Belleville Buccaneers Athletics Department Office: 973-450-3500 x1005 Cell: 862-926-8486

Mr. Marcellino Marra Athletic Director Belleville High School marcellino.marra@bellevilleschools.org

# THIS PACKET IS FOR STUDENTS THAT HAVE NOT HAD A PHYSICAL WITHIN 365 DAYS (1 YEAR)

### Welcome to Belleville Athletics!

In this packed 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/quardian'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 quarantee 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.

ATTENTION PARENT/GUARDIAN: The preparticipation physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

## **爾 PREPARTICIPATION PHYSICAL EVALUATION**

## HISTORY FORM

vame		Access to the same of the	energentral entral and all	Date of birth		
ex Age Grade	Sch	001	Action and the part of the	Sport(s)	ar certain	Total Alberta
Medicines and Allergies: Please list all of the pres	cription and over	-the-co	ounter r	medicines and supplements (herbal and nutritional) that you are currently	taking	
		******	- La restriction			
Do you have any allergies? ☐ Yes ☐ No ☐ Medicines ☐ Pol	f yes, please ider	ntify sp	eclfic a	illergy below,	****	-
xplain "Yes" answers below. Circle questions you d	on't know the an	SWers	to.		ere vito y a yanganik yanya a meran	19.541700100X
GENERAL QUESTIONS		Yes	No	MEDICAL QUESTIONS	Ves	N
1. Has a doctor ever denied or restricted your participation	in sports for	en statement	-	26. Do you cough, wheeze, or have difficulty breathing during or	163	1
any reason?  2. Do you have any ongoing medical conditions? If so, ple	on ideality		-	after exercise?  27. Have you ever used an inhaler or taken asthma medicine?		_
below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐	Infections			28. is there anyone in your family who has asthma?	SPORTON PROMISED IN	-
Other:			-	29. Were you born without or are you missing a kidney, an eye, a testicle		-
Have you ever spent the night in the hospital?  A Have you ever had suggested.				(males), your spleen, or any other organ?		
4. Have you ever had surgery? EART HEALTH QUESTIONS ABOUT YOU		Yes	10-	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING	or	res	No	31. Have you had infectious mononucleosis (mono) within the last month?		
AFTER exercise?	01			32. Do you have any rashes, pressure sores, or other skin problems?     33. Have you had a herpes or MRSA skin infection?		_
<ol><li>Have you ever had discomfort, pain, tightness, or pressi</li></ol>	re in your	SELVING THEMS		34. Have you ever had a head injury or concussion?	-	-
chest during exercise?		******		35. Have you ever had a hist or blow to the head that caused confusion,		-
7. Does your heart ever race or skip beats (Irregular beats	Name and Address of the Party o	22/20/20/20/20	-	prolonged headache, or memory problems?		
<ol><li>Has a doctor ever told you that you have any heart prob check all that apply:</li></ol>	ems? If so,			36. Do you have a history of seizure disorder?		
☐ High blood pressure ☐ A heart murmur	7			37. Do you have headaches with exercise?		
☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other:		en e	Account of the control of the contro	38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
<ol> <li>Has a doctor ever ordered a test for your heart? (For exa echocardiogram)</li> </ol>	mple, ECG/EKG,			39. Have you ever been unable to move your arms or legs after being hit or falling?		
<ol> <li>Do you get lightheaded or feel more short of breath that during exercise?</li> </ol>	expected			40. Have you ever become ill while exercising in the heat?		
Have you ever had an unexplained seizure?		andrew integrals of the	and the contraction of	41. Do you get frequent muscle cramps when exercising?		
<ol><li>Do you get more tired or short of breath more quickly th</li></ol>	on your friends			42. Do you or someone in your family have sickle cell trait or disease?		
during exercise?	an your manus			43. Have you had any problems with your eyes or vision?	PRINCIPLE STREET	-
EART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	Ho	44. Have you had any eye injuries?  45. Do you wear glasses or contact lenses?	en constitution	in a single
3. Has any family member or relative died of heart problem	s or had an			46. Do you wear protective eyewear, such as goggles or a face shield?		
unexpected or unexplained sudden death before age 50 drowning, unexplained car accident, or sudden infant de	(including sth syndrome)?			47. Do you worry about your weight?		
4. Does anyone in your family have hypertrophic cardiomy	nathy Marfan			48. Are you trying to or has anyone recommended that you gain or		************
syndrome, arrhythmogenic right vantricular cardiomyopa	thy, long OT	-		lose weight?	1960stewns	
syndrome, short QT syndrome, Brugada syndrome, or ca polymorphic ventricular tachycardia?	tecnotaminergic			49. Are you on a special dlet or do you avoid certain types of foods?		
5. Does anyone in your family have a heart problem, pacen	laker, or			50. Have you ever had an eating disorder?	- Land	- Commission
implanted defibrillator?				51. Do you have any concerns that you would like to discuss with a doctor?		
6. Has anyone in your family had unexplained fainting, unes seizures, or near drowning?	plained			FEMALES ONLY		
ONE AND JOINT QUESTIONS		Yes	No	Have you ever had a menstrual period?     How old were you when you had your first menstrual period?		
7. Have you ever had an injury to a bone, muscle, ligament, that caused you to miss a practice or a game?	or tendon			54. How many periods have you had in the last 12 months?		
Have you ever had any broken or fractured bones or dish	cated inints?			Explain "yes" answers here		- Con-Managine
). Have you ever had an Injury that required x-rays, MRI, CI				Approximate the second of the		
injections, therapy, a brace, a cast, or crutches?					THE REAL PROPERTY.	-
Have you ever had a stress fracture?			-		POLAR POLICE AND A TOP OF	**uprorprisery
. Have you ever been told that you have or have you had a instability or atlantoaxial instability? (Down syndrome or	lwartism)		- Contraction of the Contraction			**********
. Do you regularly use a brace, orthotics, or other assistive					nut area a state out accompany	NAME OF THE OWNER, OWNE
Do you have a bons, muscle, or joint injury that bothers y						-
Do any of your joints become painful, swollen, feel warm,						
. Do you have any history of juvenile arthritis or connective	tissue disease?				CERT PLE SHIPP (VALUE BOAR)	eteriou

