**iTRY FORM**

**2x2**

**PICTURE**

*(recent photo)*

**STEP 1: General Data**

|  |  |
| --- | --- |
| **Complete Name** |  |
| **Nickname** |  |
| **Desired Sports** |  |
| **College/SHSSHS** |  |
| **Year Level** |  |
| **Complete Address** |  |
| **Contact #** |  |

**# of Year/s Engaged to Sports as Varsity Player (Also Referring to Physical Education Class): \_\_\_\_\_\_\_\_\_\_\_\_ Under what Sport/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STEP 2: Consent**

|  |  |
| --- | --- |
| **STEP2a:**  **When you sign this part (consent) you and your parent/guardian signify you AGREE to disclose health information and subject yourself to medical examination (by your chosen family physician outside DLSUMC) PRIOR engagement to TRY-OUT GAMES to be conducted by DLSMHSI- Institutional Sports Performance and Arts regardless of the result of the try-out.**  **The DLSMHSI - The Student Affairs – Student Health and Safety Department can decline to serve you PRIOR try-out games if you elect NOT to sign this consent part. But rest assured, we have a health team who will monitor DURING try-out games.**  **If you and your parent/guardian are NOT amenable to this Pre-participation Medical Examination, do NOT proceed to the remaining STEPS in the roster, but our office needs your signature signifying your decision and we understand your stand.** | |
| I HAVE READ THIS CONSENT AND UNDERSTAND IT. I CONSENT TO THE USE AND DISCLOSURE OF MY HEALTH INFORMATION AND SUBJECT MYSELF TO NEEDED MEDICAL EXAMINATION PRIOR DESIRED TRY-OUT GAME    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Student**  **Date Signed:** | I HAVE READ THIS CONSENT AND UNDERSTAND IT. I CONSENT TO THE USE AND DISCLOSURE OF MY SON’S/DAUGHTER’S HEALTH INFORMATION AND ALLOW TO SUBJECT MY SON/DAUGHTER TO UNDERGO REQUIRED/ESSENTIAL MEDICAL EXAMINATION PRIOR DESIRED TRY-OUT GAME.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Parent**  **Date Signed:** |
| I HAVE READ THIS CONSENT AND UNDERSTAND IT. HOWEVER, I ELECT **NOT** TO SIGN THIS CONSENT  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Student**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Parent Over Full Printed Name**  (proceed to STEP 2b: if authorized guardian is signing this part)  **Date Signed:**  No need to accomplish remaining steps. Submit directly to TSA | |
| **STEP 2b:**  If you are signing as a personal representative of the student as guardian, describe your relationship to the student and the source of your authority to sign this form.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Guardian**  **Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Signed:**  Please staple the LETTER OF AUTHORIZATION as an attachment at the back.  Proceed to STEP 3 | |

**STEP 3: Laboratory Results from DLSMHSI School Clinic**

|  |  |  |  |
| --- | --- | --- | --- |
| **Get your Chest X-ray (Radiograph) result from School Clinic’s File** (at least 12 months from date of Try-Out)  (If you haven’t undergone it yet, ask for an imaging called CXR-PA to include Reisser-Fergusson Angle &/or Cobb Angle if with strong/known history or incidental finding of Dextro-; Levo-; Scoliosis) | | | |
| **Date Imaging is taken**  **(You may include photocopy of result for physician’s perusal)** | **To be accomplished by School Doctor/School Nurse or chosen Family Physician:** | | |
| **Y** | **N** | **Essentially Normal?** (If YES, stop here for this part, if NOT, continue) |
| **Y** | **N/A** | **Levo-; Dextro-; Scoliosis?** |
| **Y** | **N/A** | **Lumbarisation of Sacrum? Sacralisation of Lumbar?** |
| **Y** | **N/A** | **Step-deformity? Fracture? Signs of Previous Fracture?** |
| **Y** | **N/A** | *\*Compute for Cardiothoracic Ratio: \_\_\_\_ (kindly include if available)* |
| **Y** | **N/A** | *Other remarkable finding/s? Such as:* |
| **Get your Submitted 12-Lead E.C.G. (Electrocardiograph) result from School Clinic’s File** (at least 12 months from date of Try-Out)  (If you haven’t undergone it yet, subject yourself to 12-Lead ECG & wait for the result/official finding) | | | |
| **Date EKG is taken**  **(You may include photocopy of result for physician’s perusal)** | **To be accomplished by School Doctor/School Nurse/or chosen Family Physician:** | | |
| **Y** | **N** | **Sinus Rhythm? Essentially Normal?** (if YES, stop here for this part, if NOT, Continue) |
| **Y** | **N/A** | **Sinus Tachycardia? Sinus Bradycardia?** |
| **Y** | **N/A** | **Arrhythmia? Dysrhythmia?** |
| **Y** | **N/A** | **Pointed, Tall, Narrow, Tented Tall “T” waves? Presence of “U” waves** |
| **Y** | **N/A** | **Long QT Interval? T-Wave Alterans? Amplitude wave changes?** |
| **Y** | **N/A** | *Other remarkable finding/s?* |

