

Packet for Physicals at Campbell Clinic

The following items are included in this packet:

1. Cover letter explaining what the physical will entail and what is needed at the time of the physical.
2. Permission Form to participate in sports at St. Benedict at Auburndale.
3. TSSAA pre-participation medical evaluation form.
4. Emergency Treatment Form. (This page needs your signature in order for Campbell Clinic to release the physical to St. Benedict at Auburndale.)
5. Campbell Clinic Privacy Policy.
6. The HIPPA form. This form must be signed in order for the on-campus trainer to be able to discuss the physical condition of the athletes with their coaches.
7. **THIS PACKAGE DOES NOT INCLUDE THE PHYSICIAN'S FORM AS CAMPBELL CLINIC DOCTORS WILL PROVIDE IT ON THE DAY OF THE MASS SCREENING.**
If an athlete goes to a personal physician, another physical packet is needed.

May 5, 2009

Dear Parents,

Campbell Clinic is again pleased to offer pre-participation medical screenings for the 2009-2010 school year for SBA athletes. The physicals will be held at the Germantown office location on Wednesday, May 20, beginning at 5:30 PM. The cost of the physical will be \$15 and must be paid prior to taking the physical.

The process used for athletic physical screenings is determined by our Sports Medicine Committee. This committee reviews the latest literature from the American College of Sports Medicine, the American Medical Association, and the subspecialty groups relating to pediatrics and internal medicine. Their guidelines, which are considered standard medical practice, are followed in our physical screenings. The pre-participation physical will include the following: An orthopedic exam, an exam by an internal medicine physician (heart, lungs, and abdomen), as well as blood pressure, pulse, height, weight, and vision screenings. **Note: *If the athlete has corrected vision, glasses or contact lenses must be worn to the screening.***

Each screening is subsequently reviewed by a fellowship trained and board certified Sports Medicine physician. Any athlete who has a questionable finding will be instructed to follow up with their family physician so that this finding is properly addressed and recorded in that child's medical record. The most common reasons for non-clearance and referral to family M.D. include: heart murmur, uncorrected vision and high blood pressure. In these cases, their own physician is better suited to determine fitness for participation, and the athlete will not be cleared from our M.D's.

This physical screening is not a substitute for an annual physician checkup. We recommend every adolescent visit their family physician for a yearly checkup in addition to having a pre-participation physical. Our intent is to provide a comprehensive athletic medical screening and to clear for participation those athletes who have no questionable findings.

Thank you for your participation and I hope that this letter clarifies our physical process. If you have any questions or concerns, please feel free to call me at 901-759-3180.

Sincerely,

Matt Connell, PT, ATC/L
Sports Medicine Director

Santos Martinez, M.D.
Medical Director for Physicals

PERMISSION FORM FOR SPORT'S PARTICIPATION

STUDENT'S NAME (please print): _____

I hereby give my consent for the above named student to represent St. Benedict at Auburndale in school sponsored sporting events.

I give my permission for the above named student to participate in high school sports, realizing that such activities involve the potential for injury. I acknowledge that even with the best coaching, use of the most advanced equipment and strict observance of rules, injuries are still a possibility. On rare occasion these injuries can be severe and result in total disability, paralysis, or even death.

I hereby acknowledge that St. Benedict at Auburndale has a basic catastrophe accident medical policy (NFSESA Liability Policy with Lifetime Medical & Disability Settlement Option). I acknowledge that I have primary medical insurance on the above student with medical benefits (\$00.01 through \$10,000).

I am aware that high school sporting events will require off campus travel and I hereby give my permission for my son/daughter to travel to all off campus meets, either by bus or *any approved* means of transportation. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put themselves or others in dangerous situations. I agree to not hold the Catholic Diocese of Memphis, St. Benedict at Auburndale, its leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject.

As the parent/guardian of _____, I have reviewed the information and I request that the subject of this release be allowed to participate in all the planned activities except _____. (Insert NA if there are no exceptions.)

Date

Signature of Parent/Guardian

Signature of Parent/Guardian

Volunteer Driver Form (optional)

I give my consent for my son/daughter to drive our family automobile to off campus sporting events whenever deemed necessary.

Student Driver: _____ Driver's License Number: _____

Auto Insurance Company Name: _____ Agent Name: _____

Have you had citations or convictions to any of the following in the last three years?

