

FREE SPORTS PHYSICALS

OFFERED BY MARIAN MEDICAL

Family Medicine Center

1400 E. Church St., Bldg. 8

(see map on back)

739-3000

Thurs., May 9

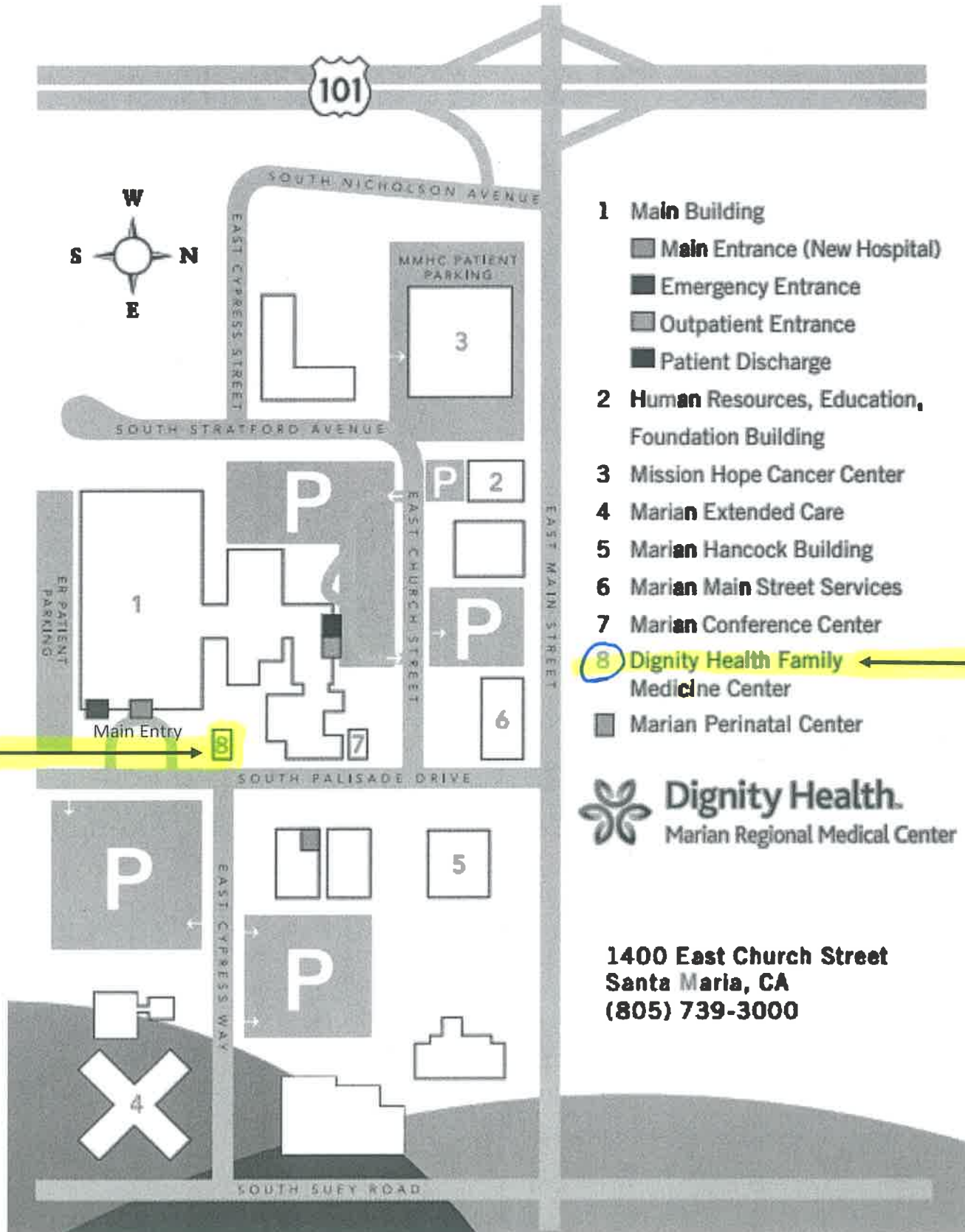
Thurs., May 16

Thurs., May 23

From 5:00 pm—6:30 pm

**You must bring the SJ physical form
completely filled out with you.**

Marian Regional Medical Center Campus



- 1 Main Building
 - Main Entrance (New Hospital)
 - Emergency Entrance
 - Outpatient Entrance
 - Patient Discharge
- 2 Human Resources, Education, Foundation Building
- 3 Mission Hope Cancer Center
- 4 Marian Extended Care
- 5 Marian Hancock Building
- 6 Marian Main Street Services
- 7 Marian Conference Center
- 8 Dignity Health Family Medicine Center
- Marian Perinatal Center



1400 East Church Street
 Santa Maria, CA
 (805) 739-3000

St. Joseph High School
4120 S. Bradley Road, Santa Maria, CA 93455
805-937-2038

**2019--2020
PHYSICAL FORM**

HISTORY FORM--PG 1 of 3

Student's Name: _____	Sex: M / F	Age: _____	Date of Birth: _____	(2019-20) Grade: _____
Address: _____		City: _____		Phone: _____
Sport (s): _____				

Parents, please fill out prior to physical. Explain "Yes" answers below. Circle questions you don't know the answer to.

