

PHYSICAL EXAMINATIONS OF STUDENTS

The Board is aware of the relationship between student health and success in school. Recognizing that parents/guardians bear the major responsibility for attending to the health needs of their children and that the school system has an interest in the well-being of its students, the Board adopts the following policy.

A. Physical Examinations and Screenings

Parents/guardians shall be required to have their Pre School and Kindergarten children physically examined prior to entering school and encouraged prior to grades 4, 7 and 10. Dental examinations shall also be encouraged.

Vision and hearing screenings will be conducted as required by Maine law. Parents will be notified of any suspected health problems identified through screening.

School staff are encouraged to be alert to the general well-being of students and should refer any concerns to the building principal and/or school nurse.

B. Participation in Athletics

Students who wish to participate in middle school or high school athletics are required to have a physical examination and medical approval before doing so. Students participating in athletics must have a physical examination on a schedule recommended by their health care provider, but not less frequently than once every two years. A student will not be allowed to participate in practice or competition without the required physical examination and medical approval.

A report of physical findings and recommendations will be written and signed by the licensed physician. The school nurse will be responsible for notifying trainer and coaches of any recommendations. All physicals will be filed in the school health record. All physicals presented to coaches must be turned in to the athletic director or school nurse by the next day.

Each athlete needs to report injuries to their coach and/or trainer. Accident reports need to be completed and given to the athletic director by the next day.

Any athlete with an illness or injury requiring care by a medical facility or physician, needs to present completed and signed RETURN TO PARTICIPATION FORM to the coach or athletic

director. These forms need to be forwarded to the school nurse immediately to be filed in the school health file.

Each year student athletes and their parents/guardians will be required to complete a health questionnaire form to be filed in the student health record.

Legal Reference: 20-A M.R.S.A. §§ 6402-A, 6451-6453
20 U.S.C. § 1232h(c)

Cross Reference: JLCB - Immunization of Students

Adopted: 7/05

Revised: February 10, 2014

RETURN TO PARTICIPATION FORM
MSAD #59
Madison, Maine 049590

Date: _____

Patient Name: _____ DOB: _____

Diagnosis: _____

Date of injury/surgery/illness: _____

Patient is to remain out of _____ school _____ gym _____ athletic activities
Until _____

Patient will be able to return to school beginning _____, with the following restrictions:

_____ no restrictions

_____ restricted school activities (specify) _____

_____ restricted sports participation (specify) _____

_____ restricted gym activities (specify) _____

_____ other restrictions or comments: _____

I plan to see him/her again on _____

Signature of physician

Date

SPORTS HEALTH QUESTIONNAIRE
MSAD #59
Madison, Maine 04950

It is not necessary to have a physical examination for each individual season or sport. You must have had a complete physical examination by a licensed physician in the past two years – physicals are effective for two years.

This form must be completed and signed by the parent and student. All the questions on this questionnaire must be answered by the student and parent-any “Yes” answers need to be explained on the back of the form.

*All information remains confidential and is only used for providing care to the student athlete.

Date: _____

Name: _____ Birth Date: _____

1. Do you have allergies? Yes _____ No _____

If yes, to what? _____

If you are prescribed an epi-pen for severe allergic reactions, you must have one with you at all times!

2. Are you taking any medications? Yes _____ No _____

If yes, what are they and what are they for? _____

3. Do you receive treatment/have an inhaler for asthma? Yes _____ No _____

If you are prescribed an inhaler, you must have one with you at all times!

4. Have you ever been restricted from any sport because of an illness or injury in the past two years?

Yes _____ No _____

5. Have you ever been unconscious or lost memory from a blow to your head?

Yes _____ No _____

6. Have you had a fracture or dislocation in the past two years? Yes _____ No _____

7. Have you had a knee or ankle injury in the last two years? Yes _____ No _____

8. Have you ever suffered a neck or back injury? Yes _____ No _____

9. Have you ever felt faint or fainted during exercise? Yes _____ No _____

10. Have you had an illness lasting longer than one week in the last 6 months?

Yes _____ No _____

11. Please circle any of the following that you have or are currently receiving treatment for:

- | | | |
|----------------------|-------------------------|----------------------|
| anemia | hernia | |
| diabetes | pneumonia | |
| appendicitis | epilepsy | spleen injury |
| lupus | high/low blood pressure | heart murmur |
| rheumatoid arthritis | heart disease | heart abnormality |
| eating disorder | kidney disease/injury | menstrual disorder |
| headaches | mononucleosis | liver disease/injury |

OVER-SIGNATURE REQUIRED

Explain any circles answers: _____

Explanation of "yes" answers: _____

To the best of my knowledge, all of the information in this questionnaire is accurate.

Student-athlete signature

Date

Parent/guardian signature

Date

Grade

School