

COMMACK HIGH SCHOOL
COMMACK, NEW YORK

Dear Parent/Guardian:

Medical examinations and clearance for Interscholastic Sports for the **2018-2019** school year will be given at **Commack High School**.

There will be two separate options for school physical clearance. First, there will be specific dates for our staff to review your private physician physical. The dates and times for drop off and review is attached. The physicals must be completed on school district forms or the equivalent.

Private physical forms must include:

- * Blood Pressure
- * Pulse
- * Tanner score
- * Height and Weight
- * Be signed and stamped by physician

Completed documents must be viewed and approved by the school physician prior to receiving clearance to try out. It will be the responsibility of the parent/athlete to ensure the private physical and documents are completed to the standard of the school physician and district. Private physician physicals for students participating only in winter and spring sports can be dropped off at the school nurses office during the school year. **Physicals mailed in will not be accepted.**

*Any private physical completed more than 30 days from the start date of the sport season must be accompanied by an Interval Health form.

The second option is to attend and complete an actual physical on the dates listed attached to this letter. All physical examination **must be completed and passed before a student may participate in try outs** for any of our sports teams. This includes students wishing to serve as team managers. It will be the responsibility of your son/daughter to get to the examination at the prescribed time.

If your child wears contact lenses, braces, has a retainer or a dental cap, a contact lens-orthodontic appliance permission note signed by a parent must be submitted at the time of the examination by the school physician.

Please complete the attached forms and have your son/daughter return them when he/she reports for the medical examination. Additional sports physical packets are available in the Nurse's Office.

- #1 – Parent Consent Form – Signed
- #2 – Health Appraisal Form which includes the contact lens and orthodontic appliance permission slip – Signed
- #3 – Health Interval Form – Signed

Any recommendation that your family doctor may have regarding your youngster's health and ability to participate in sports should be included with the above list of forms returned to the Nurse's Office (contact lens, capped teeth, etc.). **The school physician is the final authority regarding a student's fitness for participation in interscholastic athletics.**

Please refer to the Master Schedule attached to this letter for the dates and times your youngster is scheduled for a physical or to review your private physician's physical.

REMINDER: STUDENTS WILL BE UNABLE TO OBTAIN SCHOOL PHYSICALS FOR ATHLETICS UNLESS THEY HAVE COMPLETED ALL REQUIRED IMMUNIZATIONS ACCORDING TO STATE LAW. IF A STUDENT IS UNABLE TO ATTEND ONE OF THE SUMMER PHYSICAL DATES, HE/SHE WILL BE UNABLE TO OBTAIN A PHYSICAL EXAM UNTIL THE WEEK OF SEPTEMBER 12, 2018.

ALL STUDENTS ENTERING 12th GRADE MUST HAVE A MENINGITIS VACCINE.

We hope you enjoy a happy and pleasant summer. We look forward to your child's participation in our sports program.

Sincerely,

Patrick Friel
Director H.P.E.R.

SPORTS PHYSICAL EXAMINATION DATES

2018-2019

PLEASE READ CAREFULLY
MASTER SCHEDULE

NO MAIL INS WILL BE ACCEPTED

It is imperative an athlete trying out for the fall season attend one of the dates listed below. This will be their only opportunity to receive clearance. Private physician physicals for athletes participating only in winter and spring sports can be dropped off at the school nurses office during the school year prior to the start of their season.

CLEARANCE IS NEEDED PRIOR TO TRY OUT.

PRIVATE PHYSICIAN PHYSICAL REVIEW BY OUR NURSING STAFF AT COMMACK HIGH SCHOOL

| | | |
|----------------------------|--------------------|---|
| Wednesday, August 8, 2018 | 8:00 am – 11:00 am | All Grades |
| Thursday, August 16, 2018 | 8:00 am – 11:00 am | All Grades |
| Wednesday, August 29, 2018 | 5:00 pm – 8:00 pm | All Grades (Except Fall High School Athletes) |

SCHOOL PHYSICIAN PHYSICALS WILL BE CONDUCTED BY THE SCHOOL PHYSICIAN
AT COMMACK HIGH SCHOOL

PRIVATE PHYSICIAN PHYSICALS WILL ALSO BE ACCEPTED FOR REVIEW

| | | |
|--------------------------|---|--|
| Thursday, August 9, 2018 | 5:00 pm – 8:00 pm | All Grades |
| Monday, August 13, 2018 | 7:00 am – 11:00 am | All Grades |
| Monday, August 20, 2018 | 7:00 am – 8:00 am 8:00 am – 11:00 am | For Fall High School Athletes Only All Grades |