- | | Yes | No | | Yes | No | | | | | | | | | | | | | | | |
|--|--------------|-----------|--|-----------|-------|---------|--------------|-------|------|-----|-------|------|-----------|-------|-----------|--|--|---|-----|-----|
| 1. Has a doctor ever denied or restricted your participation in sports for any reasons. | ___ | ___ | 24. Do you cough, wheeze or have difficulty breathing during or after exercise? | ___ | ___ | | | | | | | | | | | | | | | |
| 2. Do you have an ongoing medical condition? | ___ | ___ | 25. Anyone in your family who has asthma? | ___ | ___ | | | | | | | | | | | | | | | |
| 3. Are you currently taking any medicines? | ___ | ___ | 26. Ever used an inhaler or taken asthma med? | ___ | ___ | | | | | | | | | | | | | | | |
| 4. Do you have allergies to medicine, foods etc? | ___ | ___ | 27. Were you born w/o or missing a kidney, eye, testicle or any other organ? | ___ | ___ | | | | | | | | | | | | | | | |
| 5. Have you ever passed out or nearly passed out DURING exercise? | ___ | ___ | 28. Ever had infectious mononucleosis within the last month? | ___ | ___ | | | | | | | | | | | | | | | |
| 6. Have you ever passed out or nearly passed out AFTER exercise? | ___ | ___ | 29. Ever had rashes, pressure sores or other skin problems? | ___ | ___ | | | | | | | | | | | | | | | |
| 7. Have you ever had discomfort, pain or pressure in your chest during exercise? | ___ | ___ | 30. Ever had a herpes skin infection? | ___ | ___ | | | | | | | | | | | | | | | |
| 8. Does your heart race or skip beats during exercise? | ___ | ___ | 31. Ever had a head injury or concussion? | ___ | ___ | | | | | | | | | | | | | | | |
| 9. Has a doctor ever told you that you have:
___ High blood pressure ___ A heart murmur
___ High cholesterol ___ A heart infection | ___ | ___ | 32. Been hit in head & been confused or lost memory? | ___ | ___ | | | | | | | | | | | | | | | |
| 10. Has a doctor ever ordered a test for your heart? | ___ | ___ | 33. Ever had a seizure? | ___ | ___ | | | | | | | | | | | | | | | |
| 11. Anyone in your family died for no apparent reason? | ___ | ___ | 34. Do you have headaches with exercise? | ___ | ___ | | | | | | | | | | | | | | | |
| 12. Anyone in your family have a heart problem? | ___ | ___ | 35. Ever had numbness, tingling or weakness in your arms or legs after being hit or falling? | ___ | ___ | | | | | | | | | | | | | | | |
| 13. Has any family member or relative died of heart problems or sudden death before age 50? | ___ | ___ | 36. Ever been unable to move your arms or legs after being hit or falling? | ___ | ___ | | | | | | | | | | | | | | | |
| 14. Anyone in your family have Marfan syndrome? | ___ | ___ | 37. When exercising in the heat, do you have severe muscle cramps or become ill? | ___ | ___ | | | | | | | | | | | | | | | |
| 15. Ever spent the night in a hospital? | ___ | ___ | 38. Has a doctor ever told you that you or someone in your family has sickle cell trait/disease? | ___ | ___ | | | | | | | | | | | | | | | |
| 16. Ever had surgery? | ___ | ___ | 39. Have any problems with your eyes or vision? | ___ | ___ | | | | | | | | | | | | | | | |