- | | |
|---|----------------|
| 1. Driving under the influence of alcohol or drugs | Yes ___ No ___ |
| 2. Hit and Run | Yes ___ No ___ |
| 3. Failure to report an accident | Yes ___ No ___ |
| 4. Negligent homicide arising out of the use of a motor vehicle | Yes ___ No ___ |
| 5. Using a motor vehicle for the commission of a felony | Yes ___ No ___ |
| 6. Permitting an unlicensed person to drive | Yes ___ No ___ |
| 7. Reckless Driving | Yes ___ No ___ |
| 8. Speed Contest | Yes ___ No ___ |

In order to provide for the safety of our students, other members of the parish, and those we serve, we cannot use your services as volunteer driver if you do not have a current valid driver's license and insurance on your vehicle. If you answered yes to any of the questions concerning the citations and convictions, we must also disqualify you as a volunteer driver. It is expected that all our volunteer drivers will abide by the Tennessee Seat Belt Law. Please be aware that as a volunteer driver, your insurance is primary. There is a policy that would offer additional liability should a claim exceed the limits of your policy.

Date

Signature of Student

Signature of Parent/Guardian

Signature of Athletic Director or Principal

TMA/TSSAA PREPARTICIPATION MEDICAL EVALUATION FORM

Personal History

Name	Sex	Age	DOB
Grade	Sport(s)		
School			

Personal Physician	Address	Telephone
Have you ever had a pre-participation physical before? ___ Yes ___ No If yes, when/where _____		

Please explain "Yes" answers below.

	Yes	No
1. Have you ever been hospitalized? Have you ever had surgery?	_____	_____
2. Are you presently taking any medications or pills?	_____	_____
3. Do you have allergies (medicine, bees or other stinging insects)?	_____	_____
4. Have you ever passed out during exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain/discomfort during exercise? Have you had excessive, unexpected or unexplained shortness of breath during exercise? Do you tire more quickly than your friends during exercise? Have you ever had high blood pressure? Have you ever been told that you have a heart murmur? Has anyone in your family died of heart problems or a sudden death before the age of 50? Has anyone in your family developed a disability from heart disease before the age of 50?	_____	_____
5. Do you have any skin problems (itching, rashes, acne)?	_____	_____
6. Have you ever had a head injury? Have you ever been knocked unconscious? Have you ever had a seizure? Have you ever had a stinger, burner or pinched nerve?	_____	_____
7. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat?	_____	_____
8. Do you have trouble breathing or do you cough during or after activities?	_____	_____
9. Do you use any special equipment (pads, braces, neck role, mouth guard, eye guard)?	_____	_____
10. Have you had any problems with your eyes or vision? Do you wear glasses or contacts or protective eye wear?	_____	_____
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling of any bones or joints? _____ Head _____ Shoulder _____ Thigh _____ Neck _____ Elbow _____ Knee _____ Chest _____ Forearm _____ Shin/Calf _____ Foot _____ Back _____ Wrist _____ Ankle _____ Hip _____ Hand	_____	_____
12. Have you ever had any other medical problem (infectious mononucleosis, diabetes)?	_____	_____
13. Have you ever had a medical problem since your last evaluation?	_____	_____
14. Have you lost/gained more than 15 lbs over the last 6 months?	_____	_____
15. When was your last tetanus shot? _____ When was your last measles shot? _____	_____	_____
16. When was your first menstrual period? _____ When was your last menstrual period? _____ When was the longest time between your periods last year? _____	_____	_____

Please explain "yes" answers here:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct, and with my signature give Campbell Clinic permission to perform pre-participation physical on my child.

Signature of Athlete	Signature of Parent/Guardian	Date
Signature of Coach	School	

EMERGENCY TREATMENT

To All Parents:

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without parent's consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school or it's representative, this will allow the hospital to treat the injury.

