

KINDERGARTEN PHYSICAL
PHYSICAL EXAMINATION REQUIREMENTS
Sutherland Public Schools

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

School/Clinic: _____
 Address: _____
 Phone: _____

Revised 4/99

EXAMINATION

*Ht _____ Wt _____ BP _____/_____ Pulse _____

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 _____
 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)

PLEASE COMPLETE PRIOR TO EXAMINATION

HISTORY

- | | YES | NO |
|---|--------------------------|--------------------------------|
| *1. Have you ever fainted? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever fainted during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had chest pain during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| *2. Has anyone in your family died suddenly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how many times? _____ | | |
| *4. Have you ever had heat stroke or heat exhaustion? | <input type="checkbox"/> | <input type="checkbox"/> |
| *5. Do you wheeze or cough during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any history of asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| *6. Do you have any allergies? (medications, bee sting, pollens, etc.) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| *7. Any injuries since last exam? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, list injuries: _____ | | |
| *8. Do you take any medication? (include vitamins and nonprescription drugs) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| *9. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | Anemia |
| Broken bones/stress fracture | <input type="checkbox"/> | Diabetes |
| Dislocation (shoulder, etc.) | <input type="checkbox"/> | Hearing Impairment |
| Heart murmur/palpitations | <input type="checkbox"/> | Hepatitis/jaundice |
| High blood pressure | <input type="checkbox"/> | Loss of eye sight |
| Rheumatic fever | <input type="checkbox"/> | Scoliosis (curvature of spine) |
| Seizures | <input type="checkbox"/> | Sickle-cell disease |
| Single organs (kidney, eye, etc.) | <input type="checkbox"/> | Undescended testicle |
| Other _____ | | |
| <input type="checkbox"/> I have had none of the above problems. | | |
| 15. Do you use seat belts on a regular basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you use tobacco or alcohol | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are there any concerns you would like to discuss? (Nutrition, weight training, tobacco, pregnancy, birth control, AIDS, alcohol, steroids, other) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Must be answered for participation in athletics | | |

Additional Comments: _____

Student's Signature _____ Date _____

Return this form to your School Health Office

◇ School District - Permission to Participate

Name _____ Birth Date _____ Phone _____

Parent's / Guardians Name _____ School _____

STUDENT PARTICIPATION AND PARENTAL APPROVAL FORM

This application to compete 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 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 it's 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