

PRE-PARTICIPATION PHYSICAL EXAMINATION LETTER

Give this letter and the following form to your physician, Physician Assistant, or Nurse Practitioner.

Dear Health Care Provider:



Please complete the attached **Pre-participation Physical Examination Form** requested by your patient to participate in **Myrtle Wavez Drum and Bugle Corps**.

WHAT YOU NEED TO KNOW

Drum and bugle corps is an extremely physical activity involving a 1- 10 week summer tour throughout the United States, which includes:

- Physical training similar to marathon training.
- Lower extremity demands similar to basketball and soccer.
- Carrying instruments up to 42 lbs., while marching/jazz running up to 180+ steps per minute •

Extreme heat: ground temperature can get up to 140° F (i.e. synthetic turf)

- Practicing 4 - 10 hours per day, outdoors
- Dance requirements similar to a professional dance company.
- Dancing or marching on a variety of surfaces including grass, dirt, asphalt
- Caloric demands >6000 kcal/day
- Running/marching >6 miles/day, 7 days/week, x 3 months
- Sleeping on gym floors and buses for 10 weeks
- Highly repetitive activities => risk of overuse and repetitive strain injuries

RECOMMENDATIONS

- Complete Medical exam
- Complete Musculoskeletal exam
- Hearing / Vision exam
- Address Mental Health Issues, including anxiety/depression.
- **Please arrange for patient to have 3-month supply of necessary medications for tour.**

Thank you for your assistance.

Joshua Hunt

Joshua Hunt
Executive Director and Health Coordinator
pnbjoshua@yahoo.com

Myrtle Wavez Drum and Bugle Corps 5781 Whitebark Drive, Myrtle Beach SC 29577
906.395.1915 www.myrtlewavez.org

Myrtle Wavez Drum and Bugle Corps
Pre-Participation Physical Exam
Form

Last Name: First Name: Middle:

Birth Date: ____ / ____ / ____ Age: Height: Weight: BP: ____ / ____ Pulse: _____

Vision R: 20/____ L: 20/____ Corrected Yes No

Normal	Check each item in the appropriate column	Abnormal	NOTES: (Place item number before each described abnormality. Please use the back if needed.)
	1. General Appearance		
	2. Neck, face, scalp		
	3. Eyes / Ears / Nose / Throat		
	4. Lymph Nodes		
	5. Heart		
	6. Lungs		
	7. Abdomen		
	8. Genitourinary (males only)		
	9. Skin		
	10. Neurologic		
MUSCULOSKELETAL			
	11. Neck		
	12. Back		
	13. Shoulder / arm		
	14. Elbow / forearm		
	15. Wrist / hand / fingers		
	16. Hip / thigh		
	17. Knee		
	18. Leg / ankle		
	19. Feet / toes		
	20. Functional - Duck-walk, single leg hop		

Clearance Status

Cleared for participation without restrictions

Cleared, with recommendations for further evaluation or treatment for: _____

NOT CLEARED due to:

Name of Medical Practitioner (print/type)

Address

Phone Number

Provider Signature Date:

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