## **ALL SPORTS PHYSICALS**

ALL High School and Junior High Sports

JUNE 1st 2023

MHS GYMNASIUM

## \$10 CASH ONLY

Bring completed section 5 and blank section 6 for the physician to complete

6-7 PM Last Names A-F

7-8 PM Last Names G-O

8-9 PM Last Names P-Z

Once Physical is completed follow attached Big Teams Instructions

NO HARD COPIES WILL BE ACCEPTED

## Big Teams Instructions Muhlenberg School District

- 1. Go to planeths.com or use the QR Code at the bottom of the page
- 2. Enter the student's school e-mail address and **bigteams** for password. Click **SIGN IN**.
- 3. The student will then be prompted to create a new password upon signing in. We suggest using the password that the student uses for their school Chromebook.
- 4. Once the student accesses their account, you must link the student account to a parent/guardian account. Go to "linked accounts" and enter a parent/guardian email address or phone number. The parent/guardian will get sent a link which will then prompt them to create an account.
- 5. The student then clicks on "athletic forms". Complete all 6 Sections.
  - a. Please choose ALL sports interested in for the entire academic year.
  - b. Section 5: Any "YES" answers must be explained in the box at the bottom of the form. Writing the word "yes" in the box is not an appropriate response.
  - c. Section 6 is completed by uploading a picture of the <u>physician-signed PIAA</u>

    <u>Section 6 physical</u>. All physicals must be completed on the PIAA form and must be dated after June 1<sup>st</sup> of the current year.
- 6. Once those has completed those forms, the parent can log into their separate account and sign all of the forms that the student has completed.
- 7. After all forms are successfully completed, they should say "complete" or "pending staff approval". Any form that needs approval will be reviewed by an Athletic Trainer. If the form is denied for any reason, you will get a message from an Athletic Trainer through Big Teams stating why the form is denied.
- 8. Please confirm all forms have been approved at least **ONE DAY** prior to the start of the student's first practice to ensure all paperwork was appropriately completed for participation.
- 9. Any questions or issues, reach out to either Dan Kropf (<a href="kropfd@muhlsdk12.net">kropfd@muhlsdk12.net</a>) or Ashley Care (<a href="carea@muhlsdk12.net">carea@muhlsdk12.net</a>)



Explain "Yes" answers at the bottom of this form.  Circle questions you don't know the answers to.  Yes No  1. Has a doctor ever denied or restricted your participation in sport(s) for any reason?  2. Do you have an ongoing medical condition (like asthma or diabetes)?  3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pilis?  4. Have you ever passed out or nearly passed out DURING exercise?  5. Have you ever passed out or nearly passed out AFTER exercise?  8. Have you ever passed out or nearly passed out AFTER exercise?  9. Have you ever had discomfort, pain, or pessure in your chest during exercise?  9. Boes your heart race or skip beats during exercise?  9. Boes your heart race or skip beats during exercise?  9. Has a doctor ever totid you that you have asthman redicines.  12. Have you ever based out or nearly passed out AFTER exercise?  13. Have you ever had discomfort, pain, or pessure in your chest during exercise?  14. Boes any one in your family died for no apparent reason?  15. Has a doctor ever totid you that you have asthman or allergies?  26. Have you ever based out or nearly passed out AFTER exercise?  27. Have you ever had a commonucleosis (mono) within the last month?  18. Have you ever had a concussion (i.e. bell rung, ding, head rank) or trainants of the rung, response in your family died for no apparent reason?  27. Does anyone in your family have a heart problems or sudden death before age 50?  28. Have you ever had a surgen?  29. Does you ever had a niputy, like a sprain, runscle, or ligament tear, or theodonis, which caused you to miss a Practice or Contest?  29. Have you ever had a stress fracture?  29. Have you ever had a pripay, like each and been disabled from heart disease or died of heart problems or sudden death before age 50?  29. Have you ever had a pripay, like each and the problems or sudden death before a probl								
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below:  Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:  A Neck Shoulder Upper Elbow Forearm arm Pock back  Have you ever had a stress fracture?  Have you ever had a stress fracture?  Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?  Do you regularly use a brace or assistive device?  Have you had an x-ray for atlantoaxial to a brace or assistive device?  Are you unhappy with your weight?  43. Are you trying to gain or lose weight?  44. Has anyone recommended you change your weight or eating habits?  45. Do you limit or carefully control what you eat?  46. Do you have any concerns that you would like to discuss with a doctor?  MENSTRUAL QUESTIONS- IF APPLICABLE  47. Have you ever had a menstrual period?  48. How old were you when you had your first menstrual period?  49. How many periods have you had in the	_							
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Do you regularly use a brace or assistive menstrual period?  49. How many periods have you had in the							d an x-ray for atlantoaxial (neck)	you had a
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#'s Explain "Yes" answers here:			answers here:	Explain "Yes" an				#'s

#'s	Explain "Yes" answers here:	
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I hereby cert	l tify that to the best of my knowledge all of the information herein is true and complete.	-
Student's Sig	gnature Date / /	

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

## SECTION 6: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school. Student's Name \_\_\_\_\_ Age\_\_\_\_ Enrolled in \_\_\_\_\_ School Sport(s) \_\_\_\_ \_\_\_\_Weight\_\_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Brachial Artery BP\_\_\_\_ / \_\_\_ (\_\_\_\_ / \_\_\_ , \_\_\_ / \_\_\_ ) RP\_\_\_ If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended. Age 10-12: BP: >126/82, RP: >104; Age 13-15: BP: >136/86, RP >100; Age 16-25: BP: >142/92, RP >96. Vision: R 20/ L 20/ Corrected: YES NO (circle one) Pupils: Equal Unequal MEDICAL NORMAL **ABNORMAL FINDINGS** Appearance Eyes/Ears/Nose/Throat Hearing Lymph Nodes ☐ Heart murmur ☐ Femoral pulses to exclude aortic coarctation Cardiovascular ☐ Physical stigmata of Marfan syndrome Cardiopulmonary Lungs Abdomen Genitourinary (males only) Neurological Skin MUSCULOSKELETAL NORMAL ABNORMAL FINDINGS Neck Back Shoulder/Arm Elbow/Forearm Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form: □ CLEARED □ CLEARED with recommendation(s) for further evaluation or treatment for:\_\_\_\_ NOT CLEARED for the following types of sports (please check those that apply): ☐ COLLISION ☐ CONTACT ☐ NON-CONTACT ☐ STRENUOUS ☐ MODERATELY STRENUOUS ☐ NON-STRENUOUS Due to Recommendation(s)/Referral(s) AME's Name (print/type) \_\_\_ License #\_\_\_ Phone ( Address AME's Signature \_\_\_\_\_ MD, DO, PAC, CRNP, or SNP (circle one) Certification Date of CIPPE / /