

## **MARCHING BAND & COLOR GUARD PHYSICAL REQUIREMENTS**

If you are participating in Marching Band/Color Guard for the 2018-2019 Lynbrook school year, the requirements are listed below.

1. Completed **Athletic Clearance** account by your parent/guardian
  - a. Go to [Athleticclearance.com](http://Athleticclearance.com) or the LHS Athletics Homepage & click the link that says "athletic clearance." All Marching Band & Color Guard students must do this.
  - b. This is where all student and parent/guardian information and brief medical history are entered for the coach and Athletic Trainer. All Marching Band/Color Guard students must do this.
  - c. Only select up to **ONE** sport per season.
2. Completed **FUHSD Physical Form for Athletes and Marching Band/Color Guard** (see attached)  
If you misplace this copy, it is also located on the LHS Athletics Sports Medicine Page
  - a. Form can only be completed by a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). NOT acupuncturists, chiropractors, physical therapists, etc.
  - b. Upload your completed physical onto your Athletic Clearance account or turn it into LHS Athletic Trainer no later than Tuesday, August 7, 2018, first day of Band Camp. Coaches and Band Director are not allowed to accept this form.
  - c. Questions about Athletic Clearance and the FUHSD Physical can be directed to Megan Gwozdecke, [megan\\_gwozdecke@fuhd.org](mailto:megan_gwozdecke@fuhd.org) and Jennifer Griffin, [jennifer\\_griffin@fuhd.org](mailto:jennifer_griffin@fuhd.org).
3. Completed **Parent/Guardian Field Trip Permission and Medical Authorization form** (see attached) - turned in to Mrs. Otoshi (mailbox in school office or Room 77). Questions regarding the **Parent/Guardian Field Trip Permission and Medical Authorization form** can be directed to Miko. Otoshi at [miko\\_otoshi@fuhd.org](mailto:miko_otoshi@fuhd.org)

**FUHSD Physical Exam Form - Part 1 & 2**, must be turned into LHS Athletic Trainer (mailbox is in school office).

**Parent/Guardian Field Trip Permission and Medical Authorization Form** must be turned into Mrs. Otoshi (mailbox in school office or Room 77).



# Fremont Union High School District

## Physical Exam Form - Part 1

### Student/Athlete's Health History (Required)

School:  School Year:  Sports/Activities Trying Out for:

Last Name:  First Name:  M.I.:   Male

Grade:  Home Ph:  Date of Birth:  Age:   Female

Home Address:  City:  Zip:

Name of Family Doctor or Medical Clinic/Hospital:

Street Address of Doctor or Medical Clinic/Hospital:

City:  Zip:  Doctor's Office Phone Number:

**STUDENT'S HEALTH HISTORY:** To be completed by the Parent/Guardian and reviewed by the doctor at time of the student's Physical Exam. Parents, please check (✓) "Yes" or "No" to the questions below about your child's health history.

Date of student's last Diphtheria/Tetanus shot? (month/day/year)

Has the student had any:	Yes	No
1. Chronic or recurrent illness?	<input type="checkbox"/>	<input type="checkbox"/>
2. Illness lasting over 1 week?	<input type="checkbox"/>	<input type="checkbox"/>
3. Hospitalization?	<input type="checkbox"/>	<input type="checkbox"/>
4. Surgery other than removal of tonsils?	<input type="checkbox"/>	<input type="checkbox"/>
5. Missing organs (eye, kidney, testicle)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Problems with heart or shortness of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Dizziness or fainting with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
8. Fainting, bad headaches, or convulsions?	<input type="checkbox"/>	<input type="checkbox"/>
9. Concussion or loss of consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
10. Heat exhaustion, heatstroke, or other problems with heat?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this student:</b>		
11. Wear eyeglasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
12. Wear dental bridges, braces, or plates?	<input type="checkbox"/>	<input type="checkbox"/>
13. Take any medications? If so, please list them below.	<input type="checkbox"/>	<input type="checkbox"/>

Is there any history of:	Yes	No
14. Injuries requiring Doctor's treatments?	<input type="checkbox"/>	<input type="checkbox"/>
15. Neck or back injury?	<input type="checkbox"/>	<input type="checkbox"/>
16. Knee injury?	<input type="checkbox"/>	<input type="checkbox"/>
17. Shoulder or elbow injury?	<input type="checkbox"/>	<input type="checkbox"/>
18. Ankle injury?	<input type="checkbox"/>	<input type="checkbox"/>
19. Other serious joint injury?	<input type="checkbox"/>	<input type="checkbox"/>
20. Broken bones or fractures?	<input type="checkbox"/>	<input type="checkbox"/>
21. Other serious injury?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Further History:</b>		
22. Is there any reason why this student should participate in sports?	<input type="checkbox"/>	<input type="checkbox"/>
23. Has any family member died suddenly at less than 40 years of age of causes other than an accident?	<input type="checkbox"/>	<input type="checkbox"/>
24. Has any family member had a heart attack at less than 35 years of age?	<input type="checkbox"/>	<input type="checkbox"/>

Use the space below to explain any questions above that you answered "yes" to:

Medications your son/daughter is currently taking:

#### Parent's/Guardian's & Student's Acknowledgement

I have reviewed and agree with the information presented on this form. I also understand that the Physical Examination is primarily for sports participation screening and is not intended to replace the routine health care visits as recommended by the student's personal doctor. I do not know of any reason why the above-named student should not participate and represent his/her school in supervised athletic activities.

