



Bishop McNamara High School

Sponsored by the Brothers of Holy Cross

If a student would like to participate in an athletic activity during the 2006-2007 school year, it is required that he/she have a physical examination and that both sides of the enclosed form entitled "Medical Evaluation of Student" and "Emergency Medical Authorization for Athletic Participation" are completed. **No student will be allowed to participate in any activity, including try-outs, unless this form is submitted to the athletic trainer by the first day of an activity.**

The following is some pivotal information regarding physical examinations.

- ◆ Physical examination forms should not be dated prior to **June 1, 2006**. Please check that the exam date is on the form and that the physician has signed the form before submitting it. **Forms without a date of examination will not be accepted.** Please xerox the completed form for your own personal records before submitting it.
- ◆ Any student who participates in an athletic activity must have personal medical insurance and the information should be accurately provided on the "Emergency Medical Authorization for Athletic Participation" form. Students without medical insurance will not be able to participate in any activity.
- ◆ All freshman students are required to provide a "Medical Evaluation of Student" form to the school. This form is also sufficient for athletic participation.
- ◆ **Please schedule appointments for the physical examination as soon as possible!** The summer is a busy time for pediatricians and appointments may be difficult to obtain. Students will not be able to participate in any activity until the physical examination is performed and the form is submitted to the athletic trainer, regardless of the inability to schedule an appointment or to obtain the completed form in a timely manner.
- ◆ A physician will be conducting physical examinations at Bishop McNamara on Tuesday, August 8 from 5 – 7 pm at a cost of \$40. Contact Athletic Director, Tony Johnson, at (301) 516-6132 ext. 103 for more details.
- ◆ Providence Hospital also provides an athletic physical examination in late July. Student's who receive a physical examination from Providence do not need to use the enclosed form because the hospital provides forms of its own. However, the side of the form entitled, "Emergency Medical Authorization for Athletic Participation" must be completed and separately submit it to the athletic trainer. **Do not give the enclosed form to the Providence officials.** For more information, call Providence at 202-269-7726.
- ◆ Please use the enclosed form and allow enough time for a physician to complete it and send it, if applicable. Physical examinations not documented on the enclosed form (excluding those who attended Providence hospital) may not be accepted. If a physical form is going to be sent to the school from a physician's office, it is the responsibility of the parent or guardian to ensure that the school has received the form. The school is not responsible for physical forms that are lost in transit or that are not received before an athletic activity begins. **(Kaiser Permanente insurance holders:** At this time of year, Kaiser officials often take at least 1 – 2 weeks to complete any paperwork; therefore schedule a physical examination as soon as possible to allow sufficient time for the enclosed form to be completed for the beginning of fall sports practices. If possible, arrange to pick up the paperwork from Kaiser as opposed to having it sent to the school, which can cause a significant delay on Kaiser's part. Do not assume that Kaiser has sent the completed form to the school. To inquire whether or not the school has received the form during the summer months, contact Mr. Bob Ginsburg in the guidance center at 301- 735-8401 ext. 47. **Kaiser's forms or letters are not acceptable proof of a physical examination.)**
- ◆ If a student is not participating in a fall sport, but plans to participate in a winter or spring sport, it is advisable that a physical examination be scheduled during the summer or early in the school year to avoid any delays at the time those sports begin.
- ◆ If you have any questions, please contact Tony Johnson at (301) 516-6132 ext. 103 or via e-mail at johnsona@bmhs.org. The physical exam form can also be downloaded from the athletic section of the school website, www.bmhs.org.

BISHOP MCNAMARA HIGH SCHOOL MEDICAL EVALUATION OF STUDENT

Student's Name _____ Age _____

PART I: MEDICAL HISTORY

(To be completed by parent or guardian)

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever had any illness/injury requiring serious medical attention, hospitalization, or surgery? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you have any condition currently being treated by a physician? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you currently taking any medication(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you have any allergies? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have any medical condition that should be known in the case of an emergency? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you wear glasses, contact lenses, or protective eyewear? (If so, please circle which type is worn.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever been advised by a physician not to participate in any sport? |

If you answered YES to any question(s), please explain: _____

PART II: PHYSICAL EXAMINATION

(To be completed by a physician or under his supervision)

Height	Weight	Pulse	Blood Pressure	Vision Rt. Lf.	Hearing Rt. Lf.
What Does The Examination Reveal About The Following:		Normal	Abnormal	Not Examined	Describe Fully Any Abnormal Findings
Cardiovascular (heart, pulses)					
Respiratory					
Abdomen (hernia, liver, spleen)					
Skin					
Neurological Examination					
Orthopedic (bones, joints, muscles, spine)					
Mouth and Teeth					
Ears, Nose, and Throat					
Lab Work (urinalysis, blood, other)					
Other:					
Additional Comments and/or Lab Work:					

Clearance for Athletics and/or Physical Education Activities:

☐ Cleared for Full, Unlimited Participation
☐ Cleared with Restriction, Please Explain _____
☐ Not Cleared for: ☐ Any Sports ☐ Contact/Collision Sports
 Due to: _____

Physician's Name Printed _____	Physician's Signature _____	Date of Examination _____
Physician's Address _____	Physician's Phone # () _____	

BISHOP MCNAMARA HIGH SCHOOL
EMERGENCY MEDICAL AUTHORIZATION FOR ATHLETIC PARTICIPATION

(Please use a black or blue pen to fill out all of the following information.)

Student's Name _____ Date of Birth _____

Home Address _____ Current Grade _____

Home Phone # () _____

Mother/Guardian () Daytime Phone # () Evening Phone #

Father/Guardian () Daytime Phone # () Evening Phone #

Person to call if parents cannot be reached: _____

Relationship to Student () Daytime Phone # () Evening Phone #

Student's Physician () Phone # Date of Last Tetanus Shot

Insurance Company Policy # Policy Holder

Are there any special requirements set by the insurance company? YES ____ NO ____

If yes, please explain: _____

Allergies: _____

Current medications: _____

Any medical conditions or instructions that should be known in case of an emergency:

MEDICAL RELEASE AND PERMISSION TO TREAT

"I hereby give my consent for the above student to participate in physical education classes and engage in athletic activities for Bishop McNamara. I also give my consent for the above student to accompany any school team, of which he/she is a member, to any of it's local or out of town trips.

I understand that participating in sports can be potentially hazardous. I understand that there is a risk of injury participating in sports and that some of these injuries could result in permanent disability or death. I accept this risk and agree not to hold responsible any individuals employed by or affiliated with Bishop McNamara High School, including the Athletic Trainer, Coaches, and/or Team Physician.

I hereby give my permission to the Athletic Trainer, Coaches, and/or Team Physician to provide any necessary medical services to my child. I also give my consent for (1) school personnel to obtain any emergency care that may become reasonably necessary for my child, (2) transportation of my child to a hospital or medical facility, and/or (3) administration of medical treatment deemed necessary by physicians for any injury/illness sustained by my child. Payment of all fees incurred for the medical treatment is guaranteed by me or the above named insurance company."

Parent/Guardian Signature

Date