**STEP 4: Family Medical History Essential for Pre-Try Out Games**

(To be accomplished by your chosen Family Doctor preferably outside DLSUMC)

|  |  |  |
| --- | --- | --- |
| **Strong (Proven/Diagnosed)Family Medical History** | | |
| Family History of Asthma; Status Asthmaticus; Seasonal Allergies; Allergic Rhinitis | **Y** | **N** |
| Family History of Seizure; Syncope; Dizziness; Orthostatic Hypotension; Vertigo; Motion Sickness to Travel | **Y** | **N** |
| Family History of Allergies to Anti-Inflammatory (Pain-killers) either oral or topical; Hypersentivity Reaction; Steven-Johnson Syndrome; Urticarial Condition | **Y** | **N** |
| Family History of Fracture; Easily Fractured- Bone; Osteogenesis Imperfecta Types I-VIII; Congenital Defects in Musculoskeletal System &/or Neurovascular System | **Y** | **N** |
| Family History of Cardiac Anomaly; Cardiomyopathy; Myocardial Infarction/Ischemia (Heart attack) Cerebrovascular Accident (Stroke, Ruptured Aneurysm, Subarachnoid Haemorrhage) | **Y** | **N** |
| Family History of Cicatricial Lesion; Hypertrophic Scar or Keloid-Former | **Y** | **N** |
| Family History of Anemia & Blood Dyscarias | **Y** | **N** |

**STEP 5: Aspiring Athlete Past Medical History Essential for Pre-Try Out Games**

(To be accomplished by your chosen Family Doctor preferably outside DLSUMC. Please let the aspirant elaborate their answers)

|  |  |  |  |
| --- | --- | --- | --- |
| **Y** | **N** | **Has a physician ever denied or restricted your participation in sports?** | |
| **Y** | **N** | **Have you been hospitalized due or not due to sports-related injury/ies?** | |
| **Y** | **N** | **Have you ever had a surgery incurred due to sports-related injury? (Show scar/s)** | |
| **Y** | **N** | **Have you visited/been brought to the school clinic due to sport-related injury?** | |
| **Y** | **N** | **Have you ever had a sprain, strain, or swelling after injury? Re-sprain?** | |
| **Y** | **N** | **Have you ever passed-out during or after an exercise?; try-out?; a game?** | |
| **Y** | **N** | **Have you ever had a head injury? Or concussion? Due to fall & sports-contact?** | |
| **Y** | **N** | **Have you ever been knocked-out, become unconscious or lost your memory?** | |
| **Y** | **N** | **Have you ever fainted while exercising or during calisthenics &/or games?** | |
| **Y** | **N** | **Have you ever had a seizure before? During? After a game?** | |
| **Y** | **N** | **Have you ever experienced unexplained anxiety prior start of the game? Losses?** | |
| **Y** | **N** | **Has a physician/psychologist/guidance counsellor ever advised you to undergo anger management?** | |
| **Y** | **N** | **Have you ever been told you have cardiomyopathy (Hypertrophic or Dilated Type)?** | |
| **Y** | **N** | **Have you ever been told you have a heart murmur? Cardiac enlargement/atrophy?** | |
| **Y** | **N** | **Have your ever been told your lips turned blue or violaceous/cyanotic during games?** | |
| **Y** | **N** | **Do you have a strong history of allergy or hypersensitivity reaction to pain killers (oral/topical)?** | |
| **Y** | **N** | **Do you have a strong history of urticaria (skin atopy) or hypersensitivity to kinesiology tapes & the likes?** | |
| **Y** | **N** | **Do you have plates, repair screws, pins, and rods to hold your bone in place?** | |
| **Y** | **N** | **Do you use any special protective or corrective equipment or devices that aren’t usually used for sports?** | |
| **Y** | **N** | **Do you have inhalers? puffs? Metered-dose inhalers with you all the time?** | |
| **Y** | **N** | **Do you had any problems with your eyes or vision? Corrective lenses? Contact lenses?** | |
| **Y** | **N** | **Do you want to weigh more or less than you do now?** | |
| **Y** | **N** | **Do you lose weight regularly to meet weight requirements for your chosen sport?** | |
| **Y** | **N** | **Do you drink high protein drink? Subject yourself to steroid injections? take bodybuilding supplements?** | |
| **For Aspiring Female Athletes Only** | | | **ANSWER** |
| **When was your first menstrual period?** | | |  |
| **When was your most recent menstrual period?** | | |  |
| **How much time do you usually have from the start of one period to the start of the next?** | | |  |
| **How many periods have you had in the past in the past year?** | | |  |
| **What was the longest time between periods in the past years?** | | |  |
| **Have you ever had a disturb menstrual period count and related it to sport-tasks?** | | |  |
| **Have you ever had experienced breast pain while engaged to sports & exercises?** | | |  |
| ***For Both Sexes:*** *Other Health Information you want to disclose that might affect your engagement to desired sport that the DLSMHSI-TSA-Health & Safety Department be wary of:* | | | |
|  | | | |

**STEP 6: Acknowledgement of Disclosed Health Information**

(To be accomplished by Aspirant Athlete and Parent/Guardian)

|  |  |  |
| --- | --- | --- |
| **I hereby certify that all the above health information & my answers to the above questions are true, complete, and correct to the best of my knowledge and belief.** | | |
|  |  |  |
| **Signature of the Aspirant Athlete** | **Signature of Parent/Guardian** | **Date & Exact Time Signed** |

**STEP 7: For Inadvertent Emergency Case**

(To be accomplished by Aspirant Athlete with Supervision of Parent/Guardian)

|  |  |  |
| --- | --- | --- |
| **In Case of Emergency, Contact** | | |
|  | |  |
| **Name (Person who can decide for the Athlete’s Probable Health Intervention)** | | **Relationship** |
| **Home Address** |  | |
| **Phone (Home)** |  | |
| **Phone (Work)** |  | |
| **Cell phone (Mobile)** |  | |

* **Must be verified by School Nurse &/or School Doctor through Signature with Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STEP 8: Acknowledgement from ISPA of DLSMHSI: the Institutional Sports Performance and Arts**

(To be accomplished by your designated coach who will handle the Try-Out and Director of DLSMHSI- SCSE Unit)

|  |  |  |
| --- | --- | --- |
| **By signing below, I hereby acknowledge that I have completely read and fully understand all health information disclosed by the Aspirant Athlete prior Try-Out Games.** | | |
|  |  |  |
| **Name of Coach (Direct Supervision)** | **Signature of Coach who will directly supervise Engagements to Sports of the Aspirant Athlete** | **Date & Exact Time Signed** |
| **Name of Director (Immediate Superior)** | **With Signature** | |
| **Mobile # of Coach (Subordinate)** |  | **DLSMHSI Local:** |
| **Coaching & Mentoring what sport/s?** |  | **Years in Service:** |

**STEP 9: PHYSICAL EXAMINATION: Aspiring Athlete Medical Records Essential Prior Try Out Games**

(To be accomplished by your chosen Family Doctor preferably outside DLSUMC; May be accomplished by DLSMHSI-HSD-School Doctors by appointment as we also cater health services to non-Athlete Health Allied Students)

**Step 9a: Vitals & General Impression:**

(To be accomplished by DLSMHSI-School Doctors/School Nurse by appointment as we also cater health services to non-Athlete Health Allied Students)

|  |  |  |
| --- | --- | --- |
| **Blood Pressure** | **mmHg** | **Built of Habitus**  **(Please encircle appropriate body type of Aspirant Athlete)** |
| **Heart Rate**  **(Complete Minute)** | **bpm** | **C:\Users\ict\Desktop\Body-types-600x416.jpg** |
| **Pulse Rate**  **(Complete Minute & check Strength of pulse)** | **bpm** |
| **Respiratory Rate**  **(Complete Minute)** | **cpm** |
| **Temperature**  **(Minimum of 2 Minutes)** | Degrees in Celsius |
| **Height** | **‘ “ (ft & inches)** |
| **Weight** | **lbs** |
| **Vision** | **Snellen Chart Score** |
| **Grade of Corrective Lenses?**  **(If Applicable)** |  |

