

## Screening Sports Physicals Participation Information

The coaches, physicians, nurses, medical assistants and volunteers are donating their time for your benefit and convenience. We have been able to provide these physicals for all the Tracy high school athletes for no charge out of the dedication and kindness of these providers.

These sports physicals are not intended to be in depth medical evaluations. They are physical examinations to determine ability to participate in athletic activity. If a participant has a known medical illness or problem they need to be cleared by a trained physician at their office.

If a participant is found to have a significant problem they will be referred to their physician for a more in depth evaluation and clearance.

**DO NOT COME to these physicals if:**

- 1) \*You have a fever, or any recent or ongoing infection.
- 2) Cardiovascular disease including **any family history of cardiomyopathy or sudden cardiac death.**
- 3) Pulmonary disease including moderate or severe Asthma
- 4) Loss or absence of organs or body part.
- 5) Neurological conditions including history of concussions or seizures.
- 6) History of passing out or loss of consciences.
- 7) History of injury requiring surgical intervention.
- 8) History of an injury that has not returned affected area to full non painful function.

The team physicians Dr Williams and Dr Pulliam will be available for questions on these matters. If there is a student athletes who does have these conditions and does not have a regular physician, arrangements can be made with the team physician for clearance.

All participants under age 18 years are required to have a signed consent by their parent or legal guardian to be seen. The signed and dated medical history form and this signed informational form are sufficient and mandatory. **All participants are expected to come with good hygiene and cleanliness.**

I being 18 years or older or my legal guardian have read and fully understand this information and are compliant to the above rules;

Name of Participant \_\_\_\_\_ Name of legal guardian \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_