BATTALION PRE-PARTICIPATION MEDICAL EXAM

INSTRUCTIONS FOR COMPLETING THIS PACKET

1. Schedule a PRE-PARTICIPATION SPORTS PHYSICAL EXAMINATION as soon as possible with a healthcare provider (doctor, nurse practitioner, physician asst.) who has experience in performing pre-participation sports physical examinations. If you have had a sports physical in 2024, you can submit that information.
2. Complete the MEDICAL HISTORY QUESTIONNAIRE and PATIENT HEALTH QUESTIONNAIRE *prior* to your exam and take that questionnaire forms with you (along with all other pages included in this packet) to your doctor's appointment. Give your doctor pages 2-6 from this packet.
3. Your doctor will complete the "pre-participation sports physical exam" form on page 5 and give it back to you, along with the questionnaire (pages 3-4). You may need to ask for this questionnaire back after your exam is completed. You will need to submit to your corps, BOTH the questionnaire on pages 3-4 completed by you, and the exam form on page 5 completed by your doctor, indicating whether or not you have been cleared medically for drum corps participation.
4. You will want to complete this exam as soon as possible in the event that your doctor makes recommendations such as strength-building therapies, provision for supportive braces or other mental or physical health recommendations which may need to be addressed prior to spring training.
5. Upload your completed paperwork via this link: **https://forms.gle/KPjy3uDmZPjRUfYA9**
    a. Link is also available on the "DOCS" page of our website.
    b. PLEASE DO NOT SUBMIT FORMS VIA EMAIL

Remember to discuss with your healthcare provider that any medications you are currently taking need to be dispensed whenever possible, as a 3 month supply, so that you come to spring training with enough medication to last through mid-August. You will need to make special arrangements with your healthcare provider for any medications which cannot be dispensed in this quantity (such as ADD medications) and then arrange with your family as to how you will receive those medications while on tour.

We can help facilitate refills of medication but need to know well in advance so we can arrange pickup before leaving a location during the summer. If possible, please request enough medication to help you get through your time with us.

THE BATTALION
DRUM & BUGLE CORPS

Dear Healthcare Provider,

Please perform a pre-participation sports physical on this student; complete and return the attached form to the student athlete.

This student is participating in a rigorous summer with The Battalion Drum and Bugle Corps, a competitive marching musical organization. The season starts in mid June and ends in mid August. They will rehearse music and marching drill 10-12 hours per day while competing in 3-4 competitive evening shows per week.

Physiologic testing done on participants in this activity have found that the demands are consistent with those of marathon runners. This activity is humorously defined as “marching band on steroids.” Our students are classified as musician-athletes. Caloric demands often exceed 5000 kcals/ day. They are at risk for overuse and repetitive strain injuries.

Please pay special attention to the cardiovascular, pulmonary and musculoskeletal systems and any chronic medical conditions such as diabetes or asthma to help our medical team keep our marching members healthy. If history of severe covid infection do EKG and PFT. Please screen for anxiety and depression using GAD-7 or PHQ-9 screening tools (attached) to identify individuals for whom safe participation may be of concern. If they have a significant psychiatric diagnosis we are requesting psychiatric clearance. Please provide at least two months of prescriptions for the member to complete the summer program.

Please make sure the patient is up-to-date on all vaccines, including the flu and COVID-19 vaccinations and boosters.

