



Instructional Planning Center

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(White 2017)

TO: Parents of 6-11 Grade Students Interested in Interscholastic High School Athletic Participation
FROM: Molly Satter, Health Services Supervisor
Mark Meile, PE/Athletic Coordinator
DATE: March 01, 2017
RE: Athletic Physical Exam Information

For All Current 6, 7, 8, 9, 10, 11 Grade Students wishing to participate in High School Athletics

Sioux Falls Public Schools currently follows a triennial (every three years) cycle for physical exams for students wishing to participate in **HIGH SCHOOL ATHLETICS**. In order to be eligible for the 2017-2018 school year, students must have a physical exam dated after April 1, 2015. Students in years two and three of their three year cycle will need to fill out a Sioux Falls Schools Athletic Participant Packet.

If your son or daughter experiences pain or injury prior to, during, or between sport seasons, please follow your doctor's advice for care and inform the coach of the concern. Permanent injury often can be prevented by early recognition and appropriate precautions.

For those students who do not have a physical dated 4-1-15 or later:

OPTION 1

The Sioux Falls School District recommends scheduling your student for a physical exam with your family doctor/provider. At this exam, immunizations can be updated and other health issues addressed. The Triennial Physical Evaluation Form (required every three years to participate in athletics) can also be completed at this exam. Most insurance companies will pay for this exam, sometimes a co-pay may apply. When contacting your doctor/provider's office, you must ask for a "wellness exam".

OPTION 2

1. If you don't choose option 1 where your insurance may cover the wellness exam, we have also arranged with a number of local health care providers for a special **\$35.00 rate** for physical exams. **Charges will not be filed with your insurance company at this rate.** In order to qualify for the special rate:
2. Call the clinic and ask for a "School Athletic Physical Exam". Call early this spring as certain scheduling concerns, such as a specific date or month(s) this summer may apply and will vary by clinic and/or doctor.

3. You must take the “Initial/Triennial” Athletic Participant Packet, with your part completed, to the appointment.
4. You must pay the \$35 charge for the physical exam at the time of your appointment.
5. Additional evaluations and/or testing may be at an extra charge.
6. You are responsible to get the completed “Initial/Triennial” Athletic Participant Packet to the appropriate school.
7. Doctors/clinics who offer this service:

Avera Medical Group McGreevy 7th Avenue, 1200 S. 7th Avenue, 336-2140 – By appointment
 Avera Medical Group McGreevy West 41st Street, 6000 W. 41st Street, 361-7208 – By appointment
 Avera Medical Group McGreevy 69th & Western, 1910 W. 69th Street, 322-5200 – By appointment
 Avera Medical Group McGreevy Brandon, 1101 Holly Blvd., 582-3853 – By appointment
 Avera Medical Group McGreevy Dawley Farm, 1035 S. Highline Place, 322-2925- By appointment
 Avera Medical Group McGreevy West Benson Road, 4011 W. Benson Rd., 322-1500- By appointment
 Avera Medical Group 69th & Cliff, 6215 S. Cliff Avenue, 322-3300 – By appointment
 Center For Family Medicine 1115 E 20th St., 339-1783
 Sanford Clinic Family Medicine 4th & Sycamore, 600 N. Sycamore, 328-2999
 Sanford Clinic Family Medicine 26th & Sycamore, 4405 E. 26th St., 328-9000
 Sanford USD 34th & Kiwanis Family Medicine Clinic, 2701 S. Kiwanis Ave., 328-9100
 Sanford Clinic Family Medicine 41st & Sertoma, 7220 W. 41st St., 328-9600
 Sanford Clinic Family Medicine 49th & Oxbow, 3401 W. 49th St., 328-1850
 Sanford Clinic Family Medicine 69th & Minnesota, 6110 S. Minnesota Ave., 328-5800
 Sanford Clinic Family Medicine 69th & Louise, 6101 S. Louise Ave, 312-8000
 Sanford Clinic USD Physicians at 34th & Kiwanis, 2701 S. Kiwanis Ave., 312-8300
 Sanford Clinic Family Medicine Brandon, 1105 E. Holly Boulevard, 582-5820
 Sanford Clinic Family Medicine Hartford, 905 N. Oaks Avenue, 312-5600
 Sanford Clinic Family Medicine, 69th & Louise, 6101 S Louise Ave, 605-312-8000
 Sanford Children’s Clinic MB2, 1205 S Grange Ave Suite 307, 328-7800
 Sanford Children’s Clinic 26th & Sycamore, 4405 E 26th Street, 605-328-9080
 Sanford Children’s Clinic 69th & Louise, 6101 S Louise Ave, 605-312-8000

OPTION 3

Falls Community Health, 521 N. Main, (367-8793) provides services on a sliding fee scale and Avera Health Care Clinic, 300 N. Dakota, Suite 117, (322-6800) provides free services to the non-insured.

SIOUX FALLS PUBLIC SCHOOLS PRE-PARTICIPATION MEDICAL HISTORY

Parent/Guardian must complete this form prior to your student participating in athletics.

