Preparticipation Physical Evaluation

Date of Exam: _____

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: _____

Grade: _____ School: _____ Sport(s): _____

Address: _____ Phone: _____

Personal Physician/Provider: _____

In case of emergency, contact: Name: _____ Relationship: _____

Phone (H): _____ (W): _____ (Cell): _____ (Cell): _____

Medicines and Allergies: Please list all the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐No If yes, please identify specific allergy below.

☐ Medicines ☐Pollens ☐Food ☐Stinging insects

This section is to be carefully completed by the student and his/ her parent(s) or legal guardian(s) before participation in interscholastic athletics. ***Explain Yes answers below. Circle questions you don't know the answers to.***

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: ☐Asthma ☐Anemia ☐Diabetes ☐Infections Other:_____		
3. Have you ever spent the night in a hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ Kawasaki disease ☐ A Heart Infection ☐ High Blood Pressure ☐ A Heart Murmur ☐ High Cholesterol Other_____		
9. Has a doctor ever ordered a test for your heart (for example, ECG/EKG, echocardiogram)?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome?)		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	**Yes**	**No**
17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendinitis that caused you to miss a practice or game?		
18. Have you had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics or other assistive device?		
23. Do you have a bone, muscle or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of food?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		
Explain "yes" answers here:		

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

Signature of athlete_____ Signature of parent/guardian_____ Date_____

Preparticipation Physical Evaluation

Fecha del examen: _____

Nombre del alumno(a): _____ Sexo: _____ Edad: _____ Fecha de nacimiento:
Grado: _____ Escuela _____ Deporte(s): _____
Dirección: _____ Teléfono _____
Doctor o proveedor médico personal: _____
Persona a notificar en caso de emergencia: Nombre _____ Relación: _____
Teléf. casa: _____ (Trab.): _____ (Cel.): _____ (Cel.): _____

Medicamentos y alergias: Por favor enumere todas las medicinas y suplementos (naturales y nutritivos) con o sin receta médica que actualmente toma

_____

¿Padece de alguna alergia? ☐ Yes ☐No Si marcó 'Sí', por favor identifique la alergia específica a continuación.

☐ Medicamentos ☐Polen ☐Alimentos ☐Picaduras de insectos

El padre/madre/tutor legal y el alumno(a) deben llenar completamente esta sección antes de participar en el programa deportivo interescolar. ***Explique las respuestas con "Sí" a continuación. Marque con un círculo las preguntas que no sepa.***

