

SANTA MARIA HIGH SCHOOL

ATHLETIC PHYSICAL SCREENINGS 2023

WHEN: THURSDAY, JUNE 1, 2023

WHERE: PIONEER VALLEY HIGH SCHOOL - 675 PANTHER DRIVE SANTA MARIA, CA 93454

(PLEASE ENTER THROUGH GATE 6 – BY THE FOOTBALL STADIUM)

TIME: 4:30 – 7:30 PM

COST: NO FEE

BRING: PHYSICAL PAPERWORK WITH THE FRONT SIDE COMPLETED

ALL NEW SMHS STUDENT ATHLETES WHO WILL BE PARTICIPATING IN A SMHS SPORT FOR THE FIRST TIME, MUST REGISTER ON DRAGONFLY – EASY-TO-USE DIGITAL FORMS, HEALTH RECORDS AND TEAM COMMUNICATION TOOLS. *If you already have an account, you will not need to create a new one.*

<https://www.santamariahighschool.org/PHYSICALS>

- 1) DOWNLOAD THE DRAGONFLY MAX APP FROM THE APP STORE OR GOOGLE PLAY.
- 2) TAP 'GET STARTED' AND 'SIGN UP FOR FREE' THEN FOLLOW THE PROMPTS TO CREATE YOUR PARENT ACCOUNT WITH YOUR OWN EMAIL ADDRESS. *Note: Please do not create an account with your child's name or contact information – you will get the chance to add your child soon!*
- 3) VERIFY YOUR ACCOUNT WITH THE VERIFICATION ID SENT TO YOUR EMAIL ADDRESS.
- 4) TAP 'CONNECT TO YOUR SCHOOL' TO SELECT 'PARENT' AS YOUR ROLE AND SEARCH FOR YOUR CHILD'S SCHOOL.
- 5) AFTER SELECTING YOUR CHILD'S SCHOOL, TAP 'JOIN' TO REQUEST ACCESS. AN ADMINISTRATOR/COACH AT SMHS WILL APPROVE YOUR REQUEST.
- 6) TAP 'SET UP YOUR CHILDREN' AND FOLLOW THE PROMPTS TO ADD YOUR KID(S) AND FILL OUT THEIR PARTICIPATION FORMS.

2022 SUMMER ATHLETIC CONTACT INFORMATION

FALL SPORTS

- | | |
|---------------------------------------|---|
| • <u>Santa Maria Cross Country</u> | Boys – Danelle Garren dgarren@smjuhsd.org
Girls – Naomi Nordwall nnordwall@smjuhsd.org |
| • <u>Santa Maria Football</u> | Varsity – Albert Mendoza albertm0425@gmail.com
JV – Larry Vea larryvea661@gmail.com |
| • <u>Santa Maria Girls Golf</u> | Varsity – Jay Cheney jcheney@smjuhsd.org |
| • <u>Santa Maria Girls Tennis</u> | Varsity – Julianne Dolan julianne_dolan@yahoo.com
JV – Patricia Perez Perez patriciaperez084@gmail.com |
| • <u>Santa Maria Girls Volleyball</u> | Varsity – Johnny Rodriguez jrodriguez@smjuhsd.org
JV – Kobe Medina kmedina@smjuhsd.org
Freshman – TBA |
| • <u>Santa Maria Boys Water Polo</u> | Varsity – Andrew Eisner aeisner@smjuhsd.org
JV – Frank Lopez-Jimenez frank.will.lopez805@gmail.com |
| • <u>Santa Maria Girls Water Polo</u> | Varsity – Joshua Troeger jtroegar@smjuhsd.org
JV – Caija McNeil cmcneil@smjuhsd.org |

WINTER SPORTS

- Santa Maria Boys Basketball Varsity – Dave Yamate dyamate@smjuhsd.org
JV – Johnny Rodriguez jrodriguez@smjuhsd.org
Freshman – Kobe Medina kmedina@smjuhsd.org
- Santa Maria Girls Basketball Varsity – Erik Ramos mr.erikramos@gmail.com
JV – Deidrelaine DeBernardi ddebernardi@smjuhsd.org
Freshman – TBA
- Santa Maria Boys Soccer Varsity – Eduardo Cuna cunae13@gmail.com
JV – Antonio Diaz ttonio105@gmail.com
Freshman – Mario Diaz mario.diaz141@yahoo.com
- Santa Maria Girls Soccer Varsity – Cristian Alvarez calvarez@smjuhsd.org
JV – Ignacio Navarro
- Santa Maria Boys Wrestling Varsity – Doug Silva dsilva@smjuhsd.org
JV – Luis Villa luisvillatorress52@gmail.com
- Santa Maria Girls Wrestling Varsity – Jose Torres jtorres@smjuhsd.org
JV – Reyna Mendez rmendez@smjuhsd.org

SPRING SPORTS

- Santa Maria Baseball Varsity – Walker Armstrong warmstrong@smjuhsd.org
JV – Marcus Lyghts mlyghts@smjuhsd.org
- Santa Maria Boys Golf Varsity – Jay Cheney jcheney@smjuhsd.org
- Santa Maria Softball Varsity – Gregory Guerrero gbogey1@aol.com
JV – TBA
- Santa Maria Swim Boys – Dylan Takanishi dylantakanishi@gmail.com
Girls – Elliot Kaser ekaser@smjuhsd.org
- Santa Maria Track & Field Gabriel Athie gathie@smjuhsd.org
- Santa Maria Boys Tennis Varsity – Naomi Nordwall nnordwall@smjuhsd.org
JV – TBA
- Santa Maria Boys Volleyball Varsity – Johnny Rodriguez jrodriguez@smjuhsd.org
JV – Kobe Medina kmedina@smjuhsd.org
- Santa Maria Cheer Varsity – Saryna Solano sarynamsolano@gmail.com
JV – Jaelia Basulto jaebas9@gmail.com

SMHS athletic physical website:

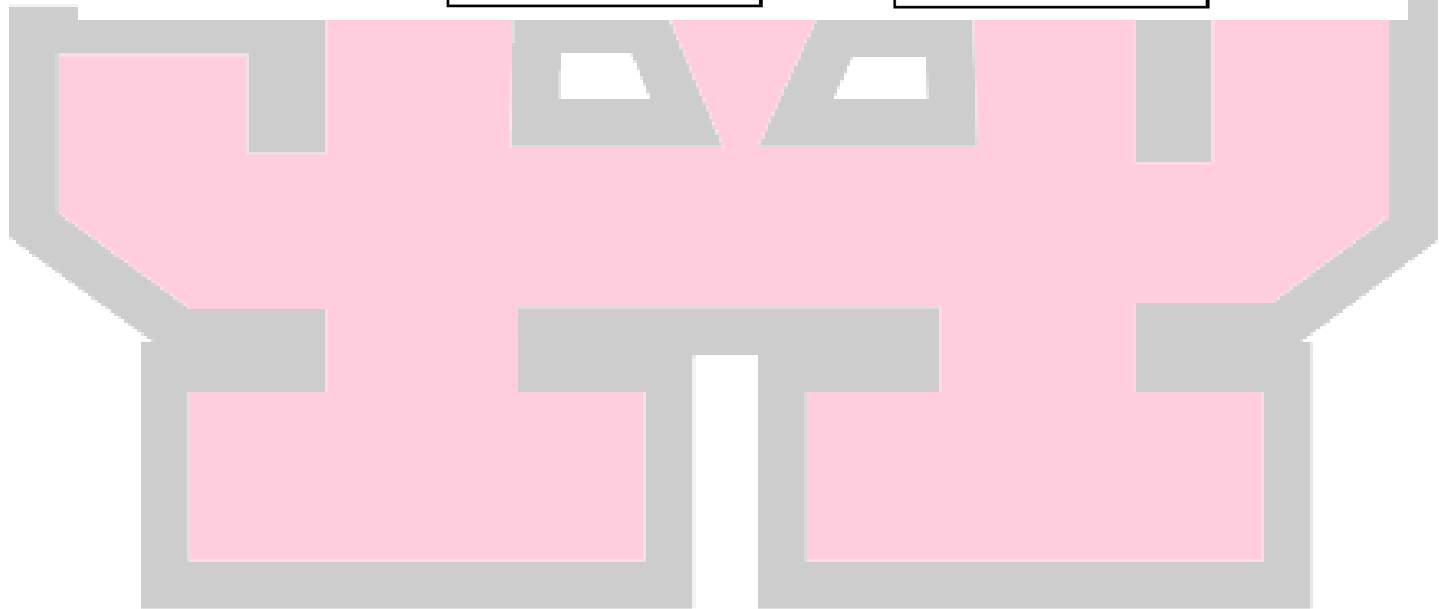
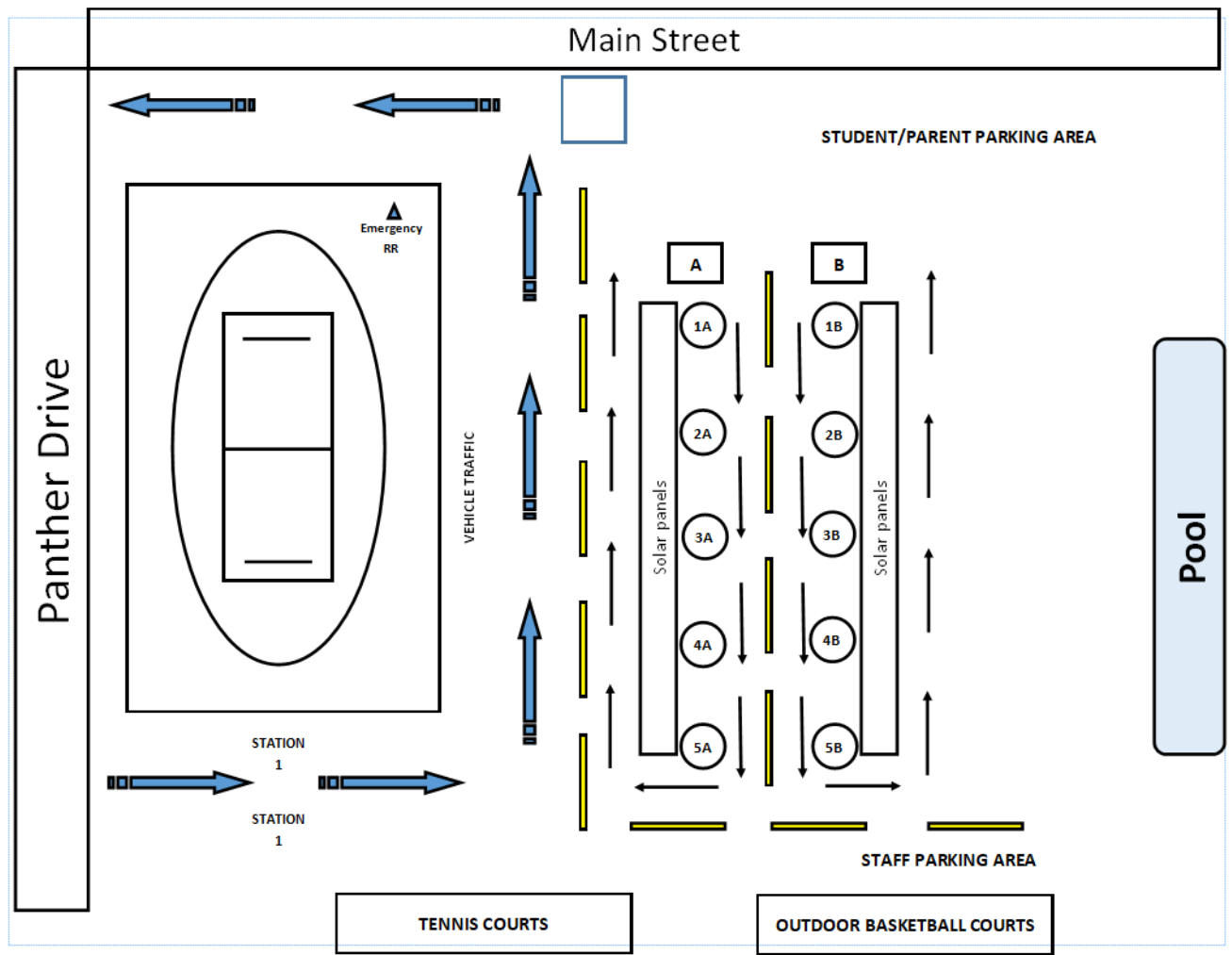
<https://www.santamariahighschool.org/PHYSICALS>: You will find the Physical form, directions to Dragonfly, and the Dragonfly website here.

SMHS ATHLETIC TRAINER – Kenna Pearce khodeaux@smjuhsd.org

SMHS ATHLETIC DIRECTOR – Dan Ellington (805) 925-2567 ext. 3540 dellington@smjuhsd.org

This school district does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, gender, mental or physical disability, sexual orientation, parental or marital status, or any other basis protected by federal, state, or local law, ordinance, or regulation, in its educational program(s) or employment.

Map for physical location at Pioneer Valley High School:



FREE PHYSICAL NIGHT!

When: May 30 – PVHS Students, May 31 – RHS Students

June 1 – SMHS Students

Time: 4:30pm - 7:30pm

Where: Pioneer Valley

Who: Anyone interested in playing sports

3 easy steps to get you ready for 2023 athletic season:

1. Download the Dragonfly app and complete all the electronic documentation (scan QR code for instructions)

Baja la application de Dragonfly complete el formulario eletronico (escanear QR codigo para instrucciones)



2. Print out the Physical Form and fill out the front of the page (scan QR code for the Physical Form)

Imprime el formulario fisico y llena la primer pagina (escanear QR codigo para el formulario fisico)

3. Bring the physical form to FREE Physical Night or to your doctor to complete

Traer el formulario del fisico a noche gratis de fisico o llevar a su doctor para completarlo.

GET STARTED WITH DRAGONFLY



DragonFly makes sports and activities more organized with easy-to-use digital forms, health records and team communication tools.



