

2019 All-Valley Sports Screening

WHEN: Saturday May 18, 2019
TIME: 8:00 am – 12:00 pm
WHERE: Southwest HS Gymnasium
ADDRESS: 2001 Ocotillo Drive
CITY: El Centro
COST: \$15 (CASH ONLY)
MEDICAL FORMS: Pick up forms from your Athletic Director or download from your school's website

MAJORITY OF PROCEEDS RETURNED TO YOUR HIGH SCHOOL'S ATHLETIC PROGRAM

**** IMPORTANT ****

- **ALL** student-athletes will receive an Electrocardiogram(ECG).
- **New** medical form **MUST** be signed by a parent OR legal guardian, otherwise the student **WILL NOT** receive screening – **NO EXCEPTIONS!**
- **Do Not** drink any caffeinated beverages or energy drinks **FOUR** hours **BEFORE** your screening time.
- If you **USE** or **WEAR** contact lenses or eye glasses please **WEAR** or **BRING** them with you.
- Wear loose fitting clothing and gym shorts. Girls should wear a sports bra or swimsuit top.

2019 SCHOOL SCREENING SCHEDULE

Imperial & Holtville	8:00 am
Southwest & Calexico	9:00 am
Brawley & Calipatria	10:00 am
Central & Palo Verde	11:00 am

Get signed up today!

See Ms. Hann or Maribel in the PVHS office for paperwork and details.

***Palo Verde High School will host 1 bus full of students (permission slip due 5/17/19) or students may choose to provide their own transportation to attend this event.**

The goal of the 2019 All-Valley IV Sports Screenings is to provide a specialized sports medicine assessment for student-athletes and prepare them for safe participation in high school sports.

Preparticipation Physical Evaluation

To be completed by athlete or parent prior to examination.

Name _____ High School _____ School Year _____
 Last First Middle

Address _____ City/State _____

Phone No. _____ Birthdate _____ Age _____ Class: 9 10 11 12 Sport(s) _____

Parent's Name _____ Phone No. _____

Address _____ City/State _____ Emergency Contact Phone _____ Relationship _____

Medicines and Allergies: Please list all 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 _____

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

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: • Asthma • Anemia • Diabetes • Infections		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: • High blood pressure • High cholesterol • A heart infection • Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for you heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
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)?		
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?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting unexplained seizures or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MR< CT scan, injections therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have a or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or any other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contacts lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. 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 Student _____ Signature of parent/guardian _____ Date _____

The student has family insurance • Yes • No If yes, family insurance company name and policy number: _____

PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____

EXAMINATION		
Height	Weight	• Male • Female
BP / (/)	Pulse	Vision R 20/ L20/ Corrected • Y • N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance · Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat · Pupils equal · Hearing		
Lymph nodes		
Heart · Murmurs (auscultation standing, supine, +/- Valsalva · Location of point of maximal impulse (PMI)		
Pulses · Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin · 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 · Duck-walk, single leg hop		

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for one year from this date.

- Cleared for all sports without restrictions
- Cleared for all sports without restrictions 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 participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. 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/guardian).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Physician's Signature _____ MD / DO / PA / NP



*see Ms. Hann with questions.

**PALO VERDE UNIFIED SCHOOL DISTRICT
FIELD TRIP PERMISSION SLIP
AND
WAIVER OF CLAIM**

Education Code section 35330 authorizes the governing board of any school district to conduct field trips or excursions for students in connection with course instruction or school related social, educational, cultural, athletic or school band activities to and from places in the state, out-of-state, the District of Columbia or a foreign country. Field trips or excursions, which may include overnight travel, may be connected with such courses and instruction or such school activities that further the student's education. Participation in this trip is optional and voluntary. Attendance by your student is not required. Such trips are under the direct supervision of at least one teacher and/or school administrator, or certificated athletic coach in the case that a same day high school athletic event, and precautions are taken to ensure each student's welfare.

I hereby grant permission for my son/daughter/ward _____
(Name of Student)

to participate in a field trip to All-Valley Sports screening
(place(s)/activity, or activities/event(s))
@ Southwest High School (El Centro).