PREGUNTAS GENERALES	Sí	No
1 ¿Alguna vez le ha negado un doctor la participación en los deportes por alguna razón?		
2 ¿Padece de alguna afección médica constante? Si respondió 'Sí', por favor identifíquela ¨Asma ¨Anemia ¨Diabetes ¨Infecciones Otra:_____		
3 ¿Alguna vez pasó la noche en el hospital?		
4 ¿Alguna vez tuvo alguna cirugía?		
PREGUNTAS SOBRE SU SALUD CARDÍACA	**Sí**	**No**
5 ¿Alguna vez se ha desmayado o ha estado a punto de hacerlo DURANTE o		
6 ¿Ha sentido alguna vez incomodidad, dolor, tensión o presión en el pecho durante el ejercicio?		
7 ¿Su corazón a veces se acelera o late irregularmente durante el ejercicio?		
8 ¿Alguna vez le ha dicho un doctor que padece de problemas cardiacos? Si respondió 'Sí', marque lo que corresponda: ☐ Enfermedad de Kawasaki ☐ Una infección cardíaca ☐ Presión alta ☐ Un soplo cardíaco ☐ Colesterol alto Otro _____		
9 ¿Alguna vez le ordenó el doctor una prueba del corazón (por ejemplo un		
10 ¿Se marea o le falta el aire más de lo esperado durante el ejercicio?		
11 ¿Ha tenido alguna vez algún ataque inexplicado?		
12 ¿Se cansa o le falta el aire más rápidamente que a sus amigos durante el ejercicio?		
PREGUNTAS DE LA SALUD DE SU FAMILIA	**Sí**	**No**
13 ¿Ha habido alguna muerte por problemas cardíacos o una muerte repentina e inesperada o inexplicable antes de los 50 años de algún miembro de su familia o pariente (incluyen ahogados, accidente automovilístico inexplicado, o síndrome de muerte infantil súbita?		
14 ¿Alguien de su familia padece de cardiomiopatía hipertrópica, síndrome de Marfan, cardiomiopatía arritmogénica del ventrículo derecho, síndrome de QT		
15 ¿Alguien de su familia padece de problemas cardíacos, tiene un marcapasos o desfibrilador implantado?		
16 ¿Alguien de su familia se ha desmayado o ha tenido algún ataque inexplicable, o ha estado a punto de ahogarse?		
PREGUNTAS SOBRE LOS HUESOS Y LAS ARTICULACIONES	**Sí**	**No**
17 ¿Ha tenido alguna lesión, tal como una torcedura, músculo o ligamento		
18 ¿Se ha roto o fracturado algún hueso o se ha dislocado alguna articulación?		
19 ¿Ha tenido alguna lesión que ha requerido rayos x, IRM, escáner TAC, una		
20 ¿Alguna vez ha tenido una fractura de fatiga?		
21 ¿Le han dicho alguna vez que se haga o se ha hechouna radiografía para la inestabilidad atlantoaxial o del cuello? (Síndrome de Down syndrome o enanismo)		
22 ¿Usa regularmente algún aparato ortopédico, ortótico o de asistencia?		
23 Tiene alguna lesión del hueso, músculo o articulación que le moleste?		
24 ¿Alguna articulación le duele, se hincha, se siente tibia o se ve rojiza?		
25 ¿Tiene un historial de artritis juvenil o enfermedad del tejido conectivo?		

PREGUNTAS MEDICAS	Yes	No
26 ¿Tose, resolla o respira con dificultad durante o después de hacer ejercicio?		
27 ¿Ha usado alguna vez un inhalante o tomado medicina para el asma?		
28 ¿Alguien de su familia padece de asma?		
29 ¿Nació sin un riñón o le falta un riñón, un ojo, un testículo (hombres), el bazo o cualquier otro órgano?		
30 ¿Tiene dolor en la ingle o un bulto o hernia dolorosa en la ingle?		
31 ¿Ha padecido de mononucleosis (mono) infecciosa en el último mes?		
32 ¿Tiene alguna erupción cutánea, llagas por presión u otro problema de la		
33 ¿Ha tenido una infección por herpes o de MRSA?		
34 ¿Ha tenido alguna lesión en la cabeza o conmoción cerebral?		
35 ¿Ha tenido algún golpe hit o impacto a la cabeza que le causó confusión, dolor de cabeza prolongado o problemas de la memoria?		
36 ¿Tiene un historial de trastorno de ataques?		
37 ¿Le duele la cabeza cuando hace ejercicio?		
38 Alguna vez ha sentido adormecimiento, hormigueo o debilidad en los brazos o piernas después de caerse o ser golpeado(a)?		
39 ¿Alguna vez no ha podido mover los brazos o las piernas luego de caerse o ser golpeado(a)?		
40 ¿Alguna vez le ha dado náuseas o vómito mientras hacía ejercicio en el calor?		
41 ¿Le dan calambres musculares frecuentes cuando hace ejercicio?		
42 ¿Usted o alguien de su familia tiene razgos de o padece de anemia drepanocítica?		
43 ¿Ha tenido problemas de los ojos o la visión?		
44 ¿Ha sufrido alguna lesión de los ojos?		
45 ¿Usa anteojos o lentes de contacto?		
46 ¿Usa lentes de protección, tales como gafas protectoras o protector facial?		
47 ¿Le preocupa su peso?		
48 ¿Está tratando de bajar o subir de peso, o alguien se lo ha recomendado?		
49 ¿Está en una dieta especial o evita ciertos tipos de comida?		
50 ¿Ha padecido alguna vez de un trastorno alimenticio?		
51 ¿Tiene alguna inquietud que le gustaría tratar con un doctor?		
PARA MUJERES SOLAMENTE		
52 ¿Alguna vez ha tenido su periodo menstrual?		
53 ¿A qué edad tuvo su primer periodo menstrual?		
54 ¿Cuántos periodos ha tenido en los últimos 12 meses?		