| 17. Ever had an injury like a sprain, muscle or ligament tear or tendonitis that caused you to miss practice/game?
<u>If yes, circle affected area below:</u> | ___ | ___ | 40. Do you wear glasses or contacts? | ___ | ___ | | | | | | | | | | | | | | | |
| 18. Ever had any broken/fractured bones or dislocated joints? <u>If yes, circle below:</u> | ___ | ___ | 41. Do you wear protective eyewear? | ___ | ___ | | | | | | | | | | | | | | | |
| 19. Ever had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehab, physical therapy, a brace, cast or crutches? <u>If yes, circle below:</u> | ___ | ___ | 42. Are you happy with your weight? | ___ | ___ | | | | | | | | | | | | | | | |
| <table border="0" style="font-size: small;"> <tr> <td>Head</td><td>Neck</td><td>Shoulder</td><td>Upper arm</td><td>Elbow</td></tr> <tr> <td>Forearm</td><td>Hand/fingers</td><td>Chest</td><td>Back</td><td>Hip</td></tr> <tr> <td>Thigh</td><td>Knee</td><td>Calf/shin</td><td>Ankle</td><td>Foot/toes</td></tr> </table> | Head | Neck | Shoulder | Upper arm | Elbow | Forearm | Hand/fingers | Chest | Back | Hip | Thigh | Knee | Calf/shin | Ankle | Foot/toes | | | 43. Are you trying to gain/lose weight? | ___ | ___ |
| Head | Neck | Shoulder | Upper arm | Elbow | | | | | | | | | | | | | | | | |
| Forearm | Hand/fingers | Chest | Back | Hip | | | | | | | | | | | | | | | | |
| Thigh | Knee | Calf/shin | Ankle | Foot/toes | | | | | | | | | | | | | | | | |
| 20. Ever had a stress fracture? | ___ | ___ | 44. Has anyone recommended you change your weight or eating habits? | ___ | ___ | | | | | | | | | | | | | | | |
| 21. Ever been told that you have or had an x-ray for Atlantoaxial (neck) instability? | ___ | ___ | 45. Do you limit or carefully control what you eat? | ___ | ___ | | | | | | | | | | | | | | | |
| 22. Do you regularly use a brace or assistive device? | ___ | ___ | 46. Do you have any concerns that you would like to discuss with a doctor? | ___ | ___ | | | | | | | | | | | | | | | |
| 23. Do you have asthma or allergies? | ___ | ___ | FEMALES ONLY | | | | | | | | | | | | | | | | | |
| | | | 47. Have you ever had a menstrual period? | ___ | ___ | | | | | | | | | | | | | | | |
| | | | 48. How old were you when you had your first menstrual period? | ___ | ___ | | | | | | | | | | | | | | | |
| | | | 49. How many periods in the last 12 months? | ___ | ___ | | | | | | | | | | | | | | | |
| | | | Explain "Yes" answers here: _____ | | | | | | | | | | | | | | | | | |

PARENT PERMISSION FOR STUDENT TO PARTICIPATE IN ATHLETIC COMPETITION AND FOR THE PHYSICAL TO BE PERFORMED.
I hereby give consent for my child to receive a physical exam from a doctor for the purpose of completing in athletics at St. Joseph High School and also state, that to the best of my knowledge, my answers to the above questions are complete and correct. I hereby give my consent for my son/daughter to compete in athletic competition. In case this student is injured, the coaches are authorized to have him/her treated. I also understand and agree to adhere to the SJHS provisions in the Athletic Department Handbook.

