

## Welcome to Lake Central Athletics 2023-2024

**Here are the steps that you need to take in order to participate in the 2023-2024 school year for Athletics ~**

**Step One: Create/Update a Final Forms account** (free of charge) If you are a new athlete, your parent needs to go onto Final Forms and create an account for you. If you played sports at Lake Central High School or one of our Middle Schools, you need to go onto Final Forms and update your account for the current school year. ([lakecentral-in.finalforms.com](http://lakecentral-in.finalforms.com))

**Step Two: Get a sports physical.** This must be completed by a Physician, Nurse Practitioner or Physician's Assistant on the IHSA form. It also must be dated April 1, 2023 or after to be valid for the 2023-2024 school year.

**Step Three: Upload the Physical into your final forms account.** We do get a message when you upload this to your account. At that time, we will check it to make sure it is correct and clear you to participate. Your coach will be able to see that information right away. If you need help uploading the form, you can bring it into the athletic office and we can help. You cannot participate until all of your information is completed.

**Step Four: Contact the Varsity coach for your sport to get information on practice times/workouts/tryouts.** This is the best way for you to find out how the coach keeps the athletes updated with current information. Their contact information is located on our website under "Contact Us"

**Step Five: Create an Eventlink account** (free of charge) This is a calendar that we use to show all games and practices. It also has school information on it as well. You can set it up to notify you when there have been changes made to a schedule. ([Eventlink.com](http://Eventlink.com))

# PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3-10. **Valid April 1, 2023-May 31, 2024**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ IHSAA Member School \_\_\_\_\_

## 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 last 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 use any other appearance/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? Y 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											
Lymphnodes											
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											
		NORMAL		ABNORMAL FINDINGS				NORMAL		ABNORMAL FINDINGS	
Neck						Knee					
Back						Leg/ankle					
Shoulder/arm						Foot/toes					
Elbow/forearm						Functional					
Wrist/hand/fingers						• Duck-walk, single leg hop					
Hip/thigh											

☐ 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

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 Health Care Professional (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ License # \_\_\_\_\_

Signature of Health Care Professional \_\_\_\_\_, MD, DO, PA, or NP (Circle one)