

Belleville Buccaneers
Athletics Department
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THIS PACKET IS FOR STUDENTS THAT HAVE NOT HAD A PHYSICAL WITHIN 365 DAYS (1 YEAR)

Welcome to Belleville Athletics!

In this packet you will find only the athletic physical which must be read and complete by both the parent(s)/guardian(s), the student-athlete wishing to participate in our athletic programs, and the student-athlete's physician. ALL OTHER REQUIRED FORMS MUST BE COMPLETE ONLINE AT ***planeths.com*** prior to participation.

Instructions for online registration can be found on our athletic website at ***bellevilleathletics.org***.

NOTE: The first time you sign in; you will have to create a student-athlete account and a parent/guardian account.

The following items remain a part of the hard-copy packet and must be filled out, signed, and then uploaded to the student account at ***planeths.com***.

- 1. Pre-participation Physical Evaluation/History Form - Complete and sign, then upload as History Form**
- 2. Pre-participation Physical Evaluation/Special Needs Form (if applicable)**
- 3. Pre-participation Physical Evaluation/Physical Examination Form - Complete by Physician**
- 4. Pre-participation Physical Evaluation/Clearance Form - Complete by Physician**

All pages must be reviewed/signed parent/guardian and uploaded to ***planeths.com account**

Complete items **MUST** be signed by student and parent and uploaded to student account on ***planeths.com*** for your child to be able to participate in any form of Interscholastic Athletics.

Thank you for your anticipated cooperation in helping us provide, enjoyable athletic experience for your child.



Dear Parent/ Guardian,

The Athletic Department at **Belleville High School** now hosts their Pre-Participation Athletic Forms online with PlanetHS. This digital platform will allow you, and your student(s), to complete and access athletic forms via computer, tablet, or mobile phone. It is HIPAA, COPPA and FERPA compliant. A link to the privacy policy is located at the bottom of the Sign in page at www.planeths.com.

Parent and student must create separate accounts, using different emails and/or mobile numbers.

Important: Students must be sure to create accounts using accurate information, including their Official Name from school registration, DOB, high school graduation year and school.

*You can click **SELF HELP** on the right of the screen for walkthroughs of the account creation, account linking, and athletic forms functionality.*

STEP 1. Go to www.planeths.com and click on the yellow login button in the top right of the screen .

LOGIN

Once on the Login page, click on

Sign Up

- **OR** - With a smartphone, follow the Quick Account Instructions on the second page of this letter.

Note: if students are under 13, and they create an account, they must know their parent/guardian's email address or mobile phone number. (COPPA COMPLIANCE)

- Choose the type of account you wish to create.
- Complete the requested information.
- Be sure when choosing your school that you choose the school the student is attending.

STEP 2. Link the Parent account to the Student(s) account.

Link Account

You will be led through this process after creating an account. If you do not link accounts at the time of account creation, you can always click the **LINK ACCOUNT** button at any time to complete or initiate the linking process. Parents can link to as many student accounts as they wish by repeating the linking invitation process.

STEP 3. Complete Athletic Forms as Advised.

Athletic Forms

Students with accounts may begin completing digital forms immediately. Parents must be linked to a student account to see the electronic version of the forms. If they are not linked, they will only see example PDF versions of the forms. You can complete forms or see their status at any time by clicking on the **ATHLETIC FORMS** button.

For additional help please refer to the one-page help-guide below, access the complete online forms tips located in the light green bar at the top of the Athletic Forms page in your account or use the light blue self help button located on the right-hand side of your screen.

Athletes cannot participate in sports until digital forms are complete and approved unless otherwise specified by your school. Forms will be valid for the entire school year for which they are filled out, with the exception of the physical exam provided by your physician which will reflect the policy set in place by your athletic department. *Completing and having your Pre-Participation Registration Forms accepted by your school does NOT guarantee you have made the team.*

If you need assistance with PlanetHS or need more information, please consult the help documents found here <https://bigteams.force.com/support/s/> or email schoolsupport@planeths.com. If you have questions regarding the content of form requirements, please contact your school Athletic Director.

Thank you

Belleville High School Athletic Department

*Quick Account Instructions for account creation via mobile phone: If you have not received a request to link accounts with your student; please use the code that corresponds to the school your student attends. If you have multiple students at different campuses, use the code that corresponds to your oldest student. Once you send the code you will immediately receive a text back with a hyperlink to create your account. (Msg & Data rates may apply.)

Belleville High School: via mobile phone send a text to 69274 containing S44208 in the message.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

[illegible]

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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■ PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practice nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION			
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP _____ / _____	Pulse _____	Vision R 20/ _____	L 20/ _____
		Corrected <input type="checkbox"/> Y <input type="checkbox"/> N	
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 			
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 			
Lymph nodes			
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 			
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- ☐ Not cleared
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____
- Reason _____
- Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date of exam _____

Address _____ Phone _____

Signature of physician, APN, PA _____

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex ☐ M ☐ F Age _____ Date of birth _____

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports _____

Reason _____

Recommendations _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

HCP OFFICE STAMP

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SCHOOL PHYSICIAN:

Reviewed on _____	(Date)
Approved _____	Not Approved _____
Signature: _____	

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____