Explique aquí las respuestas de "Sí":

_____

_____

_____

Por la presente indico que, a mi leal saber/entender, mis respuestas a las preguntas anteriores están completas y correctas. _____

Firma del atleta_____ Firma del padre/madre/tutor legal_____ Fecha_____

Student's Name: _____ DOB:_____

Height: _____ Weight: _____ %BMI (optional): _____ Pulse: _____ BP _____/ _____, (_____/ _____, _____/ _____)

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

EMERGENCY INFORMATION

Allergies: _____

Other Information: _____

MEDICAL	Normal	Abnormal Findings
Appearance ● Marfan stigmata (kyphoscoliosis, high arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ Ears/ Nose/ Throat ● Pupils equal ● Hearing		
Lymph Nodes		
Heart [1] ● Murmurs (auscultation standing, supine, +/- Valsalva) ● Location of point of maximal impulse (PMI)		
Lungs		
Abdomen		
Genitourinary (males only) [2]		
Skin ● HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic [3]		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/ Arm		
Elbow/ Forearm		
Wrist/ Hand/ Fingers		
Hip/ Thigh		
Knee		
Leg/ Ankle		
Foot/ Toes		
Functional ● Duck walk, single leg hop		

[1] Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam

[2] Consider GU exam if in private setting. Having 3rd party present is recommended.

[3] Consider cognitive evaluation or baseline neuropsychiatric setting if a history of significant concussion.

Clearance

☐Cleared for all sports without restriction

☐Cleared for all sports without restriction with recommendations for further evaluation or treatment for: _____

☐ Not cleared

- ☐ Pending further evaluatiion
- ☐ For any sports
- ☐ For certain sports_____

Reason/Recommendations_____

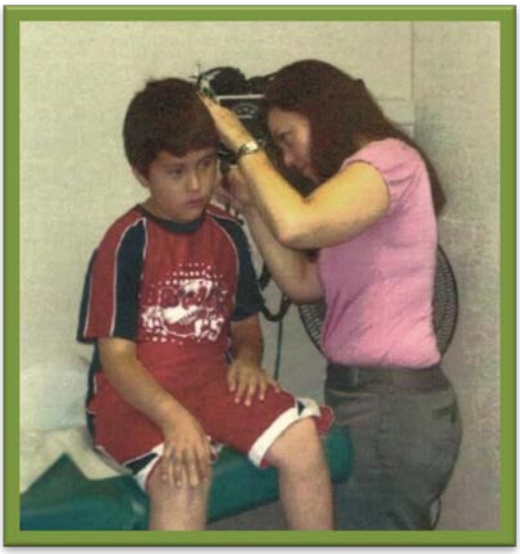
I have evaluated the above named student and completed the pre-participation physical evaluation. The athlete does not present apparent contraindications to practice, tryout and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parent. If conditions arise after the athlete has been cleared for participation, th physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Physician/ Provider: (print/ type/ stamp) _____ (MD, DO, NP or PA) Date: _____

Address: _____ Phone: _____

Signature of Physician/ Provider: _____

Modified from American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine, 2010.



