

MEDWAY SCHOOL BOARD POLICY

Physical Examinations of Students Participating in Athletics

Students between the sixth grade and high school graduation who wish to participate in athletics are required to have physical examinations and medical approval at least every other year. A complete exam is required prior to the athlete's entry into a competitive sports program.

The history portion of the **Pre-Participation Physical Exam (PPPE, form A)** shall be completed by the athlete, and signed by the parents/guardian. The physician shall complete and sign the physical examination and clearance documents indicating the student has been examined, is cleared to participate with or without restrictions (define the former).

In the off year, a brief health history form, student extra-curricular information sheet shall be completed, signed by the parent, and submitted to the athletic director for review prior to participation. Forms containing any "yes" responses shall be submitted to the school nurse for review and possible consultation with a physician. A determination will be made concerning the need for another complete physical exam prior to participation.

Reference:

MPA Interscholastic Management Committee 4/05

Revised: March 27, 2012

Adopted: November 1, 2005

**Medway Middle School
Student Extra-Curricular Information Sheet**

Student's Name: _____ Activity: _____

Student's Address: _____

Student's Parent/ Guardian: _____

Student's Grade: _____ Phone Number: _____

The following information is needed:

Primary Insurance Company: _____

Policy Number: _____ Doctor's Name: _____

In case of injury, who can we notify if we cannot get in touch with you?

Please give names and telephone numbers:

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

3. Name: _____ Phone #: _____

In order to be able to participate in athletics, athletes must have a current physical examination. Physicals are valid for two (2) years from the date of the exam. During the second year, the questionnaire below must be completed before participation.

Date of last physical examination: _____

	Yes	No
1. Have there been any major injuries, surgery or serious illnesses since the last sports exam?	_____	_____
2. Is the athlete under the care of a physician or taking medicine now?	_____	_____
3. Does the athlete, his/her parents, or his/her physician feel that the athlete should be limited in sports participation?	_____	_____
4. Are there any new allergies?	_____	_____
5. Does the athlete wear glasses or contact lenses?	_____	_____
6. Has there been any chest pain, dizziness or fainting with exercise since the last sports exam?	_____	_____

Parent's Signature: _____ Date: _____

Refer to Nurse: Yes _____ No _____ If yes, Nurse's signature: _____

Determination: Physical exam required: Yes _____ No _____

