

Dear Parents,

The pre-participation physical exam is a requirement of the TSSAA and MJCA to ensure that your child can participate in athletics in a safe, healthy manner. These physical exams allow us to identify any areas of risk that may lead to an unnecessary injury or illness.

For the 2017-2018 school year we have implemented an electronic records system for you to complete all of the necessary forms for your child's participation in athletics at MJCA. These forms are accessible from any internet connected device by clicking the link below. Please open the link in a browser other than internet explorer. When you have completed the forms hit the submit button not print.

<https://max.dragonflyathletics.com/27S68I>

There are a few important things to note with this new system:

1. Your child must still have a physical exam AND submit a clearance form from the provider of that exam to MJCA. The form is in the link. I would also advise you to make a copy or snap a picture with your phone in case you need it.

- 2. This form MUST be dated April 15, 2017 or after to be valid for the 2017-2018 school year**

3. The clearance form should be submitted to myself, your coach, or the high school office before the first day of practice for your child's sport or the first day of school (whichever comes first). You can email me a scanned copy and I will print it. High School fall athletes should have this done when we return from dead period July 10th. I encourage all other athletes to have this done by the beginning of school. Failure to submit the appropriate forms by the required date will result in your child's participation being restricted.

4. The electronic forms must be completed and signed by both you and your child.

The pre-participation physical exam is a tool for self-evaluation of symptoms and also provides an opportunity to educate you and your child about the risks involved in participation in sport. As such, you should sit down with your child to go through each part of the forms and ensure the information is accurate and detailed.

The new electronic system will provide us with a more consistent way to submit appropriate medical forms and should make things easier for you in the years to come. These documents will also be able to integrate into a new documentation system to better track injury trends on campus and introduce injury prevention strategies.

Please keep in mind that this is a new system and there will probably be some glitches. If you encounter a problem, please do not hesitate to reach out to me to resolve this problem. I would also appreciate your feedback on the experience so I can work with the software company to improve the system.

Again, please direct any questions or concerns to my email address (melissa.freeman@starpt.com) or reach out to me by phone at (615)-406-6776.

Sincerely,

Melissa Freeman, LAT, ATC

Mount Juliet Christian Academy / STAR Physical Therapy



DragonFly MAX -- My Child's Medical Records on My Phone



We are very excited to introduce you to a new tool that your school is using to ensure the health of your child -

DragonFly MAX!

Follow these easy steps to get started with DragonFly MAX:

1. Visit <http://www.dragonflymax.com> and click "Do My Forms".
2. Enter your school's Team Code - 27S68I
3. Click "Get Started", then "Sign Up for Free".
4. Follow the Instructions to Create Your Account, Add Athletes, and Complete Your Child's Required Forms.

Now that you're all set, go download the MAX Mobile App!



What is DragonFly MAX?

DragonFly MAX is an athlete-centered electronic medical record focused on improving health, performance, and communication. MAX allows you to receive real-time notifications and care instructions when your child is evaluated by the school medical staff. MAX also provides messaging and scheduling features that help better communicate important team info from coaches and administrators. Find out more by visiting our website at www.dragonflymax.com.

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use 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 wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
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/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

†Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
*Consider GU exam if in private setting. Having third party present is recommended.
‡Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- 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 _____

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 _____
Address _____ Phone _____
Signature of physician _____, MD or DO