Signature of Parent/Guardian:

Date (mo/day/year):

Signature of Student/Athlete:

Date (mo/day/year):



# Fremont Union High School District

## Physical Exam Form - Part 2 Physical Examination Form (Required)

*A medical doctor (an MD, not a chiropractor) must administer this Physical Exam & sign/date below.*

Parents - Please complete the top line for the doctor and please print neatly. All other areas will be completed by the doctor.

Last Name:  First Name:  M.I.:  Date of Birth:  School:

Height:  Weight:  % Body Fat (optional)  Pulse:  BP:  ( / / )

Vision: R - 20/  L - 20/  Corrected: Y  N  Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

Follow-up Questions on More Sensitive Issues - Questions asked by the doctor	Yes	No
1. Do you feel stressed out or under a lot of pressure?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel safe?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever tried cigarette smoking, even 1 or 2 puffs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you currently smoke?	<input type="checkbox"/>	<input type="checkbox"/>
6. During the past 30 days, have you used chewing tobacco, snuff, or dip?	<input type="checkbox"/>	<input type="checkbox"/>
7. During the past 30 days, have you had at least one drink of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever taken steroid pills or shots without a doctor's prescription?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever taken any supplements to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this student:</b>		
10. Wear eyeglasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
11. Wear dental bridges, braces, or plates?	<input type="checkbox"/>	<input type="checkbox"/>
12. Take any medications? If so, please list them below.	<input type="checkbox"/>	<input type="checkbox"/>

Dr.'s Notes:

DOCTOR'S EXAMINATION	NORMAL	ABNORMAL FINDINGS (Doctor, please list & describe any abnormalities)
Appearance		
Eyes/ears/nose/throat		
Hearing		
Lymph Nodes		
Heart		
Mummings		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin		
<b>MUSCULOSKELETAL</b>		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hips/thigh		
Knee		
Leg/ankle		
Foot/toes		

Multiple-examiner set-up only. \*\*Having a third party present is recommended for the genitourinary examination.

DOCTOR'S CLEARANCE: This student is medically cleared to participate in sports/activities: YES  NO  (Doctor checks one)

Exceptions or limitations (if any):

Doctor's Printed Name & Address:   
(Stamp is okay)

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

M.D.? Yes  No  Doctor's I.D. #: \_\_\_\_\_

**Circle class: Chamber / Orchestra / Wind / Symphony / Concert Band / Color Guard**

FREMONT UNION HIGH SCHOOL DISTRICT  
589 West Fremont Ave., Sunnyvale, CA 94087 408-522-2200

**PARENT/GUARDIAN FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION (Minor)**

**District-Sponsored Event  
(Attendance Voluntary)**

\_\_\_\_\_ has my permission to go on the following **voluntary** field trip:  
Student's Name \_\_\_\_\_

Destination: All Instrumental Music Department Trips and Events

Date(s): August 2018 - June 2019 Departure Time: TBA Return Time: TBA

Person in Charge: Mike Pakaluk, Instrumental Music Director

Health Needs: Initial and Complete as appropriate.

\_\_\_\_\_ My student has **NO** special health needs the staff should be aware of, and **NO** medication is required on the trip.

\_\_\_\_\_ My student has a special health need, \_\_\_\_\_ and the following medication should be given the person in charge along with written instructions from the student's attending physician:  
\_\_\_\_\_

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand that I hold the Fremont Union High School District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of, or occur, in connection with my student's participation in this activity.

I also understand and am fully aware that there may be periods of time during this activity in which my student has free time and is unsupervised, and that the District assumes no responsibility for the student's activities or behavior during this free time. I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at his/her and/or parents' expense and possible suspension or expulsion from school. It is further understood that the above-named student may travel by automobiles operated by District employees, adult volunteers, or other licensed drivers, including students.

As parents/guardians of the above named student, it is realized that field trips have certain risks involved and that reasonable attempts will be made to safeguard students and equipment, but that no amount of precaution taken by the instructors can ensure this safety if the student does not obey and cooperate and is unable to accept the responsibility for his/her own actions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

Family Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

MAIN LANGUAGE SPOKEN IN HOUSEHOLD: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
Name and Telephone

Distribution: White: School Site  
Form 6153.6 (Rev. 5/01, 8/05, 10/07)

Yellow: Staff/Trip

Pink: Parent/Guardian/Student  
Field Trip Permission 6153.6 [5/09-5000]

**Turn this form in to Mrs. Otoshi (mailbox in school office or in Room 77)**