**Step 9b: Physical Examination:**

(May sign waiver for Breast Examination; Perineum; & Genital Assessment if not comfortable with Attending Physician)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **GENERAL REGION** | | **Unremarkable**  **(Just place a check if with Normal Findings)** | | | **Remarkable findings** | **Suggested/Pertinent Areas to focus on for Aspiring Athletes**  **(but not limited to:)** |
| **SHENNT** | **Skin** | |  |  | | **Check for scars; repair/surgical scars** |
| **Head** | |  |  | | **Dysplasia; Presence of foreign teeth aligners** |
| **Ear** | |  |  | | **Hearing Loss (Sensorineural & Conductive);** |
| **Nose** | |  |  | | **Swollen Turbinates; Fractured Rhinion** |
| **Neck** | |  |  | | **Deep Neck vein Engorgement; Scars** |
| **Throat** | |  |  | | **Symmetrical Deglutition** |
| **C/L** | **Chest** | |  |  | | **Thoracic cage deformity; scars;**  **Assessment of Breast (Practice Gender Sensitivity on this part)** |
| **Lungs** | |  |  | | **Breath Sounds (esp. wheezes)** |
| **CVS** | **Precordium** | |  |  | | **Heaves & thrills** |
| **Heart** | |  |  | | **Murmur; displaced apex beat/sounds** |
| **Abdomen** | **Anterior Abdominal Wall** | |  |  | | **Scars (anterior)** |
| **Back** | |  |  | | **Scars (posterior); lateral-; anterior-; posterior convexities** |
| **Extremities** | **Shoulder/Arm** | |  |  | | **Range of Motion; Reflexes; Symmetry of Sensory; Subluxation/Dislocation; Scars** |
| **Elbow/Forearm** | |  |  | |
| **Hand** | |  |  | |
| **Hip/thigh** | |  |  | |
| **Knee/Popliteal** | |  |  | |
| **Leg/Ankle** | |  |  | |
| **Foot** | |  |  | |
| **Perineum & Genitals** | **Inguinal Region & External Genitalia** | |  |  | | **Protrusion/Herniation; Scrotal Check for Engorged veins/Herniation Assessment of Breast (Practice Gender Sensitivity on this part)** |
| **NOTE: May provide separate sheet as extra or you may use back page of this leaf.** | | | | | | |

**Name of Attending Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinic Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Step 10: Issuance of Clearance Prior Try-Out Game:**

(To be accomplished by Attending Physician)

**Step10a: General Assessment:**

**Note: Place a check**

|  |  |
| --- | --- |
| **Cleared** |  |
| **Conditionally Cleared** |  | **Unless:**  **(You may require Laboratory Work-up/s or prescribe other medical intervention before subjecting the Aspirant Athlete to Try-Outs)** |
| **Not Cleared** |  | **Due to:**  **Recommendation:** |

**Name of Attending Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Step10b: Final Approval if declared “CLEARED”:**

|  |  |  |
| --- | --- | --- |
| **Recommending Personnel** | **Acknowledgement** | **DATE SIGNED** |
| **Respective Coach** | **Signature:** |  |
| **Name:** |
| **Director for**  **Institutional Sports Performance and Arts** | **Signature:** |  |
| **Name:** |
| **Year Level Adviser** | **Signature:** |  |
| **Name:** |
| **College Dean/SHSSHS Director** | **Signature:** |  |
| **Name:** |
| **Chair of Student Health & Safety Department** | **Signature:** |  |
| **Name:** |
| **Dean of The Student Affairs** | **Signature:** |  |
| **Name:** |
| **Vice Chancellor for Academics** | **Signature:** |  |
| **Name:** |

**\*Then submit it to The Student Affairs – Health & Safety Department for filing purposes as Medical Record**

**END of iTRY Form**

**TSA FORM 01**