Molalla High School Online Sports Registration
Announcing FamilyID- Athletics

November 12, 2018

Greetings MHS Families,

We are excited to announce that we are offering the convenience of online registration through FamilyID (www.familyid.com). FamilyID is a secure registration platform that provides you with an easy, user-friendly way to register for our programs, and helps us to be more administratively efficient and environmentally responsible. When you register through FamilyID, the system keeps track of your information in your FamilyID profile. You enter your information only once for each family member for multiple uses and multiple programs.

BEFORE YOU REGISTER:
Football, Wrestling, Basketball and Soccer must have a new physical every year. All other sports are every other year.

All physicals must be on the approved OSAA physical form.

You may now download the physical on the online registration form! Or you may give it to the athletic office by email or personally: debbie.freshour@molallariv.k12.or.us

INFORMATION NEEDED TO REGISTER:

It will be helpful to have the following information handy to allow for accurate completion of your online registration.

1. Doctors name and number
2. Health insurance name and policy numbers or purchase school insurance
3. Preferred hospital
4. Emergency contacts-name and number

REGISTRATION PROCESS:
A parent/guardian should register by clicking on this link:

https://www.familyid.com/molalla-high-school
# School Sports Pre-Participation Examination – Part 1: Student or Parent Completes

## HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the provider. The provider should keep this form in the medical record.)

<table>
<thead>
<tr>
<th>Date of Exam:</th>
<th>Date of birth:</th>
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<table>
<thead>
<tr>
<th>Sex:</th>
<th>Age:</th>
<th>Grade:</th>
<th>School:</th>
</tr>
</thead>
</table>

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

**Do you have any allergies?**
- [ ] Yes
- [ ] No

- [ ] Medicines
- [ ] Pollens
- [ ] Foods
- [ ] Stinging Insects

Explain “Yes” answers below. Circle questions you do not know the answers to.

### GENERAL QUESTIONS

1. When was the student's last complete physical or “checkup?”
   - Date: Month/Year __/____ (Ideally, every 12 months)
   - **Yes**
   - **No**

2. Has a doctor or other health professional ever denied or restricted your participation in sports for any reason?
   - **Yes**
   - **No**

3. Do you have any ongoing medical conditions? If so, please identify below.

4. Have you ever had surgery?
   - **Yes**
   - **No**

### HEART HEALTH QUESTIONS ABOUT YOU

5. Have you ever passed out or nearly passed out DURING or AFTER exercise?
   - **Yes**
   - **No**

6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?
   - **Yes**
   - **No**

7. Does your heart ever race or skip beats (irregular beats) during exercise?
   - **Yes**
   - **No**

8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:
   - High blood pressure
   - A heart murmur
   - High cholesterol
   - A heart infection
   - Kawasaki disease
   - Other:
   - **Yes**
   - **No**

9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)
   - **Yes**
   - **No**

10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?
    - **Yes**
    - **No**

11. Have you ever had a seizure?
    - **Yes**
    - **No**

### HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (excluding drowning, unexplained car accident or sudden infant death syndrome)?
    - **Yes**
    - **No**

13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?
    - **Yes**
    - **No**

### BONE AND JOINT QUESTIONS

14. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice, game or an event?
    - **Yes**
    - **No**

15. Do you have a bone, muscle or joint problem that bothers you?
    - **Yes**
    - **No**

### MEDICAL QUESTIONS

16. Do you cough, wheeze or have difficulty breathing during or after exercise?
    - **Yes**
    - **No**

17. Have you ever used an inhaler or taken asthma medication?
    - **Yes**
    - **No**

18. Are you missing a kidney, an eye, a testicle (male), your spleen or any other organ?
    - **Yes**
    - **No**

19. Do you have any rashes, pressure sores, or other skin problems such as herpes or MRSA skin infection?
    - **Yes**
    - **No**

20. Have you ever had a head injury or concussion?
    - **Yes**
    - **No**

21. Have you ever had numbness, tingling, or weakness, or been unable to move your arms or legs after being hit or falling?
    - **Yes**
    - **No**

22. Have you ever become ill while exercising in the heat?
    - **Yes**
    - **No**

23. Do you or someone in your family have sickle cell trait or disease?
    - **Yes**
    - **No**

24. Have you, or do you have any problems with your eyes or vision?
    - **Yes**
    - **No**

25. Do you worry about your weight?
    - **Yes**
    - **No**

26. Are you trying to or has anyone recommended that you gain or lose weight?
    - **Yes**
    - **No**

27. Are you on a special diet or do you avoid certain types of food?
    - **Yes**
    - **No**

28. Have you ever had an eating disorder?
    - **Yes**
    - **No**

29. Do you have any concerns that you would like to discuss today?
    - **Yes**
    - **No**

### FEMALES ONLY

30. Have you ever had a menstrual period?
    - **Yes**
    - **No**

31. How old were you when you had your first menstrual period?
    - **Yes**
    - **No**

32. How many periods have you had in the last 12 months?
    - **Yes**
    - **No**

Explain "yes" answers here:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete __________________________ Signature of parent/guardian __________________________ Date __________

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C.R.S. 23-13.4-104, Section 1(3). "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(3). "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed nurse practitioner; (c) licensed professional nurse; (d) licensed physician assistant; (e) certified nurse practitioner; or (f) licensed chiropractor who has clinical training and experience in detecting cardiopulmonary diseases and defects."
**PHYSICAL EXAMINATION FORM**

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<thead>
<tr>
<th>EXAMINATION</th>
<th>WEIGHT</th>
<th>BMR</th>
<th>BP:</th>
<th>Weight:</th>
<th>Pulse:</th>
<th>Vision R 20/</th>
<th>Vision L 20/</th>
<th>Corrected</th>
<th>YES</th>
<th>NO</th>
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**MEDICAL**

- Appearance
- Eyes/ears/nose/throat
- Lymph nodes
- Heart
  - Murmurs (auscultation standing, supine, with and without Valsava)
- Pulses
- Lungs
- Abdomen
- Skin
- Neurologic

**MUSCULOSKELETAL**

- Neck
- Back
- Shoulder/Arm
- Elbow/Forearm
- Wrist/Hand/Fingers
- Hip/Thigh
- Knee
- Leg/Ankle
- Foot/Toes

☐ 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:


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I have examined the above-named student and completed the preparticipation physical examination. 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 file 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 potentially serious consequences are completely explained to the athlete and parents/guardians. This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".

Name of provider (print/type): ____________________________
Address: ____________________________________________
Date: _______________ Phone: _______________________

Signature of provider: ________________________________

ORS 336.479, Section 1(3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed osteopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."