LOS ANGELES UNIFIED SCHOOL DISTRICT

SCHOOL BASED CLINICS

Serving Eligible Students and their Siblings ages 1-18
(& Special Education Students thru age 22)

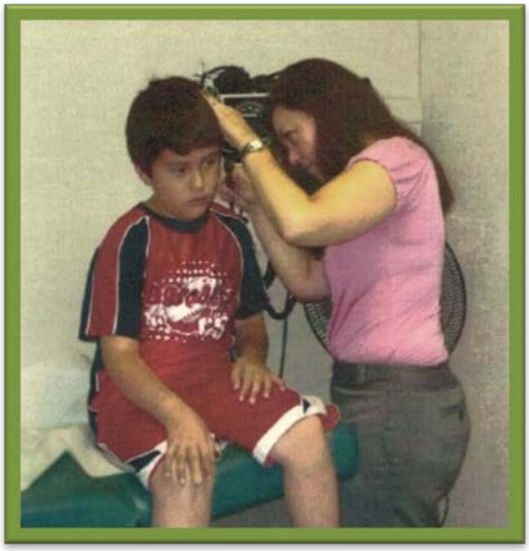
Services offered include:

Immunizations,
Physical exams (routine and sports),
Primary care ill visits,
Reproductive health care at locations marked with (*)
(STD testing, birth control and pregnancy testing)
Vision exams at locations marked with (^)

*For information call **213-202-7590** or the clinic nearest you*

LD	CLINIC NAME	ADDRESS	CLINIC DAYS	CLINIC HOURS	PHONE / FAX
NW	Columbus Middle School Clinic ^ *Vision Services Available*	7739 Farralone Avenue Canoga Park, CA 91304	Monday – Friday *Vision Services by Appointment Only Monday & Tuesday*	8:00 AM - 3:00 PM *8:00 AM - 3:00 PM*	818-702-1270 FAX 818-702-1253 *Call 818-702-1271 for vision services*
S	Diego Rivera Learning Complex Immunization Clinic	6100 South Central Avenue Los Angeles, CA 90001	Monday, Wednesday and Friday	7:30 AM - 2:30 PM	323-846-2001 FAX 323-846-2028
C	Foshay Health Center ^ *Vision Services Available*	3751 South Harvard Boulevard Los Angeles, CA 90018	Monday - Friday *Vision Services by Appointment Only Monday-Friday*	8:00 AM - 3:00 PM *8:00 AM - 3:00 PM*	323-373-2788 FAX 323-373-2784
W	Hollywood High School Clinic *	1530 Orange Drive Los Angeles, CA 90028	Monday - Friday	8:00 AM - 3:00 PM	323-993-2355 FAX 323-993-2359
E	Holmes Elementary School Clinic	5108 Holmes Avenue Los Angeles, CA 90058	Monday - Friday	8:00 AM - 3:00 PM	323-587-3638 FAX 323-582-0723
NW	Kennedy High School Clinic *	11254 Gothic Avenue Granada Hills, CA 91344	Monday - Friday	8:00 AM - 3:00 PM	818-271-2547 FAX 818-271-2563
NW	Lawrence Middle School Clinic	10100 Variel Avenue Chatsworth, CA 91311	Monday - Friday	8:00 AM - 3:00 PM	818-678-7965 FAX 818-678-7967
W	Mark Twain Middle School Immunization Clinic	2224 Walgrove Avenue Los Angeles, CA 90066	Tuesday & Thursday	7:30 AM - 2:30 PM	310-305-3100 FAX 310-398-1627
E	Murchison Elementary School Michael Godfrey Clinic	1501 Murchison Street Los Angeles, CA 90033	Tuesday, Thursday & Friday	8:00 AM - 3:00 PM	323-222-0148, ext. 116 FAX 323-225-2418
E	Roosevelt / Hollenbeck Clinic *	2510 East 6th Street Los Angeles, CA 90023	Monday - Friday	8:00 AM - 3:00 PM	323-780-4575 FAX 323-780-4580
E	San Miguel Healthy Start Clinic	9801 San Miguel Avenue Southgate, CA 90280	Monday - Friday	8:00 AM - 3:00 PM	323-566-8269 FAX 323-566-8665
S	San Pedro Health Clinic ^ @ Cabrillo Elementary School *Vision Services Available*	704 West 8th Street San Pedro, CA 90731	*Vision Services by Appointment Only Wednesdays*	8:00 AM - 3:00 PM	310-833-3594 *Call 323-373-2788 for an appointment*
E	2nd Street Elementary School	1942 East 2nd Street Los Angeles, CA 90033	Monday & Wednesday	8:00 AM - 3:00 PM	323-264-1926 FAX 323-264-2102
C	SEPA Center (School Enrollment Placement & Assessment Center)	1339 Angelina Street Los Angeles, CA 90026	Monday – Friday Walk-in Immunizations until 2:00 PM Physicals by appointment only	FACILITY HOURS 8:00 AM - 4:30 PM CLINIC HOURS 8:00 AM - 3:00 PM	Main Line 213-482-3954 Clinic Phone 213-482-1301 FAX 213-481-2097
NE	Telfair Elementary Health Clinic	10911 Telfair Avenue Pacoima, CA 91331	CLOSED FOR REMODELING		
NW	Wellness & Immunization Clinic Zelzah Site	6505 Zelzah Avenue Reseda, CA 91335	Monday - Friday	8:00 AM - 3:00 PM	818-654-1652 FAX 818-758-9961