Sincerely,

The Battalion Drum and Bugle Corps

info@battalioncorps.org

DRUM CORPS PRE-PARTICIPATION SPORTS PHYSICAL

MEDICAL HISTORY QUESTIONNAIRE

NAME:_____ **DOB:**_____

SECTION/INSTRUMENT_____**CELL:**_____

YES	NO	PLEASE CHECK YES OR NO TO THE FOLLOWING QUESTIONS
		Have you ever been denied participation in any activity for physical or mental health reasons?
		Have you ever broken, dislocated or severely sprained a bone or joint?
		Have you ever had a back injury, strain, or “pinched nerve” necessitating medical treatment?
		Have you ever had hip or groin pain or problems?
		Have you ever had any serious foot, ankle, or achilles tendon injury?
		Have you ever passed out or fainted during or after exercise or physical exertion?
		Have you ever been told that you have an irregular heartbeat or heart murmur?
		Have you ever had a heat-related illness such as heat exhaustion or heat stroke?
		Have you ever been diagnosed with a concussion, or had a serious head injury?
		Do you have a history of migraine headaches or get headaches with exercises?
		Have you ever had a seizure or have any other neurologic disorder?
		Have you ever had a serious allergic reaction requiring you to carry an Epi-Pen?
		Has anyone in your family died before the age of 60 from a sudden cardiac death?
		Have you been diagnosed with diabetes?
		Do you have anxiety, depression, panic attacks, or other mental health concerns now or in the past?
		Have you been diagnosed with Attention-Deficit Disorder (ADD/ADHD)?
		Do you currently take or have you taken prescription medication for ADD/ADHD?
		Do you currently use or have you ever used marijuana, THC, or delta 8 (hemp)?
		Have you ever seen a psychiatrist, therapist or mental health specialist?
		Have you ever been admitted to a mental health facility or psychiatric hospital?
		Do you or have, you ever had thoughts of suicide?
		Have you ever harmed yourself intentionally? (cutting, overdose, burning)
		Do you have or have you ever had an eating disorder (either diagnosed or undiagnosed)?
		Have you ever had surgery?
		Do you have asthma or any breathing disorders?

PLEASE PROVIDE MORE DETAIL FOR EACH "YES" ANSWER ON THE PREVIOUS PAGE (Continue on an additional page if more room is needed

PLEASE LIST ALL ALLERGIES TO MEDICATIONS, FOODS, INSECTS, ETC... (Please include severity of reaction to each allergy)

ALLERGEN	REACTION TO ALLERGEN/SEVERITY

PLEASE LIST ALL MEDICATIONS YOU WILL BE TAKING WHILE WITH US. (Include OTC, herbal, inhalers, and hormonal contraceptives)

NAME OF DRUG	REASON FOR TAKING	DOSAGE	HOW OFTEN?

USE THIS SPACE TO PROVIDE ANY INFORMATION YOU DIDN'T HAVE ROOM TO PROVIDE ABOVE

By signing, I attest that the information included is accurate and complete, to the best of my knowledge. I agree not to hold The Battalion liable or accountable for any information not contained in this form.

_____ _____

Printed Name of member or legal guardian if under 18

Signature of member or legal guardian if under 18

Date: _____

DRUM CORPS PRE-PARTICIPATION SPORTS PHYSICAL

MEDICAL HISTORY QUESTIONNAIRE

NAME:_____ **DOB:**_____

Height (inches): _____ **Weight (lbs):**_____ **BMI:**_____ **BP:** _____/_____ **Resting Heart Rate**_____

AMATOMY	NORMAL	ABNORMAL – Include Detail
Eyes		
Ears/Nose/Throat		
Heart/Circulatory System		
Lungs		
Abdomen		
Genitalia/Hernia		
Skin		
Neurological		
Musculoskeletal		
- Neck		
- Back		
- Shoulder/Upper Arm		
- Elbow/Forearm		
- Wrist/Hand		
- Hip/Thigh		
- Knee		
- Lower Leg/Ankle		
- Foot		

PHYSICIAN RECOMMENDATION (CHECK ONE)

____ Cleared, no further evaluation or recommendations

____ Cleared, with the following recommendations or considerations:

_____

____ Not Cleared, for the following reasons:

_____

_____ _____

Examiner's Printed Name Examiner's Signature

Date of Exam: _____ Qualification: M.D. / D.O. / P.A. / N.P.

_____ _____

Examiner's Office Address Examiner's Office Phone #