



UofL Family & Geriatric Medicine



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Dear Athletes and Parents:

It is our pleasure to help support athletics at DuPont Manual High School. As part of our relationship with the school, our group offers pre-participation screens to the athletes. These are done at the school and should be considered a health screen for sports only and not a substitute for any type of comprehensive physical exam or well child visit.

Please keep in mind that these screenings may result in your child not being cleared for sports and there are a number of conditions for which we recommend an evaluation by your primary care physician.

These include, but are not limited to:

- If your child has any chronic medical condition. Examples include diabetes, genetic disorders, seizure disorders, and ADHD.
- If your child is on any chronic medications with the exception of asthma and allergy medications.
- If your child experiences symptoms with activity such as shortness of breath, chest pain, dizziness, or fatigue.
- If your child has ever had an evaluation for any cardiac or heart issues, seen a cardiologist (heart disease specialist), or had any family members die of heart issues at less than 45 years old.

Should your child be participating in high school sports for the first time, these screens should be performed by your primary care physician. Also, we politely ask that the visit be limited to the high school sports screen and not include college, camp, scouting, or work physicals.

As members of the University of Louisville Medical School's Department of Family Medicine, we firmly believe that clearance for sports is best done by your family physician or pediatrician and wholeheartedly encourage you utilize their services. We also understand that some may appreciate receiving their pre-participation screen at school either for convenience or due to limited access to a physician. Should that be the case, please take the time to carefully fill out the paperwork with your child and consider attending the screening session with your child should any issues arise.

Thank you,

Jonathan Becker, MD

Jessica Stumbo, MD

I acknowledge that I have read, reviewed, and understand the above information. Furthermore, I allow Dr. Becker, Dr. Stumbo, and/or their designates to evaluate my child without my presence.

Parent's signature / Date