Revised 08/09/2018 KM



DISTRITO ESCOLAR UNIFICADO DE LOS ANGELES

CLÍNICAS DE SALUD EN PLANTELES ESCOLARES

Ofrecen servicios a estudiantes elegibles del LAUSD y a sus hermanos
de las edades de 1 a 18 años, con o sin seguro médico
(y estudiantes de educación especial hasta los 22 años de edad)

Los servicios incluyen:

vacunas, exámenes físicos (anual o para jugar deportes) y visitas por enfermedad.
*Las clínicas marcadas con un * también ofrecen servicios para el cuidado de la salud reproductiva (pruebas de embarazo, control natal y pruebas de enfermedades de transmisión sexual).*
Las clínicas marcadas con un ^ también ofrecen servicios para la vista.

Para información o una cita, llame al **213-202-7590** *o llame a la clínica más cercana*

DL	NOMBRE DE LA CLÍNICA	DIRECCIÓN	DÍAS DE SERVICIO	HORAS DE SERVICIO	PHONE / FAX
NW	Columbus Middle School Clinic^ *Servicios para la Vista*	7739 Farralone Avenue Canoga Park, CA 91304	Lunes a Viernes *Lunes y Martes* *Solo con cita*	8:00 AM a 3:00 PM *8:00 AM a 3:00 PM*	818-702-1270 FAX 818-702-1253 *Llame a 818-702-1271 para hacer una cita*
C	Foshay Health Clinic ^ *Servicios para la Vista*	3751 South Harvard Boulevard Los Angeles, CA 90018	Lunes a Viernes *Servicios para la Vista* *Lunes a Viernes*	8:00 AM a 3:00 PM *8:00 AM a 3:00 PM*	323-373-2788 FAX 323-373-2784
S	Diego Rivera Learning Complex Clínica de Inmunización	6100 South Central Avenue Los Angeles, CA 90001	Lunes, Miércoles y Viernes	7:30 AM a 2:30 PM	323-846-2001 FAX 323-846-2028
W	Hollywood High School Clinic *	1530 Orange Drive Los Angeles, CA 90028	Lunes a Viernes	8:00 AM a 3:00 PM	323-993-2355 FAX 323-993-2359
E	Holmes Elementary School Clinic	5108 Holmes Avenue Los Angeles, CA 90058	Lunes a Viernes	8:00 AM a 3:00 PM	323-587-3638 FAX 323-582-0723
NW	Kennedy High School Clinic *	11254 Gothic Avenue Granada Hills, CA 91344	Lunes a Viernes	8:00 AM a 3:00 PM	818-271-2547 FAX 818-271-2563
NW	Lawrence Middle School Clinic	10100 Variel Avenue Chatsworth, CA 91311	Lunes a Viernes	8:00 AM a 3:00 PM	818-678-7965 FAX 818-678-7967
W	Mark Twain Middle School Clínica de Inmunización	2224 Walgrove Avenue Los Angeles, CA 90066	Martes y Jueves	7:30 AM a 2:30 PM	310-305-3100 FAX 310-398-1627
E	Murchison Elementary School Michael Godfrey Clinic	1501 Murchison Street Los Angeles, CA 90033	Martes, Jueves, y Viernes	8:00 AM a 3:00 PM	323-222-0148, ext. 116 FAX 323-225-2418
E	Roosevelt / Hollenbeck Clinic *	2510 East 6th Street Los Angeles, CA 90023	Lunes a Viernes	8:00 AM a 3:00 PM	323-780-4575 FAX 323-780-4580
E	San Miguel Healthy Start Clinic	9801 San Miguel Avenue Southgate, CA 90280	Lunes a Viernes	8:00 AM a 3:00 PM	323-566-8269 FAX 323-566-8665
S	San Pedro Health Clinic ^ @ Cabrillo Elementary School *Servicios para la Vista*	704 West 8th Street San Pedro, CA 90731	*Solamente Miércoles* *Solo con cita*	8:00 AM a 3:00 PM	310-833-3594 *Llame a 323-373-2788 para hacer una cita*
E	2nd Street Elementary School	1942 East 2nd Street Los Angeles, CA 90033	Lunes y Miércoles	8:00 AM a 3:00 PM	323-264-1926 FAX 323-264-2102
C	SEPA Center (School Enrollment Placement & Assessment Center)	1339 Angelina Street Los Angeles, CA 90026	Lunes a Viernes Vacunas sin cita hasta las 2:00 PM Físicos solo con cita	LA OFICINA 8:00 AM a 4:30 PM LA CLÍNICA 8:00 AM a 3:00 PM	La Oficina 213-482-3954 La Clínica 213-482-1301 FAX 213-481-2097
NE	Telfair Elementary Health Clinic	10911 Telfair Avenue Pacoima, CA 91331	**CERRADO PARA REMODELAR**		
NW	Wellness y Clínica de Inmunización Zelzah Site	6505 Zelzah Avenue Reseda, CA 91335	Lunes a Viernes	8:00 AM a 3:00 PM	818-654-1652 FAX 818-758-9961

