



Health Form and Immunization Certificate Requirements 2021-2022 School Year

Dear DeMatha Parent/Guardian,

Enclosed are five health forms, listed below and **required for ALL students**, athletes and non-athletes. In addition, there is one Maryland Department of Health and Mental Hygiene (DHMH) Immunization Certificate, also **required for ALL students**.

1. Physical Examination Form
2. History Form
3. Student Athlete Emergency Form
4. Safe Sports School Form
5. COVID-19 Screening Form
6. Immunization Certificate

The first required form, the *Physical Examination Form*, must be completed, signed, and dated by the student's doctor **AFTER June 1, 2021**. The remaining required forms, the *History Form*, the *Student Athlete Emergency Form*, the *Safe Sports School Form*, and the *COVID-19 Screening Form* must also be completed by the parent/guardian.

The Immunization Certificate, like the Physical Examination Form, must also be completed and signed by the student's doctor. If you are already in possession of this certificate, and it meets DHMH guidelines for attending a K-12 school, you may submit what you have. For more information regarding DHMH guidelines please visit www.dhmh.maryland.gov, and click on 'School Immunization Information' under the 'Frequently Asked Questions' heading.

Parents/guardians of ALL INCOMING STUDENTS must create an Athletic Training Systems (ATS) account profile to submit the appropriate forms described above. ATS is the system DeMatha uses to maintain its health records. Directions to create this profile can be found on the next page. All completed forms must be uploaded to the student's ATS account no later than July 15, 2021.

IMPORTANT NOTES:

- Please keep a copy of all forms you have uploaded.
- **Students are not permitted to attend school and/or participate in any sports (try-out or practice) until all required health forms, including the Immunization Certificate, are completed and uploaded to ATS.**
- The Physical Exam must be performed and the *Physical Exam Form* must be signed by the doctor **after June 1, 2021** to be valid for the 2021-2022 school year.

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____ Grade _____

- Do you feel stressed out or under a lot of pressure?
- Do you feel safe at your home or residence?
- Do you ever use cigarettes, chewing tobacco, snuff, or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or used any other performance supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you ever feel sad, hopeless, depressed, or anxious?
- Do you wear a seat belt, use a helmet, and use condoms?
Have you in the past 30 days?

EXAMINATION		Pulse	
Height	Weight	BP	/
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 • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses (Simultaneous femoral and radial pulses)			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin (HSV, lesions suggestive of MRSA, tinea corporis)			
Neurologic			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Fingers/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/toes			
Functional (Duck-walk, single leg hop)			

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for: _____
- Limited Participation: _____
- Clearance withheld until: _____

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 _____

Signature of Physician _____ Phone _____