PARENTS & STUDENTS

- 1 Download the DragonFly MAX app from the App Store or Google Play.
- 2 Tap 'Get Started' and 'Sign Up for Free' then follow the prompts to create your Parent account with your own email address.
Note: please do not create an account with your child's name or contact information – you will get the chance to add your child soon!
- 3 Verify your account with the verification ID sent to your email address.
- 4 Tap 'Connect to your school' to select 'Parent' as your role and search for your child's school.
- 5 After selecting your child's school, tap 'Join' to request access. An administrator at your school will approve your request.
- 6 Tap 'Set up your children' and follow the prompts to add your kid(s) and fill out their participation forms.



ATHLETIC DIRECTORS, COACHES & SCHOOL ADMINISTRATORS

- 1 Visit dragonflymax.com and click the 'Log In/Sign Up' button.
- 2 Click 'Sign Up for Free' to create your account with your school email address.
- 3 Verify your account with the verification ID sent to your email address.
- 4 Click the 'Get Started' button to select your role and search for your school.
- 5 After selecting your school, tap 'Join' to request access. You will see a list of administrators at your school who can approve your request. If you're the first person to request access to your school, a member of the DragonFly team will verify your role and approve your request.

****You will need to upload a photo of your physical form with the doctors signature and date****
Everything else is filled out electronically



PREFER TO DO THIS ON YOUR COMPUTER?

Visit dragonflymax.com and click 'Log In/Sign Up' to get started.



SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT
Preparticipation Physical Evaluation

Demographic Information

Student's Name _____ Date of Birth _____ Sex _____ Grade _____
Student ID # _____ School Pioneer Valley / Righetti / Santa Maria
Address _____
Parent/Guardian Name _____ Phone _____

Family Health History

*Explain "Yes" answers below. Circle questions if you do not know the answer.

	Yes	No		Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born w/o or missing a kidney, eye, testicle or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had infectious mononucleosis within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any medicines?	<input type="checkbox"/>	<input type="checkbox"/>	29. Ever had rashes, pressure sores or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have allergies to medicine, foods, etc?	<input type="checkbox"/>	<input type="checkbox"/>	30. Ever had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	31. Ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	32. Been hit in head & confused or lost memory?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had discomfort, pain or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	33. Ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	34. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever told you that you have: <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> A Heart Infection	<input type="checkbox"/>	<input type="checkbox"/>	35. Ever had numbness, tingling or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a doctor ever ordered a test for your heart?	<input type="checkbox"/>	<input type="checkbox"/>	36. Ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
11. Anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	37. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
12. Anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	38. Has a doctor ever told you that you or someone in your family has sickle cell trait/disease?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has any family member or relative died of heart problems or sudden death before the age of 50?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have any problems with your eyes/vision?	<input type="checkbox"/>	<input type="checkbox"/>
14. Anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear glasses or contacts?	<input type="checkbox"/>	<input type="checkbox"/>
15. Ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	41. Do you wear protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
16. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	42. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
17. Ever had an injury like a sprain, muscle or ligament tear that caused you to miss practice/game?	<input type="checkbox"/>	<input type="checkbox"/>	43. Are you trying to gain/lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
18. Ever had any broken/fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
19. Ever had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehab, physical therapy, a brace, cast or crutches?	<input type="checkbox"/>	<input type="checkbox"/>	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
20. Ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you have any concerns you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
21. Ever been told that you have or had an x-ray for <i>Atlantoaxial (neck) instability</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<i>FEMALES ONLY</i>		
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	47. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>	48. How old were you when you had your first period?	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	49. How many periods in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
25. Anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>	Explain "Yes" answers here: _____		
26. Ever used an inhaler or taken asthma medication?	<input type="checkbox"/>	<input type="checkbox"/>	_____		

Parental Consent for Physical Examination to be Performed

I hereby give consent for my child to receive a physical exam from a physician for the purpose of competing in athletics in the Santa Maria Joint Union High School District and also state, that to the best of my knowledge, my answers to the family health history questions are complete and correct.

Parent/Guardian Signature: _____ Date: _____

PHYSICAL EXAMINATION

To be Completed by Physician

Name _____ Date of Exam _____

Height _____ Weight _____ Pulse _____ BP _____ / _____

Medical	Normal	Abnormal Findings	Initials*
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin			
Musculoskeletal	Normal	Abnormal Findings	Initials*
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

*This is for athletic participation and not intended to be a comprehensive medical evaluation. Certain conditions may exist which may not be identified. Your personal doctor should be contacted for comprehensive evaluation and screening.

Medical Clearance

- ☐ Cleared without restriction
- ☐ Cleared with recommendations: _____
- ☐ Not Cleared
- ☐ For all sports
- ☐ Certain sports _____
- Reason: _____

I certify that I have on this date examined this student and that, on the basis of my examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it inadvisable for this student to compete in supervised athletic activities. (Note exceptions above)

Name of physician (print/type) _____ Date _____

Signature of physician _____, MD, DO, PA, NP (circle one)