Revisado 08/09/2018 KM

The Los Angeles Trust for Children's Health

Bringing vital health resources and solutions to the students, families and communities of Los Angeles Unified School District (LAUSD) since 1991

The L.A. Trust
STUDENT HEALTH = STUDENT SUCCESS

The Los Angeles Trust for Children's Health (The L.A. Trust) is a nonprofit organization dedicated to support the academic success of the 590,000 students of the Los Angeles Unified School District (LAUSD) by improving their health. Since it's inception in 1991, The L.A. Trust –a nonprofit organization –has convened, led, and shaped health and wellness programs at LAUSD schools, including the creation of 15 school-based wellness centers that provide full primary, mental, and oral health care services to students' and their families.

LAUSD at a Glance

- 590,000 students in over 900 schools
- 27% of students uninsured
- 44% enrolled in Medi-Cal
- 76% qualify for free or reduced lunch

Why Our Work Matters

We are extremely proud of what we've been able to accomplish:

- Over the past 4 years, more than 320,000 LAUSD students, their families, and surrounding community members have accessed primary and preventive medical, mental, and oral health care at the Wellness Centers.
- The Oral Health Initiative, has provided oral health screenings for over 10,000 students, linking all discovered to be "critical" to immediate care and follow-up, and connecting all others to dental homes.
- The L.A. Trust provides robust health and wellness programming to Wellness Center campuses around asthma, obesity prevention, oral health, sexual health, substance use prevention, and career pathways.
- The L.A. Trust is serving as the District's key strategic partner in the planning and implementation of Wellness Phase 2 –the District's $50M investment in advancing wellness in the schools.

Strategic Priorities

The L.A. Trust is supporting these strategic priorities:

- Integrating wellness into all facets of school-based health including physical, oral, and behavioral health promotion, education, and access to care.
- Advocating for proactive school health policies within LAUSD and beyond, and developing youth leaders to become champions for their communities.
- Strengthening The L.A. Trust's role as a backbone organization, leveraging partnerships, and driving program quality and improvement.

