

All students receiving a physical at any of the locations below **MUST** have a physical card signed by a parent / guardian prior to proceeding with the exam

SPORTS PHYSICALS

Wednesday, July 27, 2016	De La Salle Collegiate HS 14600 Common Rd. – Use Athletic Entrance	4:30-7 PM
Thursday, July 28, 2016	Chippewa Valley HS 18300 19 Mile Rd – Use Main Entrance (Door A)	4:30-7 PM
Friday, July 29, 2016	Warren Mott HS 3131 12 Mile Rd – Use Athletic Entrance (Door 30)	4:30-7 PM
Monday, August 1, 2016	L'Anse Creuse North HS 23700 21 Mile Rd. – Use Main Entrance (Door 1)	4:30-7 PM
Tuesday, August 2, 2016	Grosse Pointe North HS 707 Vernier Rd – Use Gym Entrance	4:30-7 PM
Wednesday, August 3, 2016	L'Anse Creuse 38495 L'Anse Creuse Rd. – Use Main Entrance (Door 1)	4:30-7 PM
Thursday, August 4, 2016	Grosse Pointe South HS 11 Grosse Pointe Blvd. – Use Main Gym Entrance (Door M)	4:30-7 PM
Friday, August 5, 2016	East Detroit HS 15501 Couzens Rd. – 9 Mile / Gym Entrance (Door 30)	5:30-7 PM

- Cost: **\$25.00**
- Pay to: **St. John Hospital**
- Middle & High school students are welcome.
- Contact: Jacki DuFour: (586) 612-7373.
- **Optional Cardiac Screening**
 - **Requires** signed parental consent form.
 - More information attached.
- **Functional Assessment Screening includes:**
 - Assessment by licensed health care professionals.
 - Screening to identify areas of opportunity for improved muscle strength, flexibility, balance & coordination, which can improve athletic performance.
 - Written exercises and recommendations to correct problem areas will be available.
 - Licensed Athletic Trainers, Physical Therapists, Registered Nurses, and Physicians will be on-site to answer any questions. Athletic Trainers are also available at your high school.

Frequently Asked Questions:

- MHSAA physical forms are provided; however can also be downloaded at www.mhsaa.com
- No appointment is needed
- Parents are not required to attend; however encouraged to be present. **If not in attendance a signature is required on the physical card**
- Physicals obtained at all of the dates provided are valid for the 2016-2017 school year
- Attendance is open to the public at all locations
- This event is considered an out of pocket expense
- Cash or Check only
- Make checks payable to St. John Health System
- The Sports Medicine Team does not keep records or copies of completed physicals.
- In the event of unforeseen circumstances, St. John Hospital reserves the right to cancel a scheduled event.

**Bring this flyer with
you to receive \$5.00 off.**



May 10, 2016

Dear Parents,

St. John Providence is pleased to announce the sixth year of our student athlete Cardiac Screening program. The optional screenings will take place along with the scheduled Sports Physicals the week of July 27 - August 5, 2016 at eight metro-Detroit high schools. Any student with parent authorization may participate in the Cardiac Screening. Please note that the Michigan High School Athletic Association, MHSAA, does not require a cardiac screen for high school athletes at this time.

The process for the optional cardiac screening portion of the sports physical is as follows:

- ★ Together with a parent/guardian, the athlete completes a short questionnaire (located on reverse side) to screen for potential cardiac precursors such as family history, chest pain, and shortness of breath during activity, etc. The screening form must be signed by a parent/guardian.
- ★ Upon review of the Cardiac Screening questionnaire and identification of risk factors, an electrocardiogram (ECG - a recording of the electrical activity of the heart) may be performed at the high school.
- ★ All students receiving an ECG at the pre-participation physicals will be referred to a St. John Pediatric Cardiologist for additional evaluation. The sports physical will be invalid until an additional cardiology evaluation is complete.
- ★ The EKG will not be read by the physician or staff at the time of the physical. Please note that this could impact the timing of when you/your child can begin participating in sports.
- ★ Follow up appointments: St. John Pediatric Cardiology department, located at 22201 Moross Road, Suite 275, Detroit, MI 48236, will be available for further follow-up appointments. Please call the Pediatric Cardiology office at (313)343-6840 to promptly schedule a follow up appointment. Although we will facilitate an appointment with a St. John Pediatric Cardiologist, you may choose to follow-up with your own family physician or pediatrician for this step of the process. Any follow up appointment will most likely result in an additional cost to you.
- ★ Once the student has been evaluated by the pediatric cardiologist or the family physician/pediatrician of your choice, final clearance for sport participation will be provided.
- ★ As with any health related topics, we recommend you discuss the cardiac screening opportunity with your family physician or pediatrician.

For more information about the cardiac screening process or sports physicals, please contact Jacqueline DuFour, AT/ATC at (586)498-3503.

Sincerely,

Carolyn Sucaet, MA, PT
Director, Rehabilitation Services
St. John Providence, East Region

Donna Micallef, RN, MSN
Director, Cardiology Services
St. John Hospital & Medical Center



CARDIAC SCREENING QUESTIONNAIRE

Student's Name _____ Age _____ Birth Date _____

Street Address _____ City _____ State _____ Zip Code _____

Parents Name _____ Phone Number _____

Student's Pediatrician/Primary Care Physician _____

1. Has your physician ever told you that you have a heart murmur? Y N
2. Has your physician ever discouraged you from participating in athletic competition? Y N
3. Have you ever experienced chest pain/pressure/tightness, dizziness or racing or "skipped beats" at rest or with exercise?
Y N
4. Have you ever experienced light-headedness or passed out during exercise or after having been startled? Y N
5. Do you get more tired or short of breath more quickly than your teammates during exercise? Y N
6. Have you ever fainted or passed out after exercise? Y N
7. Have you ever been told that you have high blood pressure, high cholesterol or diabetes? Y N
8. Have you ever been diagnosed with unexplained seizures or exercise-induced asthma? Y N
9. Has anyone in your family had sudden, unexpected death before age 50? (including drowning, unexplained car accident, or sudden infant death syndrome?) Y N
10. Does anyone in your family under the age of 50 have a heart problem, pacemaker, or implanted defibrillator? Y N
11. Have you or anyone in your immediate family had unexplained fainting or seizures? Y N
12. Has a physician diagnosed anyone in your family with an abnormally thickened heart, weakened heart, arrhythmias (irregular heart rhythm), or Marfan syndrome? Y N
13. If you answered "yes" to any of the above, are you already being monitored and/or treated by your physician for it? Y N
14. If "yes" to any of the above questions, please provide more information:

Please note that if you answered "no" to question 7 above, but the student's blood pressure is deemed elevated at the time of this physical, it will be considered a trigger for the need for Cardiac Clearance prior to sports participation.

Answered/Completed by:

Parent/guardian signature _____ Date _____ Student signature _____ Date _____

Athlete requires further Cardio Clearance prior to sports participation Yes _____ No _____

Findings upon physical exam: _____