

Please read this important information about your physical:

A pre-participation physical is one of the requirements to obtain medical clearance to participate in Spirit of Atlanta. Please print our designated form and bring it with you to your appointment for the provider to sign. Ideally, this would be completed by an established primary care provider. The physical form must be signed by a doctor (MD/DO). If a Nurse Practitioner or Physician Assistant completes the exam, a doctor must also co-sign the physical form. We do not accept signatures from an NP, PA, or chiropractor. Schedule an appointment as soon as possible. Many doctor's offices are booking out several weeks to months. Our medical staff needs time prior to spring training to review your documentation.

If your doctor does not give you clearance and/or recommends further work-up, you MUST complete all recommended tests, imaging, labs, specialist referrals, etc. and provide a signature of clearance from the doctor prior to participation with Spirit of Atlanta. We will also request all documentation regarding the additional work-up/testing for our review. If you are currently taking regularly prescribed medications, please discuss a plan with your provider to ensure you have a 3 month supply or longer to last you the entire summer season. If taking a controlled substance (such as Adderall), you may have to discuss an alternate plan to get this medication directly to you each month. Please note, every member is required to have current health insurance coverage (through the end of August) in order to participate in Spirit of Atlanta. Temporary/short-term health insurance can be purchased if you do not have full-time coverage.

Spirit of Atlanta medical staff and administration have final jurisdiction regarding medical clearance to participate in this activity. After review of your health history, health insurance, pre-participation physical, and medical waivers, you will be notified if you are not cleared to participate. Please reach out to Jenna Bookler (Medical Program Manager) at jbookler@spiritdrumcorps.org if you have any questions or concerns.



Dear Healthcare Provider:

Your patient is requesting a pre-participation sports physical exam required for participation in Spirit of Atlanta Drum & Bugle Corps. Drum Corps is a highly athletic 3 month summer activity involving:

- Training duration and intensity similar to marathon training in extreme heat
- Enduring 12-14 hr. rehearsal days outdoors
- Carrying instruments weighing between 3-50 lbs., while marching at 200 steps/strides per minute or greater
- Color guard members will require strength and flexibility for both equipment manipulation (flags, rifles, sabres) as well as dance
- Lower extremity demands are similar to that experienced in basketball or soccer
- Caloric demands often exceed 6000 kcal/day
- Distances run/marched will meet or exceed 6 miles per day, 7 days/week for 3 months

Your patient will be at risk for overuse and repetitive strain injuries. In addition, corps travel at night on buses and members sleep both on buses and gym floors.

Pre-participation recommendations for these musician-athletes are:

- 1) A thorough cardiac and musculoskeletal screening
- 2) A routine hearing screening, as musicians are at risk for noise induced hearing loss
- 3) Address any and all mental health concerns
- 4) Engage the individual in rehabilitation of any musculoskeletal issues identified on exam or by history and/or involve them in a preseason conditioning program
- 5) Arrange for a 3-month supply of medications for the summer tour/competition season

Your assistance with this exam is greatly appreciated and we look forward to your evaluation and recommendations.

Sincerely,	
Spirit of Atlanta Drum & Bugle Corps	
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Please direct questions/concerns to:

Jenna Bookler, MA, ATC, OTC Medical Program Manager jbookler@spiritdrumcorps.org



Last Name	First Name
DOB	Date of Exam

Physical Exam (to be completed by physician – request MD or DO only)

Vital Signs				
Height: Weight:	☐ Male ☐ Fe	emale	Vision: R 20/ L 20/	corrected?
Heart Rate: BP:	/	(recheck if >135/90)	Hearing/Audiogram: ☐ Normal	☐ Abnormal
Medical	Normal	Abnormal Findings		
General				
HEENT				
Heart/Pulses				
Lungs				
Abdomen				
Skin				
Neurologic				
Psych				
Musculoskeletal	Normal	Abnormal Findings		
Neck	Normai	Abnormal rindings		
Shoulder/Arm				
Elbow/Forearm				
Wrist/Hands/Fingers				
Back				
Hip/Thigh				
Knee				
Leg/Ankle				
Foot/Toes				
Functional (Duck-Walk)				
☐ Cleared to participate☐ Cleared to participate☐ Final clearance pend	e in full without re with recommend	nonary risk factors, and musculestrictions lations for:		y are:
Physician Name:			Degree:	MD / DO
Signature:			Date:	
Clinic Name:			Phone:	