Fall Sports Season Starting Dates and Try-out Times
Commack High School

| <u>Sport</u> | <u>Date</u> | <u>Site</u> | <u>Time</u> |
|---------------------------|-------------|-----------------------|-------------|
| Cheerleading | 8/20/18 | Auxiliary Gym | 7:00 am |
| Cross-Country (Boys) | 8/20/18 | South Gym Entrance | 7:00 am |
| Cross-Country (Girls) | 8/20/18 | North Gym | 7:00 am |
| Field Hockey (V & JV) | 8/20/18 | Field Hockey Field | 7:00 am |
| Football (V & JV) | 8/13/18 | Locker Room | 7:00 am |
| Golf (V & JV Boys) | 8/20/18 | South Gym | 7:00 am |
| Gymnastics (Girls) | 8/20/18 | South Gym | 7:00 am |
| Soccer (V & JV Boys) | 8/20/18 | Soccer Field | 7:00 am |
| Soccer (V & JV Girls) | 8/20/18 | Soccer Field | 7:00 am |
| Swimming (Girls) | 8/13/18 | Northport High School | 9:00 am |
| Tennis (V & JV Girls) | 8/20/18 | Tennis Courts | 7:00 am |
| Volleyball (V & JV Boys) | 8/20/18 | North Gym | 7:00 am |
| Volleyball (V & JV Girls) | 8/20/18 | North Gym | 5:00 pm |

Double practices AM and PM should be expected prior to the start of the school.
Times typically can be 7:00 am – 10:00 am and 4:30 pm – 8:00 pm

Note: **Middle School** (Cheerleading, Cross Country, Field Hockey, Football, Soccer, and Girls Tennis)
Fall sport teams will meet in the gymnasium in their school immediately following school dismissal on **September 5, 2018**, which is the first day of tryouts and practice. Kickline and Danceline try-outs will be announced in September.
WE RECOMMEND ALL SPORT PHYSICALS FOR THE FALL SEASON AT THE MIDDLE SCHOOL BE DONE PRIOR TO THE FIRST DAY OF SCHOOL.

An updated schedule will be posted in Commack High School during summer physicals in the event of changes.
Mandatory Athletic Code Nights for Commack High School 9th grade parents are presented each season for that specific season.
Anticipated dates are: Fall (August 27), Winter (November 20), and Spring (March 11).

**COMMACK UNION FREE SCHOOL DISTRICT
COMMACK HIGH SCHOOL
Scholar Lane
Commack, NY 11725
(631) 912-2080
(631) 912-2282**

Patrick Friel
Director of Health, Physical
Education and Recreation

Mailing Address:
1 Scholar Lane
Commack, N.Y. 11725

Dear Parent/Guardian:

Below you will find the starting dates for each of our high school sport seasons and tryouts. These dates are listed so that you may plan your family vacations so they do not interfere with your son(s) or daughter(s) sport commitment. Athletes are encouraged to obtain their physical exams in the summer. If this is not possible they should schedule a school physical exam through the nurses' office several weeks before their first season starting date.

Please note: ninth graders can try-out for Junior Varsity and Varsity teams.

Junior Varsity and Varsity Programs

- Fall ***August 13, 2018** - Varsity & JV Football
 ***August 20, 2018** – Cheerleading, Cross-Country (B & G), Field Hockey,
 Golf (B), Gymnastics (G), Soccer (B & G), Tennis (G) & Volleyball (B & G)
- *Double practices AM & PM should be expected prior to the start of school. Times
 can be typically 7:00-10:00 AM and 5:00-8:00 PM.**
- Winter **November 13, 2018** - Basketball (B & G), Bowling (B & G), Fencing (B & G),
 Track (B & G) & Wrestling
- Spring **March 4, 2019** - Badminton (B & G), Baseball, Golf (G), Lacrosse (B & G),
 Softball, Tennis (B) & Track (B & G)

Sincerely,

Patrick Friel
Director H.P.E.R.

PF/gf

Commack Public Schools Health Appraisal Form-TO BE COMPLETED BY PARENT/GUARDIAN

Name: _____ Date of Birth: _____
 Address: _____ Home Phone # _____
 _____ Family Physician/Phone: _____
 _____ Family Dentist/Phone: _____
 Mother's Name _____ Work # _____ Cell # _____
 Father's Name _____ Work # _____ Cell # _____

