



## Oaks Christian School Health Office Requirements

### 1. FOR ALL STUDENTS (New or Returning) - Initial and Annual Review – due by July 1, 2023\*

A review and update of your child's health is required in the Magnus Health Portal every year. For those accessing Magnus for the first time, start by logging in to the Oaks Christian Axis page:

<https://oakschristian.myschoolapp.com/app/#login>

where you will then find a link to Magnus Health Portal under "Resources"

\*For students participating in sport that practices during the summer, both items above due PRIOR TO STARTING PRACTICE/WORKOUTS.



### 2. Annual Physical Examination – due by July 1, 2023\*

A physical examination, completed by a licensed health care professional (MD, DO, NP, PA) that is NOT related to the student, is required for the following categories of students:

- All NEW students to Oaks Christian school
- All students entering 9<sup>th</sup> grade, even if they attended Oaks Christian previously
- All boarding school program students, required annually
- Any student participating in a sport at Oaks Christian. Note this is an ANNUAL requirement for a sports physical.

**Physical examination must be dated on or after May 1st, for the subsequent school year (for instance on or after May 1<sup>st</sup>, 2023 for the 2023-2024 school year).**

**Completed and signed physical examination should be UPLOADED to your student's Magnus Health Portal**

For any questions or concerns, please contact the respective health office, or Director of Medical Services.

Middle School Nurse: Melanie McAfee, RN – [mmcafee@oakschristian.org](mailto:mmcafee@oakschristian.org)

High School Nurse: Aubrey Lorenzini, RN – [alorenzini@oakschristian.org](mailto:alorenzini@oakschristian.org)

Residential Life (Dorm) Nurse: Roxie Wolfe, RN - [rwolfe@oakschristian.org](mailto:rwolfe@oakschristian.org)

Director of Medical Services: Bryan Wong, MD – [bwong@oakschristian.org](mailto:bwong@oakschristian.org)

# 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	
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, hyperfaxy, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) <sup>b</sup>			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic <sup>c</sup>			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>c</sup>Consider 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) \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature of physician \_\_\_\_\_, MD or DO or NP/PA