# **RAINIER ATHLETICS**

# <u>What do I need?</u>

Physical Exam from Doctor

Parent/Student Athletic Packet -

Family Access - Under Online Forms in Skyward

ASB Fee (\$15.00), check with the Main Office

Season #1 Aug. 28 – Nov. 3, 2023

- Football (7<sup>th</sup> & 8<sup>th</sup> Grade)
- Girls' Fastpitch (all grade levels)

### Season #3 Jan. 29 – March 27, 2024

- Wrestling (all grade levels)
- Girls' Basketball (all grade levels)
- Boys' Soccer (all grade levels)

# <u>Season #2</u> Nov. 13 – Jan 19, 2024

- Boys' Basketball (all grade levels)
- Girls Soccer (all grade levels)
- Gymnastics (all grade levels)

## <u>Season #4</u> Apr. 1 – May 24, 2024

- Track (all grade levels)
- Boy's Baseball (all grade levels)
- Girls' Volleyball (all grade levels)

### Academic Eligibility - WIAA Handbook

18.7.0 In order to maintain academic eligibility during the current semester/trimester, the student shall maintain passing grades, or the minimum grade standards, a minimum of:

### Passing 5 classes in a 6-period class schedule or the equivalent credits 1

Class schedule guidelines referenced above shall be the requirement of all full-time students in that school.

\*ALL athletic requirements must be completed 1 week prior to the start of the sports season



# **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 0 2 Feeling nervous, anxious, or on edge 1 3 Not being able to stop or control worrying 0 1 2 3 Little interest or pleasure in doing things 0 2 3 1 Feeling down, depressed, or hopeless 0 1 2 3

(A sum of  $\geq$ 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
<ol> <li>Do you have any concerns that you would like to discuss with your provider?</li> </ol>		
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?		
<ol><li>Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?</li></ol>		
<ol> <li>Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?</li> </ol>		
7. Has a doctor ever told you that you have any heart problems?		
<ol> <li>8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.</li> </ol>		

HEART HEALTH QUESTIONS ABOUT YOU ( <i>CONTINUED</i> )	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 poly- morphic ventricular tachycardia (CPVT)?		
<ol> <li>Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?</li> </ol>		

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?		

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.

© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.



#### PHYSICAL EXAMINATION FORM

#### Name: \_\_\_\_\_

Date of birth:

#### PHYSICIAN REMINDERS

- 1. 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?
- 2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATI	ION										
Height:				Weight:							
BP: /	(	/	)	Pulse:		Vision: R 2	20/	L 20/	Corre	cted: 🗆 Y	□ <b>N</b>
MEDICAL										NORMAL	ABNORMAL FINDINGS
	tigmata			sis, high-arch [MVP], and a		, pectus excava ufficiency)	tum, arachr	nodactyly, hyp	erlaxity,		
Eyes, ears, n • Pupils eq • Hearing		l throa	t								
Lymph nodes	5										
Heart <sup>a</sup> <ul> <li>Murmurs</li> </ul>	auscul	tation s	standir	ng, auscultatic	on supine,	and ± Valsalva	maneuver)				
Lungs											
Abdomen											
Skin <ul> <li>Herpes si tinea corp</li> </ul>		rus (HS	SV), les	ions suggestiv	ve of meth	icillin-resistant S	Staphylococ	cus aureus (MF	RSA), or		
Neurological	I										
MUSCULOS	KELETAI	L								NORMAL	ABNORMAL FINDINGS
Neck											
Back											
Shoulder and	d arm										
Elbow and fo	orearm										
Wrist, hand,	and fing	gers									
Hip and thig	h										
Knee											
Leg and ankl	le										
Foot and toe	S										
Functional <ul> <li>Double-le</li> </ul>	eg squat	test, si	ingle-le	eg squat test,	and box o	drop or step dro	op test				
<sup>a</sup> Consider elec nation of thos		iograpl	hy (EC	G), echocardi	ography,	referral to a ca	rdiologist fo	r abnormal ca	rdiac histo	ry or examina	tion findings, or a combi-

Name of health care professional (print or type):		Date:
Address:	Phone:	
Signature of health care professional:		, MD, DO, NP, or PA

© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.



#### **MEDICAL ELIGIBILITY FORM**

Name:	Date of birth:					
□ Medically eligible for all sports without restriction						
<ul> <li>Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of</li> </ul>						
<ul> <li>Medically eligible for certain sports</li> </ul>						
<ul> <li>Not medically eligible pending further evaluation</li> </ul>						
<ul> <li>Not medically eligible for any sports</li> </ul>						
Recommendations:						
apparent clinical contraindications to practice and examination findings are on record in my office a arise after the athlete has been cleared for partic	and completed the preparticipation physical evaluation. The d can participate in the sport(s) as outlined on this form. A c nd can be made available to the school at the request of the ipation, the physician may rescind the medical eligibility unt explained to the athlete (and parents or guardians).	opy of the physical parents. If conditions				
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:						

© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.