Sports Physicals for 2024 - 2025 School Year

Attention Parents/Guardians:

Winslow Township Middle School will be offering physicals on May 14th, during the school day, for any current 7th or 8th grader who is interested in participating in a sport next school year. Spots are limited and physicals will be on a "first come, first serve" basis. *The attached "Health History Questionnaire" must be completed in full and returned to Mr. Watson in C-100 no later than Tuesday, April 23rd.* Passes will be distributed the morning of 5/14 to eligible students with their assigned time for the physical. Please feel free to contact me with any questions.

Thank you,

Jeff Watson
Assistant Athletic Director Winslow Middle School
watsoje@winslow-schools.com

* This is a physical for Winslow school sports only, and is not a substitute for an annual physical that should be conducted by your child's primary physician.

What: Sports physicals good for the 2024-2025 school year *The physical will be valid at both the middle and high schools

When: Tuesday, May 14th, during the school day

Who: Any current WTMS 7th or 8th grade student

Requirements: Complete and return the Health History Questionnaire to Mr. Watson by Tuesday, April 23rd.

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

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

mo	_		Date of birth			
x Age Grade Scho	ial					
Medicines and Allergies: Please list all of the prescription and over-	the-co.	voter me	edicines and supplements (herbal and nutritional) that you are currently	laking		
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lo you have any allergles?	шу эре		Flood Stinging Insects			
plain "Yes" answers below. Circle questions you don't know the am	wers to	D,				
ENERAL QUESTIONS	Yes	No.	MEDICAL QUESTIONS	Ves	No	
Has a doctor ever denied or restricted year participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
2. Do you have any cogoing medical conditions? If an please identify			27. Heve you over used an inhalor or taken anthma medicine?			
below Actions Actions Anemia Diabetes Infections Other:			26. Is there anyone in your family who has assume?			
3. Have you ever sport the night in the hospital?			 Were you born without or are you missing a kidney, an eyn, a testicle (males), your spines, or any other organ? 			
4. Have you ever had surgery?			30. Do you have groin pain or a painful bulge or hemia in the groin area?			
EART HEALTH QUESTIONS ABOUT YOU	Yes	No	31. Here you had intectious mononycleosis (mono) within the last month?			
5. Have you ever present out or meanly passed out DURING or			32. Do you have any cashes, pressure sores, or other skin problems?			
AFTER exercise?	_		33. Have you had a herpes or MRSA sion infection?			
Hirve you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			34. Wave you ever had a head injury or concussion?			
7. Does your beart ever race or nióp beals (irregular beats) during mondion?			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?			
5. Has a doctor ever told you that you have any heart problems? If so,			35. Do you have a Vistory of selzure disorder?			
check all that apply: D High blood pressure D A heart murmur			37. Do you have headaches with exercise?			
☐ High cholesterol ☐ Aleast infection ☐ Kawasaki disease Other:			38. Have you ever had numbrates, lingling, or weakness in your arms or legs after being till or falling?		Г	
Her a doctor over ordered a test for your heart? (For example, ECB/EVS, exhocardingram)			39. Keve you ever been unable to move your arms or legs after being hit or talliso?			
Do you get lightheaded or feel more short of breath than expected			40. Have you ever become ill while exercising in the heat?			
during exercise?			41. Do you get frequent muscle cramps when exercising?			
Have you ever had an unexplained seture?			42. Do you or someone in your family have sickle cell trait or disease?			
 Do you get more three or short of breath more quickly than your friends during exercise? 			43. Have you had any problems with your eyes or vision?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	Tito	44. Have you had any eye injuries?		1	
3. Has any family member or relative died of heart problems or had an	-	1,140	45. Do you wear glasses or contact lesses?			
unexpected or unexplained sudden death before age 50 (including			46. On you were protective eyewear, such as goggles or a face shield?		-	
Growning, unexplained car accident, or sudden infant death syndrome(?) 4. Does anyone in your family have hypertrophic condemycouthy, Martan			47. Do you warry about your weight? 48. Are you trying to or has anyone recommended that you gain or		+	
syndrome, acroythmogenic right ventricular cardiomyceatry, long 07			lone weight?			
syndrome, short QT syndrome, Brugada syndrome, or catecholominergic polymeronic ventricular tachycardia?			49. Are you on a special diet or do you avoid certain types of foods?			
5. Daes anyone in your family have a heart problem, passmaker, or	-		50. Have you ever had an eating disorder?			
implanted defiliritiator?			51. Do you have any concerns that you would like to discuss with a doctor?			
6. Has anyone in your family had onexplained fainting, unexplained			FEMALES ONLY	24	15.1	
anizures, or near drowning? IONE AND JOINT QUESTIONS	Van	786	52. Have you ever had a menatrual period?	_	1	
7. Have you over had an intary to a bone, muncle, Rosment, or tendon	Yes	.No	53. How old were you when you had your first menstrual period? 54. How many periods have you had in the last 12 months?		_	
that caused you to miss a practice of a game?			Explain "yes" answers here	-		
8. Have you ever had any broken or fractured bones or dislocated joints?			Cohemi Nes automaté unic			
it. Have you ever had an injury that required a-rays, MRI, CT scan,						
Injections, therapy, a brace, a cast, or crutches? 9. Have you ever had a stress traches?						
 Have you ever been told that you have or have you had an x-ray for neck. 						
instability or affantoaxial instability? (Down syndrome or dwarfact)						
2. Do you regularly use a brace, ortholics, or other assistive device?					_	
 Do you have a bone, muscle, or joint injury that bothers you? 						
4. Do any of your joints become paintal, swollen, feel warm, or look red?						
 Do you have any history of juvenile arthritis or connective lissue discusso? 						
hereby state that, to the best of my knowledge, my answers to						

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

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Age Grade School Sprottip) Type of dinability Date of disability Chiscoffication of disability Chiscoffication of disability Chiscoffication of disability (birth, disease, accident/brazana, other) List the sports you are interested in playing Yes No 5. Do you regularly use a base, assistive device, or prostingtic? 7. Do you was any special brace or anxiety device for aporta? 9. Do you have any special brace or anxiety device for aporta? 9. Do you have an eleval impairment? 1. Do you have a stead impairment? 1. Do you was easy special devices for bowel or bladder function? 2. Do you have a stead impairment? 3. Here you had autonomic dystefies/a? 4. Here you was been disposed with a heat-related pyperthermist) or cold-related (hypothermist) liness? 5. Do you have my frequent entire that cannot be controlled by medication? 9. Do you have my frequent entire that cannot be controlled by medication? 9. Do you have my frequent entire that cannot be controlled by medication? 1. De you have requent entire that cannot be controlled by medication? 1. De you have requent entire that cannot be controlled by medication? 1. De you have ever had sey of the following. 1. De you have ever had sey of the following.	de of Exam		E 7 70 10		
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