



**Holy Spirit**  
CATHOLIC  
SCHOOL

## ***GRADES 2nd-8th***

### **SPORTS PHYSICALS**

*April 17th and May 1st 2024*

*Cost \$20.00 for each athlete*

**Attention Parents With Students that will be entering grades 3rd thru 9th next fall**

<b><u>3rd and 4th Grade Sports offered through GRACEAC</u></b>	<b><u>5th, 6th, 7th and 8th Grade Sports offered Through GRACEAC</u></b>
(Fall) Flag Football-Boys and Girls	(Fall) Tackle Football-Boys and Girls
(Fall) Cheer-Girls	(Fall) Cheer-Girls
(Fall) Boys Soccer	(Fall) Boys Soccer
	(Fall) Cross Country Boys and Girls
(Winter) Basketball Boys and Girls	(Winter) Boys and Girls
	(Winter) Ski
(Spring) Lacrosse Boys and Girls	(Spring) Lacrosse Boys and Girls
(Spring) Track Boys and Girls	(Spring) Track Boys and Girls
(Spring) Girls Soccer	(Spring) Girls Soccer
Cheer	(Spring) Tennis 6th-8th boys and girls
	Cheer and Competitive Cheer

Students who are in current grade 2nd to 8th grade and who are planning on participating in sports for the 2024.2025 school year at Holy Spirit will be **required** to have a sports physical on file that is dated **after** April 1st, 2024. If your child is currently in the 8th grade, he or she can also have their sports physical for entering high school. A copy of the form will be sent home for you to turn into that high school.

The cost for the sports physical is \$20.00. Sports physicals will take place April 17th for 5th thru 8th grade and then on May 1st for 2nd to 4th graders. Times will be scheduled based on forms turned in. Starting time for the sports physicals will begin at 12:45pm

Physicals will be performed by Dr. Michael App. This is a fundraiser for our school with proceeds going to the Athletic Boosters.

**Please fill out the attached MHSSA forms for each child that will be participating in sports for the next school year. Please Return the form to the school office with payment(s) by April 10th 2024. Please make checks out to "Holy Spirit Athletics." Once the physical is completed, it will be filed in the sports physical file here at school. Please indicate if you would like a copy sent home.**

**Any student who chooses to have a sports physical done outside of school must have one done after April 1st, 2024, and turned in before August 1st, 2024, in order to participate in a fall sport. This applies to all levels.**

If you have questions, please contact Rosemary Sweedyk at [athletics@hsparish.org](mailto:athletics@hsparish.org).

Sincerely,

Holy Spirit Athletic Boosters



# PHYSICAL EXAMINATION CLEARANCE FORM

This form must be on file in the school before practicing with any athletic team

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sports: \_\_\_\_\_

I certify that the above student has been medically evaluated and is deemed to be physically fit to: (Check One Box)

- (1) Participate in all school interscholastic activities without restrictions.
- (2) Not cleared for:  All Sports  Specific Sports \_\_\_\_\_

**Cross out specific sports below not cleared for participation.**

**Sport classification based on contact:**

Collision Contact Sports		Limited Contact Sports			Non-contact Sports	
Basketball	Ice Hockey	Baseball	Alpine Skiing	Track Field Events	Bowling	Track Running
Boys Lacrosse	Soccer	Competitive Cheer	Girls Softball	High Jump	Cross Country	Track Field Events
Diving	Wrestling	Girls Lacrosse		Pole Vault	Golf	Discus
Football		Girls Gymnastics		Girls Volleyball	Swimming	Shot Put
					Tennis	

**Sport classification based on intensity and strenuousness:**

High Intensity High-to-Moderate Dynamic High-to-Moderate Static	High Intensity High-to-Moderate Dynamic Low Static	High Intensity Low Dynamic High-to-Moderate Static	Low Intensity Low Dynamic Low Static
Alpine Skiing Cross Country Football Ice Hockey	Track Events - Distance Track Events - Sprint Wrestling	Baseball Lacrosse (Boys and Girls) Tennis Soccer Girls Volleyball	Swimming Girls Competitive Cheer Bowling Golf
		Girls Gymnastics	

- (3) Requires further evaluation before a final recommendation can be made.  
Additional recommendations for the school or parents: \_\_\_\_\_

*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 provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).*

Examiner Signature: \_\_\_\_\_ DO MD NP PA Date of Exam: \_\_\_\_\_

Print Examiner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**COPY BOTH SIDES OF THIS SHEET FOR THE STUDENT TO RETURN TO THE SCHOOL AND KEEP THE ENTIRE FORM IN THE STUDENT'S MEDICAL RECORD**

----- < DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE > -----

**EMERGENCY INFORMATION FOR:** \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies – Drug Reactions – Current Medications: \_\_\_\_\_

Other Special Medical Information: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (W) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (C) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Personal Physician \_\_\_\_\_ Office Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



# INFORMATION & CONSENT FORM

- To be completed by parent/guardian or 18 year old or older student-athlete; please take time to complete the form to ensure the good health and safety of the student-athlete
- Must be signed in **four (4)** places by parent/guardian or 18 year old or older student-athlete (Below and on page 3)
- The exam date must be performed **on or after April 15<sup>th</sup>** to be valid for the following school year
- Copies of the first two pages, Clearance Form and Information & Consent Form, must be kept on file with school athletic department

Student Name: _____		
Last	First	Middle Initial
Sex: _____	Grade: _____	Age: _____
Date of Birth: _____		
School: _____		Sport(s): _____
Student's Address: _____		
Street	City	Zip
Father's/Guardian Name: _____		
Phone (home): _____	(work): _____	(cell): _____
Mother's/Guardian Name: _____		
Phone (home): _____	(work): _____	(cell): _____

## STUDENT PARTICIPATION & PARENT OR GUARDIAN OR 18 YEAR OLD CONSENT

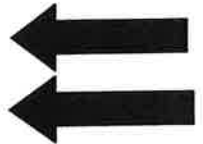
The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements. Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby, waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee-members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA

I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

Signature of STUDENT: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of PARENT OR GUARDIAN OR 18 YEAR-OLD \_\_\_\_\_ Date \_\_\_\_\_



**INSURANCE STATEMENT:** Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: Yes No

If yes, Family Insurance Co: \_\_\_\_\_ Insurance ID # \_\_\_\_\_

**MEDICAL TREATMENT CONSENT:** I, \_\_\_\_\_, an 18 year-old, or the parent or guardian of \_\_\_\_\_, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

Signature of PARENT OR GUARDIAN OR 18-YEAR-OLD \_\_\_\_\_ Date \_\_\_\_\_



Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

EXAMINATION		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Height	Weight		
BP	Pulse	Vision R 20/	L 20/
		Corrected <input type="checkbox"/> Y <input type="checkbox"/> N	
MEDICAL	NORMAL	ABNORMAL FINDINGS	
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 <sup>①</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) <sup>②</sup>			
Skin • HSV, lesions suggestive of MRSA, linea corporis			
Neurologic <sup>③</sup>			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

- ① Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
- ② Consider GU exam if in private setting. Having third party present is recommended.
- ③ 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 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 (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Physician \_\_\_\_\_ (Circle One) MD DO PA NP