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

Date of E	xam		or (DECNIC) New Chapter Is allowed throst the Architecture of the			
Name _				Date of bir	th	PER SERVICE AND A SERVICE AND A SERVICE AND A SERVICE AS A
Sex	Age	Grade	School	Sport(s)	ACTION TO THE TOTAL AND A STATE OF THE STATE	
1. Type	of disability	NAME OF THE OWNER OF THE OWNER.				NEW STREET, ST. CO. ST
	of disability	and the second				
3. Class	dification (if available)		en kalantan kana Panadakan ana dalak kahada Perhada and 19.00 Perh		South and the second of the second se	
4. Caus	e of disability (birth, dis	sease, accident/trauma, other)				and a classification of the foreign to the management of the control of the contr
ACROPACIO DI PERMINANDA PRIMITE	he sports you are Inter					eliarkoki ankadowa senishinki birtitika (penesikan) kungkingk
					Yes	No
6. Do yo	ou regularly use a brac	e, assistive device, or prosthet	ic?			
Andrew Andrews	AND ADDRESS OF THE PARTY OF THE	ce or assistive device for sports				1
		essure sores, or any other skin	problems?			
winds a second service	SENSON STATEMENT OF THE SENSON	Do you use a hearing aid?				
	ou have a visual impair	CONTRACTOR STOCKED TO CONTRACT WHEN STOCKED SPREAMED AND STOCKED SPREAMED AND STOCKED STOCKED SPREAMED AND STOCKED SPREAMED STOCKED SPREAMED SPREAM				
A NAME OF THE PARTY OF THE PART		ices for bowel or bladder funct	ion?			1
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	you had autonomic dy		Annal Annal Annal Annal Annal Annal Anna	A Company of the Comp		-
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COMMUNICATION OF THE PERSON	ou have muscle spastic	Market Control of the	w moderation?			<del> </del>
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Explain "y	es" answers here					
						and of the parameters are necessary as a superior of the
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Please Inc	dicate if you have eve	r had any of the following.				
					Yes	No
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	sa or tingling In legs or	feet		0.000 (0.000 p.) (0.00		
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<i>u-x</i>	The second of th		A decided to the second		CONTRACTOR OF THE PROPERTY OF	enimo e initro de disensacio successo de mestras de co
I hereby s	tate that, to the best	of my knowledge, my answe	ers to the above questions are complete a	and correct.		
Signature of	fathlete		Signature of parent/guardian		Date	
	- minn Annahau at Ei	umilu Dhusisiane American Aca	damy of Padiatrics, American College of Soc	ute Medicina Amarican Medical Society for	Snorte Madicino Amaric	an Orthonsodic

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NOTE: The preparticiaption 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

Date of birth Name **PHYSICIAN REMINDERS** 1. 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? 2. Consider reviewing questions on cardiovascular symptoms (questions 5-14). EXAMINATION □ Mar. ☐ Female Height Weight Corrected D Y D N Vision R 20/ L 20/ BP Pulse ABNORMAL FINDINGS MEDICAL MORMAL Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) Eyes/ears/nose/throat Pupils equal
 Hearing Lymph nodes Heart\* Murmurs (auscultation standing, supine, +/- Valsalva) · Location of point of maximal impulse (PMI) Pulses Simultaneous femoral and radial pulses Lungs Abdomen Genitourinary (males only)<sup>b</sup> HSV, lesions suggestive of MRSA, tinea corporls Neurologic o MUSCULOSKELETAL Nack Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle Foot/toes Functional Duck-walk, single leg hop \*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
\*Consider GU exam If in private setting. Having third party present is recommended. \*Consider 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 athlets 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). Date of exam Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/lype) Phone Address Signature of physician, APN, PA

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# PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

		Sex D M D F Age	Date of birth
<ul> <li>Cleared for all sports without</li> </ul>	restriction		
☐ Cleared for all sports withou	restriction with recommendations for furth	her evaluation or treatment for	
□ Not cleared			
☐ Pending further	evaluation		
☐ For any sports			
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Other information			
		SCHOOL PHYSICIAN:	
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		SCHOOL PHYSICIAN: Reviewed on	
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I have examined the above clinical contraindications and can be made available the physician may rescine (and parents/guardians).  Name of physician, advanced Address  Signature of physician, APN, 1	a-named student and completed the practice and participate in the set to the school at the request of the the clearance until the problem is practice nurse (APN), physician assista	SCHOOL PHYSICIAN:  Reviewed on  Approved Not  Signature:  e preparticipation physical evaluation.  port(s) as outlined above. A copy of the parents. If conditions arise after the at resolved and the potential consequence	Approved  The athlete does not present apparen physical exam is on record in my offithlete has been cleared for participaties are completely explained to the attention of the phone

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