

GRANDVIEW CSD #4 ATHLETICS – SPORT PHYSICAL INSTRUCTIONS



Welcome to Privit Profile!

This document provides instructions to complete the athletic forms. The information can be completed on your mobile device, laptop, tablet or any device connected to the internet.

STEPS TO COMPLETE THE ATHLETIC FORMS WITHIN PRIVIT PROFILE

Step 1: Register a Parent Account:

As a parent/guardian, you are going to register an account in your name, then add your athlete to the account and complete the athlete's information. **Create your account by selecting or entering the following link <https://grandviewbulldogs-mo.e-ppe.com/index.jspa> then follow the steps below:**

1. From the landing page, click **Register**.
2. Please register with your name as a parent, your email address, and create a password of your choice. When you are finished, click **Sign Up**. (If you have multiple family members or if you have already registered yourself, you do not need to register again.) You will then be taken to the HOME page.

Step 2: Add Athlete(s) to Your Account:

1. On the Home page click the **Add Member** button on the left side of the page. (This allows you to add your athlete to your account; and this section allows you to add other family members if necessary.)
 - Click **Add Member** on the left side of the page.
 - Enter your athlete's first name (and last name if different), date of birth, and gender.
 - You may be taken to a copy data screen. If you are adding multiple athletes this feature will allow you to copy certain demographic data from one athlete to another, so that you don't have to enter it a second time. If you do not wish to copy any data click **Cancel** to return to the Home page.
 - You will now see the athlete listed under Family Members. Please click on the athlete's **Name**.



Important:** Once the required e-signatures have been applied to the necessary forms, the signed document will become available automatically for the appropriate staff member for review and approval. Also the **Completion Status** will read as "Submission Complete". If the status reads "Submission Incomplete", hover your cursor to see what still needs to be completed. A staff member at the school will update the **Clearance Status**, the status is not automatically updated.

Step 3: Complete All Relevant Athlete Information:

1. From your athlete's profile, begin completing the Personal Details by clicking the **Start** button to the right of Personal Details. When finished with all sections click Save and Exit to return to your HOME page.



In order for the Personal Details to be complete, you will need to answer all mandatory questions, marked with a red asterisk (*). You **will not** be able to move on until this step is complete. If you have no insurance information please mark none for company and number.

2. Begin completing the Concussion Awareness Form by clicking the Start button on the right. When you have finished completing the Concussion Awareness Form, click **Submit**.
 - a. A message will appear if you want to review or sign it the document. Click the blue **Sign** button and you will be taken to a page to create an electronic parent signature. Select the blue **Create New Signature** tab.
 - b. With your curser on a computer or with your finger from a tablet/mobile device, create your signature or initials then click the blue **Save** tab. You will see your signature displayed. Select the grey **Done** tab underneath. Once complete, you will then be on your account management page. Select **Home** near the top left of the screen.
 - c. Once you have created a parent e-signature, you will not be required to repeat this process. You will be able to apply this parent e-signature anywhere a parent e-signature is required.
 - d. Many of the forms also require an athlete e-signature. To sign as the athlete have them click the Sign button and create their signature if necessary.
3. Repeat step 2 for the remaining forms: Parent Permission Form; Pre-Participation History Form; Student Agreement Form; MSHSAA Concussion Materials
4. After completing the forms, you **MUST** join a team. To join a team, click **Update** next to Joined Teams, and check the box next to the correct team(s) your athlete will be joining.



You **cannot** skip step #4 as it is critical for your athlete's coaches and athletic trainers will be able to review and approve your documents, and see your athlete on the team roster.



For your physical please print out a copy your completed Pre-Participation History Form as well as the Physical Form. Both forms may be found by clicking Print Documents on your HOME screen

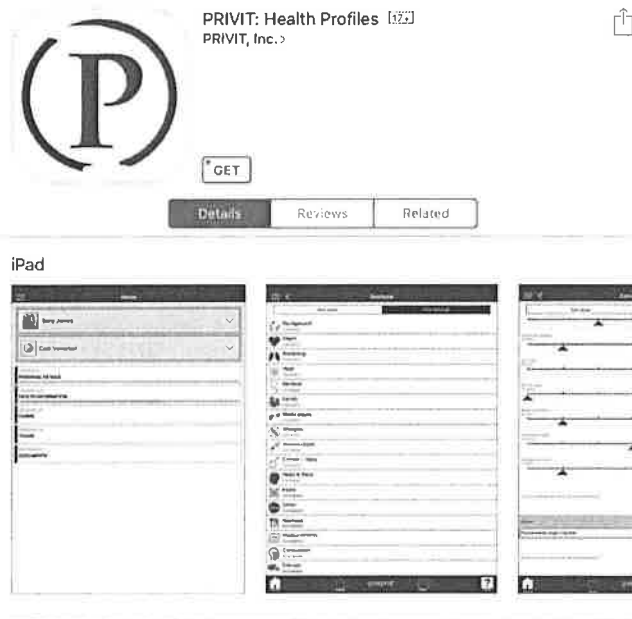
Step 4: Uploading Documents

After your physical you will need to upload the doctor signed copy of your Physical Form/Clearance Form into your Privit Profile. To upload a document, follow these steps below.

IMPORTANT – PHYSICAL MUST INCLUDE ATHLETE NAME AND BIRTHDATE AT THE TOP AND DOCTOR SIGNATURE AND DATE AT THE BOTTOM!!!! ATHLETE WILL NOT BE CLEARED IF THIS INFORMATION IS MISSING!

1. Click Manage Documents
2. Click Upload Document
3. Choose your file, at this point you will be prompted to choose a document from your PC. If you are using your cell phone to upload your document, you will be prompted to take a picture using your phone's camera.
4. Choose your document type, Completed Physical Form
5. Click Upload

DOWNLOAD THE FOLLOWING APPLICATION TO YOUR PHONE



If you need assistance with Privit Profile, please contact the Help Center at 844-234-4357 or visit <https://support.privit.com>

PRE-PARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name:	Date of Birth:
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Physician Reminders:

1. 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 supplements?
 - 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?
2. 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"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
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Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span>height, hypertaxily, myopia, MVP, aortic insufficiency)		
Eyes/Ears/Nose/Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal pulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)**		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic***		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

* Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam; **Consider GU exam if in private setting. Having third party present is recommended.
 ***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 (please list):
- Reason:

Recommendations:

I have examined the above-named student and completed the pre-participation 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 (type/print):	Date:
Address:	Phone:
Signature of Physician (MD/DO/ARNP/PA/Chiropractor):	