This form must be returned to the Athletic Department prior to any practice and or play.

Parent / Guardian Signature

Date

Athlete's Signature

PHYSICAL FORM 2019--2020

EXAMINATION FORM—PG 2

Student's Name: _____

Date of Birth: _____

Height: _____ Weight: _____ Pulse: _____ BP: _____

Medical	Normal	Abnormal	Initials
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

CLEARED TO PLAY SPORTS NOT CLEARED TO PLAY SPORTS Comments: _____

Name of Physician (Please print / type): _____ Date: _____

Signature of Physician: _____ Phone: _____

Address: _____

“This is for athletic participation only and is not intended to be a comprehensive medical evaluation. Certain conditions may exist which may not be identified by this screening. Your personal doctor should be contacted for comprehensive evaluation and screening.”

Student Athletes need a current physical each school year to participate in athletics, cheer or dance.

Consent for Emergency Treatment in Advance

Please print all information

Athlete's Last Name: _____ First: _____ Middle: _____ Date of Birth: _____

Address: _____ City: _____ Phone: _____

Allergies: _____ Medications: _____

Personal Doctor: _____ Doctor's Phone: _____

Mother's Name: _____ Phone: _____ Cell: _____ Work: _____ Ext. _____

Father's Name: _____ Phone: _____ Cell: _____ Work: _____ Ext. _____

Other Emergency Contact, Name: _____ Phone: _____ Cell: _____

“We, the parents/guardians of the above named athlete, do hereby consent to any and all emergency medical, hospital and surgical care that may be necessary by a physician, without obtaining further consent provided that the hospital is unable to reach us at the phone numbers listed above.”

Today's Date: _____

Parent / Guardian Signature: _____

California Interscholastic Federation - Central Section

Jim Crichlow-Central Section Commissioner
P.O. Box 1567, Porterville, CA 93258
Phone (559) 781-7586 FAX (559) 781-7033

ETHICS IN SPORTS

I. Policy Statement

The Central Section, CIF is committed to the exhibition of sportsmanlike and ethical behaviors in and around all athletic contests. All contests must be safe, courteous, fair, controlled and orderly for all athletes and fans alike.

It is the intent of the CIF that violence, in any form, not be tolerated. In order to enforce this policy, the Central Section has established rules and regulations, which set forth the manner of enforcement and of this policy and the penalties incurred when violation of the policy occurs. The rules and regulations shall focus upon the responsibility of the coach to teach and demand high standards of conduct and to enforce the rules and regulations set forth by CIF.

The Central Section requires the following Code of Ethics be issued each year and requires signing by student athletes, parent/guardian and coaches prior to participation as a guide to govern their behavior.

II. Code of Ethics

- a. To emphasize the proper ideas of sportsmanship, ethical conduct and fair play.
- b. To eliminate all possibilities which tend to destroy the best values of the game.
- c. To stress the values derived from playing the game fairly.
- d. To show cordial courtesy to visiting teams and officials.
- e. To establish a happy relationship between visitors and hosts.
- f. To respect the integrity and judgment of sports officials.
- g. To achieve a thorough understanding and acceptance of the rules of the game and the standards of eligibility.
- h. To encourage leadership, use of initiative and good judgment by the players on a team.
- i. To recognize that the purpose of athletics is to promote the physical, mental, moral, social and emotional well-being of the individual players.
- j. To remember that an athletic contest is only a game, not a matter of life and death for player, coach, school, official, fan, or nation.

I have read and I understand the Policy Statement, the Code of Ethics and the violations and Minimum Penalties of the "Ethics in Sports" policy. I agree to abide by the policy and related consequences while participating in interscholastic athletics, regardless of context, site or jurisdiction.

_____ *- Student Signature*

_____ Printed Name

_____ Date

_____ *- Parent Signature*

_____ High School



What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation
<http://www.epsavealife.org>

CardiacWise (20-minute training video)
<http://www.sportsafetyinternational.org>

