

School & Sports Qualifying Screening Evaluation

Please Complete in Ink

INSTRUCTIONS FOR COMPLETING THE SCHOOL ENTRANCE/PRE-PARTICIPATION FORM

The form contained in the file healthex.doc is designed to simplify both school physicals and Pre-Participation exams for all students in Nebraska schools. The forms were designed through the cooperation of the Nebraska Medical Association (NMA) and the Nebraska School Activities Association (NSAA). They may be modified to fit the needs of individual school or physician practices. However, one of their best benefits is a “standardized” form that can be accepted at Kindergarten, and 7th grade as well as for pre-participation exams at any grade level.

MODIFICATION

The healthex.doc is designed for each school or physicians office to personalize the form by including their school or clinic name and address. The characters in the right upper corner of the form can be modified using a Microsoft WORD 6.0 or higher program and inserting the correct information into this area on the form.

IMPORTANT NOTES

For the sake of student athlete’s safety, certain parts of the form MUST be completed. An asterisk precedes these questions (*). It is also important to note that if the box just above the physician’s signature is checked, then a copy of this form should be taken to all activities where the student is participating away from his/her own school. There is information contained on the form that would be of help to any treating physician in the case of an emergency. There is also a box to be checked if the exam is deferred pending further evaluation. This may be particularly true when physicals are done on athletes as a group.

SIGNATURE(S)

The blank for the physician signature must be signed by a physician, physician’s assistant (PA), or advanced registered nurse practitioner (ARNP_ for the form to be valid.

PERMISSION FORM

The form contained in the file permission.doc is a form based on current language making sure parents and athletes understand completely there are risks with any athletic activity. This form is very “generic” and can be easily modified to fit the individual school. Since some schools may want to be very specific in their forms, this form can also be modified. It is currently designed to refer to a school’s specific sets of policies, rules and regulations for athletic participation.

School & Sports Qualifying Screening Evaluation

Please Complete in Ink

Student Name _____
 Address: _____
 City/Zip: _____ Telephone: _____
 Date of Birth: _____ Age: _____ Male ___ Female ___
 Grade: _____ School: _____

School/Clinic: **Insert your name here**
 Address: **Insert your address here**
 Phone: **Insert your phone here** Revised 4/99

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 _____
 Any personal or family history of Marfan's Syndrome YES NO
- *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 any 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 most recent menstrual period? _____
- 12. In the last year, what was your:
 Lowest weight _____ Your highest weight _____
 What do you think is your ideal weight? _____
- 13. Immunizations: Last tetanus _____
 Measles, Mumps, German Measles (MMR) (1) _____ (2) _____
 Hepatitis B (1) _____ (2) _____ (3) _____
- *14. 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 _____
 I have had none of the above problems.
- 15. Do you use seat belts on a regular basis? YES NO
- 16. Do you use tobacco or alcohol YES NO
- 17. Are there any concerns you would like to discuss? YES NO
 (Nutrition, weight training, tobacco, pregnancy, birth control, AIDS, alcohol, steroids, other)

* Must be answered for participation in athletics
 Additional Comments: _____

Student's Signature _____ Date _____

EXAMINATION

*Ht _____ Wt _____ BP _____ / _____ Pulse _____

Distant Vision R _____ L _____
 Near Vision R _____ L _____

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 _____
 Amblyopia _____
 Strabismus _____
 Ears _____
 Nose _____
 Throat _____
 Dental _____
 Thyroid _____
 Nodes _____
 Lungs _____
 Heart/Murmurs _____
 Abdomen _____
 Genitalia (males) _____
 Hernia _____
 Skin _____
 Neck _____
 Upper Extremities _____
 Back/Spine _____
 Lower Extremities _____
 Neuro. _____

Labs (If required)
 UA dip: Ap _____ col _____ sp gr _____ pH _____ Pr _____ sug _____ Ket _____
 Bld _____ Bil _____ Uro _____ leuk _____ nitr _____
 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: _____

Physician Signature: _____ Date: _____

I do not know of any existing physical condition or additional health reason 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)

**NEBRASKA SCHOOL ACTIVITIES ASSOCIATION ("NSAA")
Student and Parent Consent Form**

School Year: 200__-200__ School: _____

Name of Student: _____

Date of Birth: _____ Place of Birth: _____

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
- (2) Understand and agree that (a) by this Consent Form the NSAA has provided notification to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; and, (d) even with the best coaching, use of the best protective equipment, and strict observance of rules, injuries are still a possibility;
- (3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA bylaws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,
- (4) Consent and agree to the Student being photographed, video taped, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in activities.

DATED this ___ day of _____, _____.

Name of Student [Print Name]

Student Signature

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (3) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for _____ [insert student name] to practice and compete for the above named high school in activities approved by the NSAA, except those crossed out below:

Baseball	Golf	Tennis	Play Production
Basketball	Swimming	Track	Speech
Cross County	Soccer	Volleyball	Music
Football	Softball	Wrestling	Debate
Journalism			

DATED this ___ day of _____, _____.

Parent/Guardian Signature

Parent/Guardian Signature