

2018-2019 FDHS Sports Physicals

In order to participate in sports at Fort Dorchester, athletes must have an account on www.ArbitratorAthlete.com to upload and digitally sign physicals and other required documentation. **If you had an account last year on PlanetHS.com, you can use your same username and password to login.**

STEPS:

1. Athletes MUST create a student account at www.ArbitratorAthlete.com. Be sure to enter the correct graduation year. IF YOU CREATED AN ACCOUNT FOR PLANETHS.COM, USE THE SAME USERNAME AND PASSWORD.
2. Enter requested info and click "create account". If you are creating a new account, a "Guide Me" box will appear and helps you link the student and parent account.
3. Select the "Athletic Forms" button. Then select all sports you may be interested in participating in. If you are a middle schooler and may be participating in middle school and high school teams, you'll also want to use the "additional school" option and either enter Fort Dorchester High School or your middle school.
4. At the very bottom are 5 links to forms that must be completed and approved.
 - 1) [Pre-Participation Physical Evaluation – History Form](#)
This is the front page of your physical. You can choose to upload a scan or photo of the front page OR you can complete all questions on the electronic form and hit "sign & submit"
 - 2) [Pre-Participation Physical Evaluation – Physical Examination Form](#)
This is the back page of your physical completed and signed by the physician. Be sure that the physician's signature AND date are at the bottom and the athlete's name and birth date are at the top. Once uploaded, hit "sign & submit".
 - 3) [Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics](#)
After statement is read, hit "sign & submit".
 - 4) [Birth Certificate](#)
Upload a photo or scan of the student's birth certificate then hit "sign & submit". If you had a previous account, you'll have the option here to "re-use document", which will pull the previously uploaded birth certificate you submitted.
 - 5) [Concussion and Student Athletes](#)
After statement is read, hit "sign & submit".
5. Parent MUST create a parent account at www.ArbitratorAthlete.com. Be sure to use a different phone number or email address than what was used for the athlete's account.
6. Link accounts by finding the "Link Accounts" button and entering the student's email or phone number they used to create their account and send invitation.
7. Parent will then go to "Athletic Forms" and click on the 5 links mentioned above to "sign & submit". Parents must hit "sign & submit" on each of the five links.
**Parent cannot upload any of the above documents until linked to the student account.*

PRE-PARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

Name _____ Sex F M Age _____ Date of Birth _____ Grade _____
 School _____ Sport(s) _____ Date of Exam _____
 Address _____ Phone _____

EMERGENCY CONTACT NAME _____ Relationship _____ Phone _____

Medicines and Allergies: Please list all of the 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 Other

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 <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other		
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 <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____		
9. Has a doctor ever ordered a test for your 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?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	YES	NO
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, MRI, 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 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 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 contact 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. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	YES	NO
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. 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 accurate.

Signature of athlete _____ Signature of parent _____ Date _____

PRE-PARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/ L20/ Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No
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 ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^a Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^b Consider GU exam in in private setting. Having third party present is recommended.
^c Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Cleared for all sports without restriction
 Cleared for all sports without restriction 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 no 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/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO