



# St. John the Baptist Catholic School Newsletter




1057 Hughes Road Madison, Alabama 35758  
(256) 722-0772 [www.stjohnb.com](http://www.stjohnb.com)

March 10, 2021

Thanks to all who have completed re-registration.  
Families that chose the two payment plan, second payment is due 03/25, after spring break.  
Please see attached information regarding yearbook. The early bird rate option ends Friday, March 12th.

03/12—Mass at 8:30am **UPDATED**  
 03/17—Happy St. Patrick's Day  
 03/15—03/19—Spring Break—No School  
 03/22—4th Quarter Begins  
 03/24—Report Cards Home  
 03/24—Mass at 8:30am  
 02/28—Palm Sunday



**Attention Middle School Students!**

If you are interested in playing a sport next year for JP II or Falcon Catholic Middle School teams, you will be required to have a physical exam completed by a physician. The doctors from TOC will be on site in JP II's gym on Wednesday, May 5th at 4pm to conduct physicals for all students. Please bring \$10 and the AHSAA physical form with you. This is a fast and easy way to complete your required physical for next year! Pre-participation Physical Evaluation Form is attached.

Matt McManus  
Athletic Director  
St. John Paul II Catholic High School  
e: [mmcmanus@jp2falcons.org](mailto:mmcmanus@jp2falcons.org)



**2021 GALA**

A HEARTFELT THANK YOU to Nikki Rohling and Kristin Donahue and the army of volunteers who coordinated a fantastic GALA last Saturday evening. Words can not possibly express our appreciation for all you have done. Thank you for the many hours and sacrifices you have made over these last several months. The entire community is forever grateful!



St. John's School, in response to the pandemic, will not have its usual recruiting events during the school day. Rather, the administration will be conducting tours after school hours. Please use the code or link below to sign up for a tour. Should you need information prior to scheduling a tour, contact the principal at [slewis@stjohnb.com](mailto:slewis@stjohnb.com). Additional dates will be added as needed.

<https://tinyurl.com/toursib2021>



**BUY YOUR**  
*Yearbook*

It's Time to Order  
your  
**YEARBOOK!!!!**

Don't miss getting your copy of the 2020-2021 yearbook! We are bringing back our tiered pricing options in an attempt to make the yearbook a possibility for all families. Yearbooks can only be ordered online.

**Tier 1** - available now through March 12<sup>th</sup> **\$35**

**Tier 2** - orders placed March 13<sup>th</sup> - May 28<sup>th</sup> **\$45**

\*\*\*Personalization will be an additional \$5 per book. Please make sure names are entered correctly as that is how they appear on the book. \*\*\*

To order yearbooks go to [ybpay.lifetouch.com](http://ybpay.lifetouch.com)

Enter order code 1985821

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form  
Revised 2018

Revised 2018

History Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Sport \_\_\_\_\_

Explain "Yes" answers below:	Yes	No
1. Has a doctor ever restricted/denied your participation in sports?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized or spent a night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
Have ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical conditions (like Diabetes or Asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you presently taking any medications or pills (prescription or over-the-counter)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain or discomfort in your chest during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Do you tire more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told that you have a heart murmur, high cholesterol, or heart infection?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family died of heart problems or a sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in your family have a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Has a doctor ever ordered a test on your heart (EKG, echocardiogram)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any skin problems (itching, rashes, staph, MRSA, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a stinger, burner, pinched nerve, or loss of feeling or weakness in your arms or legs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had heat or muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have trouble breathing or do you cough during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take any medications for asthma (for instance, inhalers)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear glasses or contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been told you have sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family had sickle cell disease or sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle		
<input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Finger <input type="checkbox"/> Thigh <input type="checkbox"/> Shin <input type="checkbox"/> Foot		
17. When was your first menstrual period? _____		
When was your last menstrual period? _____		
What was the longest time between your periods last year? _____		
Explain "Yes" answers: _____ _____ _____		

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of athlete \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

**DUPLICATE AS NEEDED**

FORM 5

Page 1 of 2

Rev. 2018 (The revised 2018 form is the official form accepted by the AHSAA.)

# Preparticipation Physical Evaluation

**Rule 1, Sec. 14** — In order for a student to be eligible for interscholastic athletics, there must be on file in the Superintendent's or Principal's office a current physician's statement certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. or D.O.) the student is fully able to participate in interscholastic athletics (Grade s 7-12). The AHSAA Physicians Certificate (Form 5 Rev. 2018) must be used. A physical exam will satisfy the requirement for one calendar year through the end of the month from the date of the exam. For example, a physical given on May 5, 2018, will satisfy the requirement through May 31, 2019.

Student's name \_\_\_\_\_

## Physical Examination

COMPLETE	LIMITED	Height _____ Weight _____ BP ____ / ____ Pulse _____	
		Vision R 20 / ____ L 20 / ____ Corrected: Y N	
		Normal	Abnormal Findings
	Cardiovascular		
	Pulses		
	Heart		
	Lungs		
	Skin		
	E.N.T.		
	Abdominal		
	Genitalia (males)		
	Musculoskeletal		
	Neck		
	Shoulder		
	Elbow		
	Wrist		
	Hand		
	Back		
	Knee		
	Ankle		
Foot			
Other			

Revised 2018

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- C. Not cleared for:
  - Collision
  - Contact
  - Noncontact    \_\_\_ Strenuous    \_\_\_ Moderately strenuous    \_\_\_ Nonstrenuous

Due to: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Name of physician \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, M.D. or D.O.

(Form must be signed and dated by the attending physician.)