

# School & Sports Qualifying Screening Evaluation

Please Complete in Ink

Revised 6/03

Student Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Age \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
 Grade \_\_\_\_ School \_\_\_\_\_

School/Clinic \_\_\_\_\_



Address \_\_\_\_\_

**2222 N Lincoln Ave.  
York, Nebraska 68467**

Telephone \_\_\_\_\_

**(402) 362-5555**

**PLEASE COMPLETE PRIOR TO EXAMINATION**

**HISTORY** Yes No

- \*1. Have you ever fainted?  Yes  No  
 Have you ever fainted during exercise?  Yes  No  
 Have you had chest pain during exercise?  Yes  No
- \*2. Has anyone in your family died suddenly?  Yes  No  
 Before age 35? \_\_\_\_\_ Before age 50? \_\_\_\_\_  
 Cause \_\_\_\_\_
- \*3. Have you ever had a concussion, loss of consciousness, been knocked out or had a head injury?  Yes  No  
 If yes, how many times? \_\_\_\_\_
- \*4. Have you ever had heat stroke or heat exhaustion?  Yes  No
- \*5. Do you wheeze or cough during or after exercise?  Yes  No  
 Do you have and history of asthma?  Yes  No
- \*6. Do you have any allergies? (Medications, bee sting, pollens, etc.) \_\_\_\_\_  Yes  No
- \*7. Any injuries since last exam?  Yes  No  
 If yes, list injuries: \_\_\_\_\_
- \*8. Do you take any medication? (include vitamins and nonprescription drugs) \_\_\_\_\_  Yes  No
- \*9. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?  Yes  No
- 10. Have you ever been hospitalized?  Yes  No  
 Have you ever had surgery?  Yes  No  
 If yes, explain \_\_\_\_\_
- 11. If female, when was your first menstrual period? \_\_\_\_\_  
 When was your recent menstrual period? \_\_\_\_\_
- 12. Immunizations:  
 Varicella #1 \_\_\_\_\_ #2 \_\_\_\_\_  
 Dtap/Td/Tdap \_\_\_\_\_  
 Measles, Mumps, German Measles (MMR) (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 Hepatitis B (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_
- \*13. Circle any of the following you have had:  
 Abnormal Bleeding/Bruising      Anemia  
 Broken Bones/Stress Fracture      Diabetes  
 Dislocation (shoulder, etc.)      Hearing Impairment  
 Heart Murmur/Palpitations      Hepatitis/Jaundice  
 High Blood Pressure      Loss of Eye Sight  
 Rheumatic Fever      Scoliosis (curvature of spine)  
 Seizures      Sickle-Cell Disease  
 Single Organs (kidney, eye, etc)      Undescended Testicle  
 Other \_\_\_\_\_

**EXAMINATION**

\*Ht \_\_\_\_\_ Wt \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

Vision R \_\_\_\_\_ L \_\_\_\_\_ Corrected Y N

**Hearing**

kHz	0.25	0.5	1	2	3	4	6	8
R								
L								

**\*MEDICAL EXAM**

(cross out if omitted)	Normal	Abnormal	Comments
HEENT			
Eyes			
Ears			
Nose			
Throat			
Dental			
Thyroid			
Nodes			
Lungs			
Heart/Murmurs			
Abdomen			
Genitalia (males)			
Hernia			
Skin			
Neck			
Upper Extrmites			
Back/Spine			
Lower Extremities			
Neuro.			

**Labs (If required)**

UA \_\_\_\_\_  
 Hgb \_\_\_\_\_

**Certification for Participation in Physical Education/Athletic Activities**

I herewith certify that the student named above has been evaluated as indicated by the above record to be physically fit to participate in physical education activities and/or interscholastic athletics, except as noted below. Any exceptions or required modifications should be re-evaluated annually or as specified.

Modifications or exceptions \_\_\_\_\_

Deferred pending further evaluation for \_\_\_\_\_

A copy of this form should go with this individual to all sporting activities.

Required medication \_\_\_\_\_

**Provider Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I do not know of any existing physical condition or additional health reasons that would preclude participation in sports. I certify that the answers to the above questions are true and accurate. I approve participation in athletic activities.

I hereby authorize release to the school nurse of the information contained in this document. Upon written request, I may receive a copy of this document for my personal health care provider.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Legal Guardian)

Additional Comments \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

# School & Sports Qualifying Screening Evaluation

Please Complete in Ink

School District - Permissions to Participate

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Telephone \_\_\_\_\_

Parent's/Guardian's Permission \_\_\_\_\_ School \_\_\_\_\_

## STUDENT PARTICIPATION AND PARENTAL APPROVAL FORM

This application to complete in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have not to the best of my knowledge violated any of the eligibility rules and regulations of the Nebraska School Activities Association (NSAA). I will adhere to the rules and regulations set forth by the Coaching Staff and the NSAA. Furthermore, I understand that I will be held responsible for athletic equipment checked out to me and will be ineligible for athletic participation during the season in progress if found with stolen equipment. I recognize that it is a privilege to compete in athletics and will strive to earn respect for myself, school and community. I fully understand that the school has primary training rules that apply to all athletic programs and I agree to abide by them.

## PARENT'S/GUARDIAN'S PERMISSION

I hereby give my consent for the above named student to: (1) represent his/her school in organized athletic activities, except those determined to be inappropriate on the basis of a physical examination, realizing that such activity involves the potential for injury which can occur in all sports. I/We understand that even with the best coaching, the right protective equipment and abiding by the rules of the sport, injuries are still a possibility, (2) Go with any school team of which he/she is a member on any local or out of town trips. I give permission for the school to obtain, through a physician of its own choice, any emergency medical care that may be needed for the student because of the athletic event or travel. I/We agree not to hold the school or anyone acting in its behalf responsible for an injury occurring to the above named student in the course of the activity or travel.

## WARNING

The purpose of the warning is to bring to your attention that there are dangers associated with athletic participation. Participation in any athletic activity may involve injury of some type. The severity of such injury can range from minor injuries (cuts, scrapes, bruises, strains and sprains) to more serious injuries to bones, joints, ligaments, tendons, muscles or internal organs, to catastrophic injuries to the head, neck, and spinal cord. These injuries can result in permanent disability, paralysis or death.

**I/We have read and understand the warning and the rules of eligibility as established by this school and know the purpose and content of this information.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip