Des Moines University

Free School & Sports Physical Fair

Dear local school member or parent:

Des Moines University (DMU) has offered free sports physicals to local children for years. This year we will provide free physicals for athletes in middle or high school on Saturday, July 28, from 8 a.m. – 2 p.m., in DMU's Medical Education Center, 3200 Grand Avenue in Des Moines. Physicians and students from DMU have partnered with physicians and staff from the Des Moines area to provide the exams. In addition to educational information on health topics, the event will also include free EKGs, if indicated. All services are free.

The EKGs are pain-free screenings of the heart that take only a few minutes to complete. Certified cardiologists read the results and any unusual findings are reported to you for follow up with your own physician. Sudden death due to heart problems is rare in young athletes, estimated at one in 200,000. Our goal is to reduce this risk even further by screening before the sports season starts for potential cardiac problems, including other abnormalities that are much less serious but still important for athletes to be aware of. To help improve the accuracy of the tests, it is important that the information you provide regarding personal and family history is as accurate as possible.

Each student must bring the parental consent form with them. This form, along with physical history forms A & B, can be downloaded from ***www.dmu.edu/community/free-school-and-sports-physicals-fair***. Please sign the parental consent form as we cannot do the exam without a parent's signature. All males are advised to wear shorts and T-shirts for the exam to make it easier to do the physical. All females are advised to wear shorts and preferably a sports bra under their T-shirt.

If you have any questions, please visit ***www.dmu.edu*** or call 515-271-1041 for more info.

Sincerely,

Melissa Wilder
Manager, of Community Relations at Des Moines University

Des Moines University

Free School & Sports Physical Fair

CONSENT FORM – FREE PHYSICALS EVENT 2012

I, the undersigned, hereby authorize Des Moines University, its providers, medical students, licensed mental health providers and staff to administer a **free screening physical** to my child. I understand that no medical treatment will be provided. If abnormalities are identified, if pre-existing conditions are found to exist or if it is deemed necessary by a provider, I understand that the forms today may not be signed and I will consult my private physician and/or mental health provider for further evaluation and clearance.

Optional available FREE screenings (please check yes or no for each line)	
Mental Wellness Check*	Yes ❑ No ❑
Electrocardiogram (EKG)	Yes ❑ No ❑
I understand that if I initially elect not to receive an EKG, one may be performed should it be recommended or deemed necessary by the provider administering the physical exam. **Please initial at right.**	

**This will only be performed if the parent is present at the exam OR if the student is 18 years of age or older and gives consent.*

Consent for photographs	
I consent to and authorize Des Moines University, its employees and agents to take photographs of my child in connection with these activities. DMU may use any such materials as the University deems necessary in the furtherance of medical science, education and/or practice. I authorize the use of these images without compensation to me. All photographs, prints and digital reproductions shall be the sole property of Des Moines University. **Please initial at right.**	

Child's Name ____________________ Date of Birth ____________________

Address ____

City ____________________ State __________ ZIP __________

Phone ____________________ School ____________________

Parent/Guardian's Name *(please print)* ____

Parent/Guardian's Signature ____

If you would like to be notified of this event each year, please provide your email address below:

____

Relationship to Child ❑ Parent ❑ Grandparent ❑ Guardian ❑ Other

How did you hear about this event? ❑ Radio ❑ TV ❑ School ❑ Newspaper ❑ Friend ❑ Other

Race/Ethnicity *(check all that apply)* ❑ White or Caucasian ❑ Black or African American ❑ Asian

❑ Hispanic, Latino or Spanish ❑ Other __________

Physical History Form A - Examination Record

PHYSICAL EXAMINATION RECORD (To be completed by a licensed 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 sub stitute for regular health maintenance examinations.

Athlete's Name ____

Height _________ Weight __________ Pulse ___________ Blood Pressure ____________ Vision R 20/______ L 20/_______

	NORMAL	ABNORMAL FINDINGS	INITIALS
1. Appearance (esp. Marfan's)			
2. Eyes/Ears/Nose/Throat			
3. Mouth & Teeth			
4. Neck			
5. Lymph Nodes			
6. Heart (Standing & Lying)			
7. Pulses (esp. femoral)			
8. Chest & Lungs			
9. Abdomen			
10. Skin			
11. Genitals - Hernia			
12. Musculoskeletal - ROM, strength, etc. *(See questions 21-28)*			
13. Neurological			

Comments regarding abnormal findings:

