeletal system, congenital or acquired, incompatible with the contact or skill demands of the sport	X	X	X	
NEUROLOGICAL: History of symptoms of previous serious head trauma or repeated concussions	X			
Controlled convulsive disorder #				
Convulsive disorder not moderately well controlled by medication	X			
Previous surgery on head	X	X		
RENAL: Absence of one kidney	X	X		
Renal disease	X	X	X	X
GENITALIA: Absence of one testicle/Undescended testicle				

COLLISION: Football, Rugby, Hockey, Lacrosse, etc
 CONTACT: Baseball, Soccer, Basketball, Wrestling, Water Polo, etc.
 NON-CONTACT: Cross Country, Track, Tennis, Crew, Swimming, etc
 OTHER: Bowling, Golf, Field Events, Archery, etc.

*Each patient should be judged on an individual basis in conjunction with this cardiologist and operating surgeon.

** Each person should be judged on a individual basis. All things being equal, it is probably to encourage a young boy or girl to participate in a non-contact sport rather than a contact sport. However, if a particular patient has a great desire to play a contact sport, and this is deemed a major ameliorating factor in his/her adjustment to school, associates and the seizure disorder, serious consideration should be given to letting him/her participate if the seizures are moderately well controlled or that the athlete is under good medical management.

*** The Committee approves the concept of contact sports participation for youths with only one testicle or with an undescended testicle (s), except in specific cases such as an inguinal canal undescended testicle (s) following appropriate medical evaluation to rule out unusual injury risk. However, the athlete's parents and school authorities should be fully informed that participation in contact sports for such youths with only one testicle does carry a slight injury risk to the remaining healthy testicle. Following such an injury, fertility may be adversely affected. But the chances of an injury to a descended testicle are rare, and the injury risk can be further substantially minimized with an athletic supporter and protective device.

**Visalia Unified School District
Athletic Pre-participation Health History**

This health history must be completed for the student, by the student's parent/guardian.

Student Name _____	Sex _____	Date of Birth _____
ID # _____	Grade _____	School _____ Sport _____
Address _____		Phone _____
In case of emergency: _____		Phone _____
Physician _____		Phone _____

<i>Please explain any "Yes" answers in space below on page 2</i>	Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?		
2. Do you have an ongoing or chronic illness?		
3. Have you ever been hospitalized overnight or ever had surgery?		
4. Do you feel stressed?		
5. Are you currently taking any medication?		
6. Do you take any supplements to lose weight or improve your performance?		
7. Do you have any allergies, i.e. to medications, bees, food?		
8. Have you ever developed hives / rash during exercise?		
9. Have you ever passed out or become dizzy during exercise?		
10. Have you ever had chest pain during exercise?		
11. Do you get more tired than your friends during exercise?		
12. Have you ever had a racing heart or skipped heart beats?		
13. Have you ever had high blood pressure or high cholesterol?		
14. Have you ever had a heart murmur?		
15. Has any family member or relative died of heart problems or of sudden heart death before age 50 ?		
16. Have you ever had a severe viral infection, i.e. mononucleosis or myocarditis?		
17. Has a physician ever restricted you from participation in sports?		
18. Do you have any current skin problems?		
19. Have you ever had a head injury or concussion?		
20. Have you ever been knocked out, become unconscious, or lost your memory?		
21. Have you ever had a seizure?		
22. Do you have frequent or severe headaches?		
23. Have you ever had numbness or tingling in your arms, legs, hands or feet?		
24. Have you ever had a stinger, burning or pinched nerve?		
25. Have you ever become ill from exercising in the heat?		
26. Do you cough, wheeze or have trouble breathing during or after activity?		
27. Do you have Asthma?		
28. Do you have seasonal allergies?		

**Visalia Unified School District
Athletic Pre-participation Health History**

Athletic Pre-participation Health History- Continued			
Student Name _____			
Date of Birth _____			
		Yes	No
29.	Do you have special protective or corrective equipment or devices, (i.e. knee brace, neck roll, foot orthotics, retainer, hearing aid)?		
30.	Have you had any problems with your eyes or vision?		
31.	Do you wear glasses, contacts or protective eyewear?		
32.	Have you ever had a sprain, strain or swelling after an injury?		
33.	Have you broken or fractured any bones or dislocated any joints? If yes, explain which part of your body _____		
34.	Do you want to weigh more or less than you are now?		
Important : Explain any " Yes" answers- indicate number matching response			

Females Only

35. When was your first menstrual period? _____
36. When was your most recent menstrual period? _____
37. How much time do you usually have from the start of one period to the start of the next?

38. How many periods did you have last year? _____
39. What was the longest time between periods in the last year? _____

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Month & Year Immunizations Received in the past ten years:

Tdap _____ Measles _____ Hepatitis B _____ Chicken Pox _____

Other _____

<p>I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. I also provide permission for my child to participate in the Athletic Physical Exam at school.</p> <p>Printed Name of Parent/ Legal Guardian _____</p> <p>Signature of Parent/ Legal Guardian _____ Date _____</p>
