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Plum Borough School District & Premier Medical Associates

School Physician Services Agreement

July 1, 2016
to

June 30, 2017

Plum Borough School District and Premier Medical Associates
School Physician Services Agreement

July 1, 2016 to June 30, 2017

A. Retainer to include a Board Certified physician(s) provided by Premier Medical Associates to provide the following medical services:

- ◆ Students physicals at all School District Elementary buildings and Private Schools (St. John's the Baptist) in the district for the following grades:
 - ◆ Kindergarten or First Grade
 - ◆ Sixth Grade
 - ◆ Eleventh Grade
- ◆ Sports Physicals and Physician Releases⁽¹⁾ for the following buildings:
 - ◆ Plum Senior High School
 - ◆ A.E. O'Block Junior High School

(1) Physician Release for Wrestlers to participate with skin lesion - see attached
- ◆ Employee's physicals, as necessary, including but not limited to bus drivers
- ◆ Attendance at all home football games and away playoff games
- ◆ One hour of consultation time per month with teachers, administration or school nurses either in person or by telephone
- ◆ District's employee's flu shot / tetanus shot program, regardless of the number of days to complete
- ◆ Serum administration and record keeping of PPD's for new school district employees, as needed
- ◆ Administration and record keeping of Hepatitis B vaccine to district employees
- ◆ Any other vaccine program instituted by the District. Cost of vaccine serum and supplies would not be part of retainer
- ◆ Attempt to provide same sex physician for Junior and Senior High School students and sports physicals.
- ◆ All Physicians in practice working in the district must possess all three valid clearances

B. Monthly retainer fee:

- ◆ The District will pay Premier Medical Associates a monthly stipend of One Thousand Two Hundred Fifty Dollars (\$1,250) per month, payable monthly, upon receipt of invoice for monthly services for performing above services.

C. Additional consultation services:

- ◆ Consultation exceeding one hour per month or six hours over six months will be billed at a rate of \$ _____ per hour, prorated to actual time.

D. Retainer does not include:

- ◆ Cost of vaccines, including, but not limited to Hepatitis B, Flu and tetanus

E. Effective and ending date of agreement:

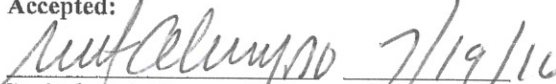
- ◆ Agreement is effective July 1, 2016 and will continue until June 30, 2017.

Accepted:

 6/28/16
Date

Mr. Kevin Dowdell, Board President
Plum Borough School District
900 Elicker Road
Plum Borough, PA 15239
Telephone: 412-798-6359
Fax: 412-795-9115

Accepted:

 7/19/16
Date

Dr. Robert A. Crossey, D.O.
Premier Medical Associates
3000 Penny Lane Suite 103
Jeannette, PA 15644
Telephone: 724-744-2500
Fax: 724-744-3338

National Federation of State High School Associations
Sports Medicine Advisory Committee
PHYSICIAN RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION

Name: _____

Date of Exam: ____ / ____ / ____

Mark Location AND Number of Lesion(s)
Diagnosis _____

Mark Location AND Number of Lesion(s)

Location AND Number of Lesion(s) _____

Medication(s) used to treat lesion(s): _____

Date Treatment Started: ____ / ____ / ____

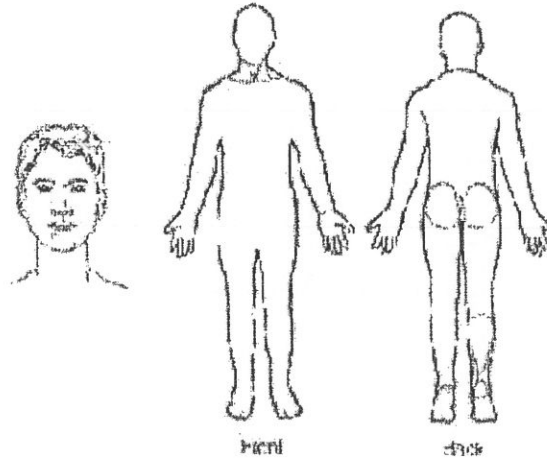
Form Expiration Date: ____ / ____ / ____

Earliest Date may return to participation: ____ / ____ / ____

Provider Signature _____ Office Phone #: _____

Physician Name (Printed or Typed) _____
(M.D. or D.O.)

Office Address _____



Note to Providers: Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc.). Please familiarize yourself with NFHS Rules 4-2-3, 4-2-4 and 4-2-5 which states:

"ART. 3 . . . If a participant is suspected by the referee or coach of having a communicable skin disease or any other condition that makes participation appear inadvisable, the coach shall provide current written documentation as defined by the NFHS or the state associations, from a physician stating that the suspected disease or condition is not communicable and that the athlete's participation would not be harmful to any opponent. This document shall be furnished at the weigh-in for the dual meet or tournament. The only exception would be if a designated on-site meet physician is present and is able to examine the wrestler immediately after the weigh-in. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate."

"ART. 4 . . . If a designated on-site meet physician is present, he/she may overrule the diagnosis of the physician signing the physician's release form for a wrestler to participate with a particular skin condition."

"ART. 5 . . . A contestant may have documentation from a physician only indicating a specific condition such as a birthmark or other non-communicable skin conditions such as psoriasis and eczema, and that documentation is valid for the duration of the season. It is valid with the understanding that a chronic condition could become secondarily infected and may require re-evaluation."

Once a lesion is not considered contagious, it may be covered to allow participation.

Below are some treatment guidelines that suggest MINIMUM TREATMENT before return to wrestling:

Bacterial Diseases (impetigo, boils): To be considered "non-contagious," all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. Oral antibiotic for three days is considered a minimum to achieve that status. If new lesions continue to develop or drain after 72 hours, CA-MRSA (Community Associated Methicillin Resistant Staphylococcus Aureus) should be considered and minimum oral antibiotics should be extended to 10 days before returning the athlete to competition or until all lesions are scabbed over, whichever occurs last.

Herpetic Lesions (Simplex, fever blisters/cold sores, Zoster, Gladiatorum): To be considered "non-contagious," all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. For primary (first episode of Herpes Gladiatorum), wrestlers should be treated and not allowed to compete for a minimum of 10 days. If general body signs and symptoms like fever and swollen lymph nodes are present, that minimum period of treatment should be extended to 14 days. Recurrent outbreaks require a minimum of 120 hours or five full days of oral anti-viral treatment, again so long as no new lesions have developed and all lesions are scabbed over.

Tinea Lesions (ringworm scalp, skin): Oral or topical treatment for 72 hours on skin and 14 days on scalp.

Scabies, Head Lice: 24 hours after appropriate topical management.

Conjunctivitis (Pink Eye): 24 hours of topical or oral medication and no discharge.

Molluscum Contagiosum: 24 hours after curettage. Revised/Approved April 2008