School: _____ Gender: M F Grade: _____ Teacher: _____

Chicken Pox _____ Pneumonia _____ Diabetes _____
 Diphtheria _____ Poliomyelitis _____ Epilepsy _____
 German Measles _____ Scarlet Fever _____ Tuberculosis _____
 Measles _____ Whooping Cough _____ TB Contact _____
 Mumps _____ Rheumatic Fever _____

| <i>Please check each item with YES or NO</i> | NO | YES-PLEASE EXPLAIN <u>AND</u> INCLUDE DATES |
|--|----|---|
| 1. Eye Disorder, Loss of Vision, Detached Retina | | |
| 2. Ear Disorder, Hearing Loss | | |
| 3. Nose Disorders | | |
| 4. Throat Disorders, Thyroid Conditions | | |
| 5. Facial Injuries | | |
| 6. Heart Murmur, Heart Disease, Rheumatic Fever | | |
| 7. Lungs, Pneumonia, Bronchitis, Asthma | | |
| 8. Kidney/Bladder Disorder, Loss of Kidney | | |
| 9. Abdominal, Intestinal Disorders | | |
| 10. Hernia, Varicocele, Hydrocele | | |
| 11. Undescended Testicle, Loss of Testicle | | |
| 12. Bones/Joints- Fractures, Dislocations, Disorders | | |
| 13. Head Injuries, Seizure Disorder, Loss of Consciousness | | |
| 14. Allergies | | |
| 15. Prescribed Medications- Regular Basis Dosage | | |
| 16. Surgeries, Hospital Admissions | | |
| 17. Diabetes, Endocrine Disorders | | |

My child _____ has my permission to engage in all physical education programs and/or athletic activities while wearing his/her contact lenses and/or orthodontic appliances. I understand that there is a possibility of loss of or damage to the lenses or appliances during participation by my child in such activities. I recognize that the lenses/and or appliances can be lost, crushed or damaged during body contact activities and other vigorous exercise. I am willing to take calculated risks involved and assume responsibility for replacement of the above, should they be lost, stolen or broken. () Contact Lenses () Orthodontic Appliances

Date _____ Parent/Guardian Signature _____

PHYSICAL EXAM- To be completed by provider

Student's Name _____ Date of Exam: _____

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

Referral

| | | | | |
|---|--|---|---|--|
| Body Mass Index: _____ Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th <input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher | Vision - without glasses/contact lenses | R | L | |
| | Vision - with glasses/contact lenses | R | L | |
| | Vision - Near Point | R | L | |
| | Hearing <input type="checkbox"/> Pass 20 db sc both ears or: | R | L | |

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: Negative Positive: _____

Menarche (date-first time) _____ Urinalysis: protein _____ glucose _____

Specify any abnormality (use reverse of form if needed): _____ **Lead Level** _____ **Date** _____

Medications (For medications dispensed in school, we must have a doctor's order. Please Attach.):

List all _____ None

Significant Medical/Surgical History: See attached _____

| | | | | | |
|----------------------------------|---------------------------------------|---|---------------------------------|---|--------------------------|
| Specify current diseases: | <input type="checkbox"/> Asthma | Diabetes: <input type="checkbox"/> Type 1 | <input type="checkbox"/> Type 2 | <input type="checkbox"/> Hyperlipidemia | <input type="checkbox"/> |
| Hypertension | <input type="checkbox"/> Other: _____ | | | | |

Allergies: **LIFE THREATENING** Food: _____ Insect: _____

Seasonal Medication: _____ Other: _____

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

___ Contact: baseball, basketball, field hockey, football, lacrosse, soccer, handball, softball, wrestling

___ Endurance: badminton, cheerleading & kickline, cross-country, tennis, volleyball, track, fencing, gymnastics

___ Other: bowling, golf, swimming, field events

Restrictions: _____

Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other: _____

IMMUNIZATION RECORD *serology report must accompany this form if child has had disease.

| | | | | | |
|--|-----------------|-----------------|-----------------|-------------------|-----------------|
| 3 Doses Hepatitis B | month/date/year | month/date/year | month/date/year | | |
| 4-5 Diphtheria Toxoid (DTaP/DTP/Tdap) | month/date/year | month/date/year | month/date/year | month/date/year | month/date/year |
| 3-4 Polio Vaccines | month/date/year | month/date/year | month/date/year | month/date/year | |
| 2 MMR Vaccines | month/date/year | month/date/year | | | |
| 2 Varicella Vaccines | month/date/year | month/date/year | | Had Disease(date) | |
| 1-2 Meningococcal Conjugate Vaccine | month/date/year | month/date/year | | | |

Chest XRay Date _____ **Result** _____

TB Test Date _____ **Result** _____ **Other** _____ **Date** _____ **Result** _____

Provider's Signature: _____ **Phone:** _____ **(STAMP BELOW-not valid without stamp)**

Name/Address: _____ **Date:** _____