____

____

____

ATHLETIC PARTICIPATION RECOMMENDATIONS

_____ **FULL & UNLIMITED PARTICIPATION**

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

_____ Baseball _____ Basketball _____ Cross Country _____ Football _____ Golf _____ Soccer

_____ Softball _____ Swimming _____ Tennis _____ Track _____ Volleyball _____ Wrestling

_____ **CLEARANCE PENDING DOCUMENTED FOLLOW UP OF** ______________________________

_____ **NOT CLEARED FOR ATHLETIC PARTICIPATION**

____

Licensed Medical Professional's Name *(Printed)* **Date**

____

Licensed Medical Professional's Signature **Phone**

Parent's or Guardian's Permission and Release **(Sign after the physical examination has been completed.)**

I hereby 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, athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

____

Typed or printed Name of Parent or Guardian 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. 7/06

Physical History Form A - Examination Record

used to Screen Sports Pre-Participation and Back-to-School Examinations

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)

Name ____ Male ___ Female ___ Date of Birth _________ Grade _____

Home Address ____ Phone # ________________ _________

Parent's/Guardian's Name ____ Date ____________________________

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 back of this form after the physical examination is completed.***)

Yes No Has this student had any?

1. _____ _____ Chronic or recurrent illness or injury?
2. _____ _____ Any illness lasting more than one (1) week?
3. _____ _____ Rheumatic fever, mononucleosis?
4. _____ _____ Hospitalizations (Overnight or longer)?
5. _____ _____ Surgery, other than tonsillectomy?
6. _____ _____ Missing organs (eye, kidney, testicle)?
7. _____ _____ Allergy to medications, insects, food?
8. _____ _____ Seasonal allergies (hay fever)?
9. _____ _____ Problems with heart, blood pressure, cholesterol?
10. _____ _____ Racing of your heart or skipped heart beats?
11. _____ _____ Chest pain with exercise?
12. _____ _____ Frequent headaches, convulsions, dizziness, fainting?
13. _____ _____ Dizziness or fainting with exercise?
14. _____ _____ Concussion, unconsciousness, extremity numbness?
15. _____ _____ Heat exhaustion, heat stroke, or other heat related problems?

Yes No Has this student had any?

16. _____ _____ Asthma?
17. _____ _____ Epilepsy or other seizures?
18. _____ _____ Diabetes?
19. _____ _____ Eyeglasses or contact lenses?
20. _____ _____ Dental braces, bridges, plates?

Yes No Is there a history of?

21. _____ _____ Injuries requiring medical treatment?
22. _____ _____ Neck injury?
23. _____ _____ Knee injury?
24. _____ _____ Knee surgery?
25. _____ _____ Ankle injury?
26. _____ _____ Broken bones (fractures)?
27. _____ _____ Other serious joint injuries?
28. _____ _____ Use of protective equipment or braces?

Yes No Further History:

29. _____ _____ Is there a history of family or genetic disease?
30. _____ _____ Has any family member died suddenly at less than 40 years of age of causes other than an accident?
31. _____ _____ Has any family member had a heart attack at less than 55 years of age?
32. _____ _____ Are you uncomfortably short of breath after running ½ mile (2 times around a track) without stopping?

Use this space to explain any of the above numbered *YES answers or to provide additional information:*

____

____

____

33. List all medications you are presently taking, including asthma inhalers, and the condition the medication is for:
A. ______________________________ B. ________________________________ C. ______________________________

34. What is the most and least you have weighed in the past year? ***Most*** __________________ ***Least*** ___________________

35. Year of last known: Tetanus (lockjaw) vaccination:______ Meningitis vaccination:______ HBV vaccination:_______

FOR WOMEN ONLY:

1. How old were you when you had your first menstrual period? ____
2. In the past year, what is the longest time you have gone between menstrual periods? ______________________________

Physical History Form B - Personal and Family History

used to Screen Sports Pre-Participation and Back-to-School Examinations

Athlete's Name ______________________________

Date of Exam ______________________________

Personal History

1. Has your child ever had an unexplained/unexpected fainting episode or near fainting episode or loss of consciousness? ❑ Yes ❑ No If yes, explain: ______________________________

   ____

2. Has anyone ever told you that your child has or ever had a heart murmur? ❑ Yes ❑ No

   If yes, explain: ______________________________

   ____

3. Have you ever been told that your child's blood pressure was too high? ❑ Yes ❑ No

   If yes, explain: ______________________________

   ____

Family History

1. Has one or more of your relatives died due to heart disease before age 50 years, whether sudden, unexpected or otherwise? ❑ Yes ❑ No If yes, explain: ______________________________

   ____

2. Do you have a close relative less than 50 years old who has a disability from hear disease? ❑ Yes ❑ No

   If yes, explain: ______________________________

   ____

3. Is there a known family history of certain heart conditions such as hypertrophic or dilated cardiomyopathy, long Q-T syndrome, clinically important irregularities in the heart rhythm or Marfan syndrome? ❑ Yes ❑ No

   If yes, explain: ______________________________

   ____

As parent or guardian of this athlete, all personal and family history information is accurate and true.

____

Signature of Parent/Guardian Date