Some of Our Funders

Children's Hospital Los Angeles
CVS
DentaQuest Foundation
Dignity Health
Essential Access Health
Harbor Community Benefit Foundation
Kaiser Foundation Hospital
L.A. Care Health Plan
Los Angeles County Department of Public Health
National Children's Oral Health Foundation
Oral Health America
The Ahmanson Foundation
The California Endowment
The Ralph M. Parsons Foundation
University of California, San Francisco
WM. Keck Foundation
Yes Empowered Solutions (YES!)

Website: www.thelatrust.org I Email: info@thelatrust.org I Phone: (213) 241-3511

04132018KG

Wellness Centers

The Wellness Network integrates and coordinates care for students and their families with a focus on prevention, education, early intervention and screening by:

- **Connecting** students and families to preventive and primary care resources that currently exist, determining gaps, and securing resources to fill those gaps.
- **Leveraging** a variety of LAUSD and community assets within a school complex. Examples include health, mental health and dental services, PTA and Healthy Start programs, community-based partners, providers and organizations, City and County services and school facilities.
- **Building** a shared understanding among stakeholders that advancing wellness supports student achievement, which is one of the most important outcomes.

Wellness Center	Community Provider	Phone Number	Wellness Center Address
Belmont High School	Asian Pacific Health Care Venture, Inc	(323) 644-3880 x702	180 Union Place, Los Angeles 90026
	LAUSD School Mental Health	(213) 241-4451	
Carson High School	South Bay Family Health Care	(310) 802-6170	270 E. 223rd Street, Carson 90745
	LAUSD School Mental Health	(310) 847-7216	
Crenshaw High School	T.H.E. Clinic	(323) 730-1920 x5005	5010 11th Avenue, Los Angeles 90043
	LAUSD School Mental Health	(323) 290-7737	
Elizabeth Learning Center	South Central Family Health Care	(323) 905-5800	4811 Elizabeth Street, Cudahy 90201
	LAUSD School Mental Health	(323) 271-3650	
Fremont High School	UMMA Community Clinic	(323) 404-9270	7821 S. Avalon Boulevard, Los Angeles 90003
	SSG Weber Community Center	(323) 234-4445 x74	
Gage Middle School	Northeast Community Clinic	(323) 826-9449	2975 Zoe Avenue, Huntington Park 90255
	LAUSD School Mental Health	(323) 826-1520	
Garfield High School	Via Care Community Health Center	(323) 262-0721	501 S. Woods Avenue, Los Angeles 90022
Hollywood High School	LAUSD / Kaiser Permanente/PPLA	(323) 993-2355	1530 Orange Drive, Los Angeles 90028
	Aviva Family and Children's Services	(323) 394-5742	
Jefferson High School	South Central Family Health Center	(323) 908-4200 x4402	3410 S. Hooper Avenue, Los Angeles 90011
Jordan High School	Watts Healthcare, Inc.	(323) 488-5915	10110 S. Juniper Street, Los Angeles 90002
	Children's Institute, Inc.	(213) 385-5100	
Locke Early Education Center	Watts Healthcare, Inc.	(323) 450-2376	316 E. 111th Street, Los Angeles 90061
	LAUSD School Mental Health	(323) 418-1055	
Manual Arts High School	St. John's Well Child and Family Center	(323) 541-1631 x2002	4085 S. Vermont Avenue, Los Angeles 90037
	Los Angeles Child Guidance Clinic	(323) 290-8360	
Maywood Center for Enriched Studies	Mission City Community Network, Inc.	(818) 895-3100 x740	5800 King Ave., Maywood 90270
	LAUSD School Mental Health	TBA	
Monroe High School	Valley Community Healthcare	(818) 763-8836	9119 Haskell Avenue, North Hills 91343
	Child and Family Guidance Center	(818) 739-5900	
Washington Prepatory High School	St. John's Well Child and Family Center	(323) 757-2771	1550 W. 110th Street, Los Angeles 90047
	LAUSD School Mental Health	(323) 418-4101	