NAME _____ GRADE _____ DATE OF BIRTH _____
(Fall 2017)

		Yes	No
1.	Has a doctor ever denied or restricted your participation in sports for any reason?		
2.	Do you have an ongoing medical condition (like diabetes or asthma)?		
3.	Are you currently taking any prescription or non-prescription (over-the-counter) medicines or pills?		
4.	Do you have allergies to medicines, pollens, foods, or stinging insects?		
5.	Have you ever passed out or nearly passed out DURING exercise?		
6.	Have you ever passed out or nearly passed out AFTER exercise?		
7.	Have you ever had discomfort, pain, or pressure in your chest during exercise?		
8.	Does your heart race or skip beats during exercise?		
9.	Has a doctor ever told you that you have a heart murmur, high blood pressure, high cholesterol, or a heart infection?		
10.	Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)		
11.	Has anyone in your family died for no apparent reason?		
12.	Does anyone in your family have a heart problem?		
13.	Has any family member or relative died of heart problems or of sudden death before age 50?		
14.	Does anyone in your family have Marfan Syndrome?		
15.	Have you ever spent the night in a hospital?		
16.	Have you ever had surgery?		
17.	Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?		
18.	Have you had any broken or fractured bones or dislocated joints?		
19.	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?		
20.	Have you ever had a stress fracture?		
21.	Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?		
22.	Do you regularly use a brace or assistive device?		
23.	Has a doctor ever told you that you have asthma or allergies?		
24.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
25.	Is there anyone in your family who has asthma?		
26.	Have you ever used an inhaler or taken asthma medicine?		
27.	Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?		

		Yes	No
28.	Have you had infectious mononucleosis (mono) within the last month?		
29.	Do you have any rashes, pressure sores, or other skin problems?		
30.	Have you had a herpes skin infection?		
31.	Have you ever had a head injury or concussion?		
32.	Have you been hit in the head and been confused or lost your memory?		
33.	Have you ever had a seizure?		
34.	Do you have headaches with exercise?		
35.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
36.	Have you ever been unable to move your arms or legs after being hit or falling?		
37.	When exercising in the heat, do you have severe muscle cramps or become ill?		
38.	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell anemia?		
39.	Have you had any problems with your eyes or vision?		
40.	Do you wear glasses or contact lenses?		
41.	Do you wear protective eyewear, such as goggles or a face shield?		
42.	Are you unhappy with your weight?		
43.	Are you trying to gain or lose weight?		
44.	Has anyone recommended you change your weight or eating habits?		
45.	Do you limit or carefully control what you eat?		
46.	Do you have any concerns that you would like to discuss with a doctor?		

Females only:

47.	Have you ever had a menstrual period?		
48.	How old were you when you had your first menstrual period?		
49.	How many periods have you had in the last 12 months?		

Explain "Yes" answers here: _____

AUTHORIZATION AND CERTIFICATION

As the parent/guardian, my signature (1) authorizes the above named student to participate in athletics and (2) certifies that to the best of my knowledge everything above is complete and correct and with full knowledge of above medical history that the above named student is physically fit to participate in interscholastic athletics for the 2017-18 school year.

_____ 20_____
Date

Signature of Parent

Sioux Falls Public Schools Triennial Physical Evaluation

The HEALTHCARE PROVIDER must complete this form before student may participate in interscholastic high school athletics. Please refer to Pre-participation Health History page for health history and parent permission.

Name: _____ Gender: F M School: _____

Student ID #: _____ DOB: _____ Grade (Fall 2017): _____

1. Blood pressure (sitting) _____ / _____	Repeat in 5 minutes, if elevated _____ / _____.		
2. Height _____			
3. Weight _____	Normal	Abnormal	Comments
4. Vision 20/ _____ (L) 20/ _____ (R)	_____	_____	_____
5. Head	_____	_____	_____
6. Mouth (dentures, braces?)	_____	_____	_____
7. Eyes (contacts?)	_____	_____	_____
8. Chest/lung	_____	_____	_____
9. Heart			
a. Heart sounds	_____	_____	_____
b. Murmurs	_____	_____	_____
c. Pulse (rad. vs fem.)	_____	_____	_____
d. Rhythm	_____	_____	_____
10. Abdomen			
a. Liver or spleen	_____	_____	_____
b. Masses	_____	_____	_____
11. Genitalia			
a. Hernias	_____	_____	_____
b. Testes	_____	_____	_____
12. Orthopedic			
a. Cervical spine	_____	_____	_____
b. Shoulder shrug	_____	_____	_____
c. Deltoid	_____	_____	_____
d. Arms/elbow	_____	_____	_____
e. Hands	_____	_____	_____
f. Hips	_____	_____	_____
g. Knees	_____	_____	_____
h. Ankles	_____	_____	_____
i. Scoliosis	_____	_____	_____
13. Tanner Maturation Index (Optional)	Circle: I II III IV V		

SPORTS PARTICIPATION RECOMMENDED FOR:

_____ All Sports: collision, contact/endurance, other

_____ Contact/Endurance Sports only due to _____

_____ Other Sports Only due to _____

_____ Sports Participation Not Recommended, due to _____

_____ Approval Withheld Pending evaluation for _____

Definition: [Collision=Football/Wrestling]; [Contact/Endurance Sports=Basketball, Cross Country, Gymnastics, Tennis, Track, Volleyball, Baseball, Softball, Soccer, Swimming, Competition Cheer and Competition Dance]; [Other Sports=Golf/Bowling]

Name of Examiner: _____ Date: _____

Signature of Examiner: _____

NOTE: The following licensed medical personnel are qualified to perform the evaluation and certify the health of the student athlete: Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, licensed Physicians Assistant and licensed Nurse Practitioner.