

ERNEST RIGHETTI HIGH SCHOOL

Preparticipation Physical Evaluation

Demographic Information

Student's Name _____ Date of Birth _____ Sex _____ Grade _____
 Student ID # _____ Sport(s) _____
 Address _____
 Parent/Guardian Name _____ Phone _____

Family Health History

*Explain "Yes" answers below. Circle questions if you do not know the answer.

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

Parental Consent for Physical Examination to be Performed

I hereby give consent for my child to receive a physical exam from a physician for the purpose of competing in athletics at Ernest Righetti High School and also state, that to the best of my knowledge, my answers to the family health history questions are complete and correct.

Parent/Guardian Signature: _____ Date: _____

PHYSICAL EXAMINATION

To be Completed by Physician

Name _____ Date of Exam _____

Height _____ Weight _____ Pulse _____ BP _____/_____/_____ Vision R 20/_____/_____ L 20/_____/_____

Medical	Normal	Abnormal Findings	Initials*
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart			
Lungs			
Abdomen			
Genitourinary (males only)**			
Skin			
Musculoskeletal	Normal	Abnormal Findings	Initials*
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

*For station-based exams only

**Having a third party present is recommended for the genitourinary exam

Medical Clearance

- Cleared without restriction
 - Cleared with recommendations: _____

 - Not Cleared
 - For all sports
 - Certain sports _____
- Reason: _____

I certify that I have on this date examined this student and that, on the basis of my examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it inadvisable for this student to compete in supervised athletic activities. (Note exceptions above)

Name of physician (print/type) _____ Date _____

Signature of physician _____, MD or DO (circle one)



DragonFly MAX is an electronic health record designed to save you time & ensure the athlete is healthy and ready to participate in athletic competition. We focus on the details so you can focus on what matters...safe and healthy athletes.

Follow the easy steps below to get started using DragonFly MAX.

"I'M A PARENT"

1. Visit www.dragonflymax.com, click "Do My Forms" and follow prompts to the sign-up page.
2. On the sign-up page, click "Sign Up for Free".
3. Follow the prompts to create your **Parent Account** with **your** email address or phone number.
4. Enter your child's School Code when prompted and confirm this is the correct school.
5. Click "Add A Child" in the DragonFly MAX web site, then follow the prompts to create your **child's profile** and complete his/her participation forms, including uploading any necessary documents.
6. After completing your child's forms, you can review his/her profile OR add another child's profile.

Now that you're done, download DragonFly MAX from the App Store or Google Play and sign in.

"I'M AN ATHLETE, COACH, OR SCHOOL ADMINISTRATOR."

1. Download the DragonFly MAX app from either the App Store or Google Play.



2. Click "Get Started" and follow the prompts to create your account.
3. Choose your role in the school (i.e. - Athlete, Coach, Administrator, etc).
 - If you are a Coach or Administrator, select whether your school IS or IS NOT already using MAX.
(Hint: If you have a School Code, then your school IS using MAX)
4. Enter your School Code (shown below) when prompted, then tap "Request" to join the school.

School Name: Righetti High School
School Code: **56EL4P**

Now you're all set! You can find out more about additional features at
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