EMERGENCY INFORMATION

Name: _____ Sport: _____ Sex: M _____ F _____

Grade: _____ Age: _____ Date of Birth: ____/____/____

Parent's Name: _____

Father's SS#: _____ Mother's SS#: _____

Work Address: _____

Phone Number: _____

Home Address: _____

Phone Number: _____

Another Person to Contact: _____

Relationship: _____ Phone Number: _____

Insurance Name: _____

Policy and Group Numbers: _____

ALLERGIES: _____

Consent Statement: Authorizing Treatment

Parent's Signature: _____ Student's

Signature (if over age 18): _____

II. PARENT'S CONSENT FOR ATHLETIC PARTICIPATION

I hereby give my consent for _____ to represent
(Name of Student)

_____ in the sport of _____
(Name of School)

Date: _____ Signature: _____

III. TO PARENT/GUARDIAN:

Due to new laws regarding release and disclosure of medical records, including pre-participation physicals, we are now required to obtain written authorization from you to release this information to your child's school/coaches. This information may be used strictly for determining medical clearance to participate for athletic purposes only. Please sign and date below:

I _____ parent/guardian of _____ authorize Campbell Clinic to release pre-participation physical to _____ High School and their coaches for athletic participation for the 2009-2010 school year.

Signature

Date

To Parent/Guardian—Physical Examination Limitation

The physicians of Campbell Clinic would like to inform you that this athletic physical examination is intended only as a screening exam. It is the standard physical examination that is required by the Tennessee Secondary Athletic Association for participation in high school athletics. It is not intended to replace standard medical care by your family physician. The exam of the heart and lungs is performed by the use of auscultation only (stethoscope).

Cardiac conditions that result in “sudden cardiac death” are very infrequent—1 in 135,000 (male) and 1 in 750,000 (female) . However, most of these cardiac conditions in athletes can not be identified solely by the use of a stethoscope. Specialist care that goes beyond this standard physical examination is available in the Memphis medical community. The Campbell Clinic Sports Medicine Team will be glad to help refer your child to a Cardiology specialist at your request.

Parent/Guardian: Please initial one or both of the following statements and sign below. Your initials and signature are required for completion of the physical examination.

I understand the limitations of the standard pre-participation exam and wish for my child to proceed with this examination.

I would like a formal echocardiogram and cardiac stress test to be arranged with a cardiologist at my expense for a more in depth cardiac examination.

Parent's Signature

Date

Campbell Clinic Privacy Information

The Athletic Director has been provided with copies of Campbell Clinic's Health Information Privacy Policy. The athletic director will provide you with a copy upon request. If you choose to receive a copy, please sign below to acknowledge that you have received this information. **You are not required to receive or acknowledge receipt of the information to have your child's physical examination performed.**

I, _____, do hereby acknowledge receipt of Campbell Clinic's Patient Notice on
Parent's Name

Date

Parent's Signature

**Student-Athlete Authorization
For
Disclosure of Protected Health Information (HIPPA)**

I hereby authorize the physicians, athletic trainers, physical therapists and sports medicine personnel representing Campbell Clinic to disclose protected health information regarding any injury or illness affecting the student-athlete's training for and participation in athletics at St. Benedict at Auburndale High School. Campbell Clinic is authorized to disclose this protected health information to any coach, the athletic director, or any school official in connection with his/her participation in interscholastic sports. This protected health information may concern the student-athlete's medical status, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be disclosed to other health care providers within the Campbell Clinic system; to St. Benedict at Auburndale High School Administrators; and to officials of the Tennessee Secondary School Athletic Association.

I, _____, parent or guardian of _____,
(name of parent/guardian) (name of student)

understand that parent/legal guardian authorization/consent for the disclosure of the student-athlete's protected health information is a condition for participation as an interscholastic athlete at St. Benedict at Auburndale High School and for care during interscholastic athletics. I understand that my child's protected health information is protected by the federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment). This protected health information may not be disclosed without parent/legal guardian authorization under HIPAA or consent under the Buckley Amendment. I, the parent/legal guardian, understand that once information is disclosed per authorization or consent, the information is subject to re-disclosure and may no longer be protected by HIPAA and/or the Buckley Amendment. I, the parent/legal guardian, understand that I may revoke this authorization/consent at any time by notifying in writing Campbell Clinic. If authorization or consent is revoked, it will not have any effect on the actions Campbell Clinic personnel took in reliance on this authorization/consent prior to receiving the revocation. This authorization/consent is enacted on the date of signature and expires on May 31, 2010. Campbell Clinic will not condition your treatment on the signing of an authorization, except for any possible research-related treatment.

REQUIRED SIGNATURE FOR PARTICIPATION FOR INTERSCHOLASTIC SPORTS

Print Student-Athlete's Name

Signature of Parent/Legal Guardian

Date