



Dear Parent:

Beginning with 7th grade the Iowa High School Athletic Association requires a physical yearly for students who wish to participate in any form of athletic activities, including cheerleading. This also includes 6th grade students participating in 7th grade athletic activities.

The Sanford Clinics in George and Rock Rapids are happy to once again be a part of this process. We understand, however, that the costs associated with a child in school continue to rise, and being conscious of this, we would like to do our part to reduce this expense.

Both clinics will schedule these exams during regular office hours, and will be reducing the cost of the exam to \$35.00. In order to complete the physical for this amount we ask the following:

- We will offer the discount on appointments scheduled only as an athletic exam. The \$35.00 will need to be paid at the time of the exam. For this reduced price we will not be doing any billing or filing of insurance. If you want insurance filed, you will need to schedule this appointment as a wellness exam and please send your insurance card along to the appointment. We will be performing ONLY an athletic physical. If your child requires other medical attention, please schedule a regular appointment. If during the physical a physician notes that other services are needed, a return appointment will need to be scheduled.
- If your child is in need of vaccinations we will need to know at the time we schedule the appointment and we will need to schedule the visit as a wellness exam so we will be able to bill insurance for both the visit and the vaccinations. No vaccines can be given without parental consent. Rules related to use of State vaccine will apply.
- Parents will need to have the school-provided physical form completely filled out PRIOR to the appointment. This includes a parent/legal guardian signature.
- If your child will be coming to the visit without a parent/legal guardian please let us know when you schedule your appointment and also call the clinic the day of your visit and give verbal consent. We will not be able to complete the exam without parental consent.

We will try to make this physical a pleasant experience for your child. To remove the stress of undressing, we ask that they wear a loose fitting T-shirt and shorts.

Appointment times will be scheduled and do fill quickly. If you have any questions regarding the physical, please feel free to contact your school's health department or our offices.

Sanford George Clinic (712) 475-3393
Sanford Rock Rapids Clinic (712) 472-3716

We look forward to serving your child's needs. This exam promotes a positive relationship between a patient and their physician and helps encourage a healthy future.

Sincerely,

Sanford Rock Rapids Clinic and Sanford George Clinic

IOWA ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

ARTICLE VII 36.14(1) PHYSICAL EXAMINATION. Every year each student (grades 7-12) shall present to the student's superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, to the effect that the student has been examined and may safely engage in athletic competition. This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or neatly print this information)

Student's Name _____ Male ___ Female ___ Date of Birth _____ Grade _____
 Home Address (Street, City, Zip) _____ School District _____
 Parent's/Guardian's Name _____ Date _____ Phone # _____
 Family Physician _____ Phone # _____

HEALTH HISTORY (The following questions should be completed by the student-athlete with the assistance of a parent or guardian. A parent or guardian is required to sign on the other side of this form after the examination.)

- | Yes | No | Does this student have / ever had? | Yes | No | Does this student have / ever had? |
|-----------|-------|--|-----------|-------|---|
| 1. _____ | _____ | Allergies to medication, pollen, stinging insects, food, etc.? | 20. _____ | _____ | Head injury, concussion, unconsciousness? |
| 2. _____ | _____ | Any illness lasting more than one (1) week? | 21. _____ | _____ | Headache, memory loss, or confusion with contact? |
| 3. _____ | _____ | Asthma or difficulty breathing during exercise? | 22. _____ | _____ | Numbness, tingling or weakness in arms or legs with contact? |
| 4. _____ | _____ | Chronic or recurrent illness or injury? | ***** | | |
| 5. _____ | _____ | Diabetes? | 23. _____ | _____ | Severe muscle cramps or illness when exercising in the heat? |
| 6. _____ | _____ | Epilepsy or other seizures? | ***** | | |
| 7. _____ | _____ | Eyeglasses or contacts? | 24. _____ | _____ | Fracture, stress fracture or dislocated joint(s)? |
| 8. _____ | _____ | Herpes or MRSA? | 25. _____ | _____ | Injuries requiring medical treatment? |
| 9. _____ | _____ | Hospitalizations (Overnight or longer)? | 26. _____ | _____ | Knee injury or surgery? |
| 10. _____ | _____ | Marfan Syndrome? | 27. _____ | _____ | Neck injury? |
| 11. _____ | _____ | Missing organ (eye, kidney, testicle)? | 28. _____ | _____ | Orthotics, braces, protective equipment? |
| 12. _____ | _____ | Mononucleosis or Rheumatic fever? | 29. _____ | _____ | Other serious joint injury? |
| 13. _____ | _____ | Seizures or frequent headaches? | 30. _____ | _____ | Painful bulge or hernia in the groin area? |
| 14. _____ | _____ | Surgery? | 31. _____ | _____ | X-rays, MRI, CT scan, physical therapy? |
| ***** | | | ***** | | |
| 15. _____ | _____ | Chest pressure, pain, or tightness with exercise? | 32. _____ | _____ | Has a doctor ever denied or restricted your participation in sports for any reason? |
| 16. _____ | _____ | Excessive shortness of breath with exercise? | 33. _____ | _____ | Do you have any concerns you would like to discuss with your health care provider? |
| 17. _____ | _____ | Headaches, dizziness or fainting during, or after, exercise? | | | |
| 18. _____ | _____ | Heart problems (Racing, skipped beats, murmur, infection, etc.?) | | | |
| 19. _____ | _____ | High blood pressure or high cholesterol? | | | |

