

Dear parent:

Licking Memorial Health Systems (LMHS) will be offering pre-participation physical exams (PPEs), electrocardiograms (EKGs), echocardiograms, and ImPACT concussion baseline screenings (if not provided at your school) free of charge to all Licking County middle and high school athletes and students within specific educational training programs. This screening meets the Ohio High School Athletic Association (OHSAA) requirements for athletic pre-participation clearance; however, it is not a comprehensive medical examination and does not replace the recommended annual check-up with your child's primary care physician. If your child previously completed a physical exam through their primary care physician, please contact the physician office to complete the screening form. This form will need to be provided directly to your athletic director. In addition, other forms, such as work permit or summer camp physicals, will not be applicable through this program.

Screening dates will be scheduled with each school during May and June. Students who choose to participate through the LMHS Program must attend on the screening date scheduled for their school – no make-up dates will be available. Any student who is unable to attend during their school's scheduled night will need to arrange to have their PPE completed by their primary care physician to ensure eligibility for participation. Any student from the Criminal Justice, Fire and Physical Therapy programs at C-TEC who needs a complete screening for sports participation should attend the sports screening scheduled for their home school and bring their C-TEC form with them to be signed off, along with the sports pre-participation forms.

A parent or custodial guardian should attend the screening program with the student in the event of abnormal findings or questions during the exam, and to sign all required consent forms. Due to the nature of mass examinations, please be prepared for extended wait times. This type of screening program may not be appropriate for all participants, and the risk of being turned away after a wait can be avoided. If any of the following applies, a primary care physician will need to complete the screening: Any student who has a chronic or complex medical condition including heart issues, is under the care of a cardiologist or any specialist for previous injury, or lives with an adopted or foster family. To minimize your wait time and ensure an efficient process, please complete and sign all forms in advance.

A complete medical history is vital to an accurate assessment of your child's ability to safely participate in school activities and sports. Students may utilize the pre-participation physical evaluation form found online at the Ohio High School Athletic Association's website, www.ohsaa.org. The PrivIT Profile electronic sports screening forms, also available online at www.ohsaa.org, will be accepted for high school students as well.

The Health Systems has had success with early detection of heart abnormalities that have prevented potential student tragedies; therefore, the Heart to Play screenings are an important part of the overall screening process. EKG and echocardiogram screenings will be provided to student athletes entering grades 7, 9 and 11 next school year. Students entering grade 11 who will be attending C-TEC also will have these tests available to them. Again, any participant from C-TEC that needs the complete screening for sports participation should attend the sports screenings scheduled for their home school.

Thank you in advance for your cooperation and understanding. If you have any questions about the program, please contact us at sportsphysicals@lmhealth.org.

Sincerely,

The Physicians and Staff of the LMHS Pre-Participation Sports Screening Program

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04/11/2017



Licking Memorial Health Systems

www.LMHealth.org

IMPORTANT NOTE

Packets obtained from www.LMHealth.org will include all instructions, forms and consents from Licking Memorial Health Systems (LMHS) and mCORE. **The packet must be completed for each student, in addition to the sports screening forms from the Ohio High School Athletic Association website (www.ohsaa.org), in order to participate in the screening program.** All forms must be completed and presented at check-in to minimize your wait time and ensure you can participate on the night of your scheduled screening.

DO'S AND DON'TS FOR THE LMHS SPORTS PRE-PARTICIPATION SCREENING PROGRAM

DO

- Attend on your school's scheduled dates to participate; there are NO make-up nights.
- Have all LMHS forms and the sports physical forms complete before arriving to the program.
- Have the completed mCORE consents for any athlete entering grades 7, 9, and 11 next school year. Heart screening is required to participate in the sports physical program.
- Check with your coach to see if the concussion screening test is required during the program.
- Arrive to check in prior to 6:30 p.m. Doors will be locked and registration will close at that time.
- Have a parent/custodial guardian present to sign consent for treatment. Anyone less than 18 years of age will not be permitted to participate without proper consent.
- Check out after completion of all stations at the program. Students will be checked out and given their completed sports physical form to submit back to their school.
- Make a copy of your sports physical form for your own records before providing to your school's athletic director.
- Students/parents must provide the completed sports physical form to their school. LMHS is not responsible for these forms and copies will not be provided to the school.

DON'T

- Attend on a night that is not scheduled for your school.
- Attend on a girl night if you are a boy, or a boy night if you are a girl.
- Arrive to check in without the completed LMHS packet of forms.
- Arrive to check in without the completed sports physical forms.
- Arrive to check in without the completed mCORE consent forms, if you are entering grades 7, 9, or 11 next school year.
- Arrive after 6:30 p.m. All doors will be locked and registration will be closed.
- Arrive without a parent or custodial guardian to sign for consent for treatment.
- Forget to check out after completing the screening stations.
- Forget to take a copy of your sports forms with you when you leave the program – you will need these to turn into your school.
- Forget to make a copy for your own records, especially if you play multiple sports and will need another copy for various coaches throughout the school year.
- Forget to provide a copy to the athletic director for the next school year.
- Lose your copy of the sports forms. LMHS is not responsible for your forms and copies will not be provided to the schools.

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Licking Memorial Health Systems Pre-Participation Sports Screening Consent

Student name: _____ Date of birth: _____

Parent or guardian name: _____ Contact phone #: _____

Address: _____ City: _____ Zip: _____

School district: _____ School: _____ Grade: _____
(next school year)

Primary care physician: _____

Address: _____ City: _____ Zip: _____

Services/tests that may be performed according to program guidelines, include:

- Pre-Participation Physical Evaluation
- Electrocardiogram (EKG)
- Echocardiogram
- ImPACT Testing

I understand that by signing this form, I am consenting to the above referenced services/tests as a component of the Licking Memorial Health Systems (LMHS) Pre-Participation Sports Screening Program which also meets the standards of the OHSA pre-participation evaluation requirements. Components of the pre-participation physical evaluation – including the EKG, Echocardiogram and/or ImPACT Concussion Screening – will not diagnose all present or future health or cardiac conditions. Any change in symptoms or physical finding should be reported to the athlete's primary care physician, athletic director or coach immediately.

Authorization to Release Information

I also understand that by signing this consent, it allows LMHS to release the results of the evaluation and/or testing to the student's primary care physician. Abnormal test results or findings outside of the expected normal range will be referred back to the student's primary care physician for further evaluation. The athletic director or athletic personnel at the school will be notified in the event of abnormal results that would prevent the student from participating in any strenuous or athletic event, until cleared by their primary care physician.

The purpose of these disclosures is to notify the student's primary care physician and/or school of the test results from the Pre-Participation Sports Screening Program. This authorization shall not expire unless revoked. The authorization may be revoked by contacting the Program Coordinator at (220) 564-4286. These screenings are solely for the purpose of providing the results to the student's primary care physician and/or school; therefore, this consent and authorization to release the information is required as a condition to participate in the Pre-Participation Sports Screening Program.

Episodic Care

I have been advised and understand that participation in the LMHS Pre-Participation Sports Screening Program, including any testing provided during the program, does not establish an ongoing care relationship with the provider. I understand the program is considered episodic care and does not create a physician-patient relationship.

Student signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

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Licking Memorial Health Systems

www.LMHealth.org

Authorization for Disclosure of Information

As part of the Licking Memorial Health Systems (LMHS) Pre-Participation Sports Screening, you may be referred to mCore for Echocardiogram or Electrocardiogram (EKG) cardiac screenings.

This authorization allows mCore to disclose the Echocardiogram or Electrocardiogram results to LMHS. This authorization also allows your primary care provider to disclose follow-up information to LMHS to evaluate and improve the Pre-Participation Sports Screening program.

By signing this authorization you agree and understand:

1. mCore may disclose the Echocardiogram or Electrocardiogram results to LMHS.
2. The primary care provider, as listed on the LMHS Pre-Participation Sports Screening Consent form at the time of services rendered, may disclose medical information related to the Pre-Participation Screening if the Echocardiogram or Electrocardiogram results require follow-up.
3. The purpose of the authorized disclosures is to allow LMHS to evaluate and improve the Pre-Participation Sports Screening by reviewing the Echocardiogram or Electrocardiogram results and medical information related to those results and the outcome of the follow-up.
4. All information disclosed by mCore and the primary care provider will be treated by LMHS in the same manner as its own medical records. LMHS will protect this information in accordance with the HIPAA federal privacy and security regulations.
5. You may revoke this authorization in writing at any time by sending a written revocation to LMHS, Attention Julia Holtz, 1320 West Main Street, Newark, Ohio 43055. However, the revocation will not affect disclosures already made by mCore or your primary care provider in reliance on this authorization prior to revocation.
6. This authorization will expire one year from the date of services provided during the Pre-Participation Sports Screening, unless otherwise revoked in writing, as described above.
7. You are not required to sign this authorization form – neither LMHS nor mCore will condition the provision of Pre-Participation Sports Screening services to you on the signing of this authorization.
8. If the Pre-Participation Sports Screening is for a minor, this form may be completed by the minor's parent or legal guardian and all of the statements above are agreed to by such person on the minor's behalf.

Printed patient name

Printed name of patient's legal representative

Authority (e.g., "parent"), if signing for the patient

Signature of patient or patient's legal representative

Date of signature

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04/11/2017