The planned field trip is scheduled to leave from Palo Verde High School
(school/site) at 7 45am on Sat. May 18 and return to PVHS at (Scott Stadium)
(time) (date) (school/site) approximately 4:30pm on Sat. May 18.
(time) (date) (school/site)

The field trip will involve the following (Teacher: describe in detail, indicating approximate times, names and addresses of locations. A separate document may be attached to this form to outline the trip details and itinerary): see attached flyer for details

2019-2020 Sports Physical Screenings

Class/Group Attending: _____ No. of students _____
Names of teacher(s), administrator(s), coach(s), chaperone(s): Ms. Hann

Mode(s) of Transportation (Teacher: list in detail transportation mode and detailed routes for each segment of the field trip):

1 PVUSD School bus - 1st 40 students to return permission slips are eligible.

If traveling by automobile, name(s) of approved driver(s): n/a

If traveling by private plane, name(s) of approved pilot(s): n/a

*Meet @ Scott Stadium

*see for
flyer details

medical
form MUST
be signed

parent/guardian

Specify anything the student needs to bring:

form. \$15 CASH ONLY, bring prescription contacts
or eye glasses, wear loose fitting clothing, money to

1. I understand this field trip is optional and voluntary and that attendance by my student is not required and that an alternative activity at school will be provided if I do not give permission for my student to participate. stop for food.
2. I understand that all students going on this trip will be responsible in conduct to the bus driver(s), teacher(s), chaperone(s), pilot(s) and, if applicable, adult sponsors, at all times. I understand that my student is to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in a student being sent home at the expense of his/her and/or parent/guardian.
3. I understand that students are required to go and return from this event on the transportation provided, unless prior arrangements have been made and agreed to, *in writing*, by the principal, school administrator or teacher.
4. I understand that all field trips will begin and end at the school unless I have made prior arrangements to pick up my student or to have my student dropped off at an alternative location. I understand that if I have made such prior arrangements, I will inform the school, *in writing*, on or before the day of the field trip.
5. I hereby acknowledge that I am fully aware of the risks and hazards that may arise from my student's participation in the above referenced field trip or excursion and hereby elect voluntarily to allow my student to participate in the field trip or excursion, with full knowledge of the risks inherent.
6. The District provides all students with Field Trip Accident Insurance that covers 100 percent of reasonable and customary charges up to \$1,000,000.00 per claim, with no deductible amount. I understand that in order to make an insurance claim, I must complete, or cooperate with school personnel and the attending physician or dentist in completing an accident claim form, which is available at the school. I shall submit the claim form according to the instructions on the form. I understand that the District provides this insurance as a courtesy and, in no way, is responsible for making, granting, or denying of insurance claims.
7. **WAIVER OF CLAIM** -We, the undersigned student and parent or legal guardian of the above named student, understand that California Education Code Section 35330 (d) provides that all persons participating in a field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, illness or death occurring during or by reason of the field trip or excursion. We agree, as a condition of the student participating in said activity, to hold harmless and waive any and all claims against the school, its employees and volunteers, the Palo Verde Unified School District, its governing board, the individual members thereof, and all other District officers, agents and employees, including, but not limited to, claims arising out of any negligence of any of the officers or employees of the District, for any harm, accident, illness, injury or death or any loss or damage to personal property occurring during or by reason of his/her participation in said field trip or excursion.

8. We agree to indemnify and hold the Palo Verde Unified School District, its officials, employees, and the Palo Verde Unified School District Board of Education, harmless from any and all liability that may arise in connection with the student's participation in this program. Our signatures on this form shall constitute an informed, voluntary and knowing waiver as required by law.

We each have read and hereby certify that the above information is correct to the best of our knowledge. The signatures below authorize above named student to participate in the above described field trip and indicate that we each have read and understand the above Waiver of Claim.

Signature of Student _____ Date: _____

Signature of Parent/Guardian (on behalf of self and student) _____ Date: _____

Parent/Guardian Name (Please Print) _____ Phone: _____

Medical Insurance Carrier: _____

Policy Number _____

Family Doctor: _____ Phone: _____