- Yes No Family History:**
34. _____ Does anyone in your family have Marfan syndrome?
 35. _____ Has anyone in your family died of heart problems or any unexpected/unexplained reason before the age of 50?
 36. _____ Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?
 37. _____ Has anyone in your family had unexplained fainting, seizures, or near drowning?
 38. _____ Does anyone in your family have asthma?
 39. _____ Do you or someone in your family have sickle cell trait or disease?

Use this space to explain any "YES" answers from above (questions #1-38) or to provide any additional information:

40. Are you allergic to any prescription or over-the-counter medications? If yes, list: _____
 41. List all medications you are presently taking (including asthma inhalers & EpiPens) and the condition the medication is for:
 A. _____ B. _____ C. _____
 42. Year of last known vaccination: Tetanus: _____ Meningitis: _____ Influenza: _____
 43. What is the most and least you have weighed in the past year? Most _____ Least _____
 44. Are you happy with your current weight? Yes ___ No ___ If no, how many pounds would you like to lose or gain?
 Lose _____ Gain _____

FOR FEMALES ONLY:

1. How old were you when you had your first menstrual period? _____
 2. How many periods have you had in the last 12 months? _____

PHYSICAL EXAMINATION RECORD (To be completed by a licensed medical professional as designated in Article VII 36.14(1). *This evaluation is only to determine readiness for sports participation. It should NOT be used as a substitute for regular health maintenance examinations.*)

Athlete's Name _____ Height _____ Weight _____

Pulse _____ Blood Pressure _____ / _____ (Repeat, if abnormal _____ / _____) Vision R 20/ _____ L 20/ _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
1. Appearance (esp. Marfan's)			
2. Eyes/Ears/Nose/Throat			
3. Pupil Size (Equal/Unequal)			
4. Mouth & Teeth			
5. Neck			
6. Lymph Nodes			
7. Heart (Standing & Lying)			
8. Pulses (esp. femoral)			
9. Chest & Lungs			
10. Abdomen			
11. Skin			
12. Genitals - Hernia			
13. Musculoskeletal - ROM, strength, etc. (See questions 24-31)			
14. Neurological			

Comments regarding abnormal findings: _____

LICENSED MEDICAL PROFESSIONAL'S ATHLETIC PARTICIPATION RECOMMENDATIONS

FULL & UNLIMITED PARTICIPATION

LIMITED PARTICIPATION - May NOT participate in the following (checked):

Baseball Basketball Bowling Cross Country Football Golf Soccer
 Softball Swimming Tennis Track Volleyball Wrestling

CLEARANCE PENDING DOCUMENTED FOLLOW UP OF _____

NOT CLEARED FOR ATHLETIC PARTICIPATION DUE TO _____

Licensed Medical Professional's Name (Printed) _____ Date of PPE _____

Licensed Medical Professional's Signature _____ Phone _____

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I hereby verify the accuracy of the information on the opposite side of this form and give my consent for the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated above by the licensed professional. I also give my permission for the team's physician, certified athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

Name of Parent or Guardian (Printed) _____ Signature of Parent of Guardian _____

Address (Street/PO Box, City, State, Zip) _____ Phone Number _____

This form has been developed with the assistance of the Committee on Sports Medicine of the Iowa Medical Society and has been approved for use by the Iowa Department of Education, Iowa High School Athletic Association, and Iowa Girls High School Athletic Union. Schools are encouraged NOT to change this form from its published format. Additional school forms can be attached to this form.