

PROCEDIMIENTO PARA COMPLETAR EL EXAMEN MEDICO PARA DEPORTES DE SU HIJO (A)

§ DRAGONFLY

-MEDICINA DEPORTIVA SIMPLIFICADA

DragonFly MAX es un record de salud electrónico diseñado para ahorrarle tiempo y asegurarse que el atleta esté saludable y listo para participar en una competencia. Nos enfocamos en los detalles para que usted pueda concentrarse en lo que realmente importa...atletas sanos y salvos.

Siga los pasos a continuación para que empiece a usar DragonFly MAX

“I’M A PARENT” (SOY PADRE/MADRE)

1. Vaya al sitio de internet www.dragonflymax.com . Seleccione “Do my forms” (Llenar mis formas) y siga las indicaciones para dirigirse a la página donde creará su cuenta (sign-up page).
2. En esta página seleccione “Sign- Up for Free” (Abrir Cuenta Gratis).
3. Siga las indicaciones para crear una cuenta para padres (“Parent Account”) con su correo electrónico y número de teléfono.
4. Ingrese el código de la escuela de su hijo(a) (ZKJDJ6) cuando se lo indiquen, y confirme que esta es la escuela correcta.
5. Seleccione “Add a child” (Agregar a un niño) en el sitio web DragonFly MAX, luego siga las indicaciones para crear el perfil de su hijo(a) y complete sus formas de participación, incluyendo escanear y subir documentos si es necesario.
6. Lleve una copia de la forma para examen físico a su médico de cabecera. Después que su médico complete la forma, escanee y suba la forma al perfil de su hijo(a).
7. Después de completar las formas de su hijo(a) usted puede revisar su perfil o incluir otro perfil de otro hijo.

****Su hijo(a) no es elegible para inscribirse, practicar o competir en ningún deporte hasta que usted haya completado el 100% del perfil de su hijo(a)**

Ya que ha finalizado, baje la aplicación de la APP STORE o GOOGLE PLAY y regístrese.



Nombre de la Escuela: Collins Hill High School

Código de la Escuela: ZKJDJ6

¡Ya tiene todo listo! Ahora puede descubrir más funciones adicionales en

DragonFlyMAX.com

PROCEDURES FOR COMPLETING YOUR CHILD'S SPORTS PHYSICAL



DragonFly MAX is an electronic health record designed to save you time & ensure the athlete is healthy and ready to participate in athletic competition. We focus on the details so you can focus on what matters...safe and healthy athletes.

Follow the easy steps below to get started using DragonFly MAX.

"I'M A PARENT"

1. Visit www.dragonflymax.com, click "Do My Forms" and follow prompts to the sign-up page.
2. On the sign-up page, click "Sign Up for Free".
3. Follow the prompts to create your **Parent Account** with **your** email address or phone number.
4. Enter your child's School Code (located below) when prompted and confirm this is the correct school.
5. Click "Add A Child" in the DragonFly MAX web site, then follow the prompts to create your **child's profile** and complete his/her participation forms, including uploading any necessary documents.
6. Take a copy of the attached Physical Examination Form to your physician. After your physician completes the form, upload it to your child's profile.
7. After completing your child's forms, you can review his/her profile OR add another child's profile.

****Your child is not eligible to tryout, practice or compete in any sport until you have reached 100% completion of your profile.****

Now that you're done, download DragonFly MAX from the App Store or Google Play and sign in.



School Name: Collins Hill High School
School Code: ZKJDJ6

Now you're all set! You can find out more about additional features at
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	% Body Fat
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 ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider 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) _____ Exam Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO