

MUST BE COMPLETED, SIGNED AND TURNED IN BEFORE FIRST PRACTICE

SOUTH SIOUX CITY SCHOOL DISTRICT ATHLETIC HEALTH EXAMINATION FORM

Health examination for an athlete must be submitted to the superintendent or principal once each year prior to permitting an athlete to practice or compete in any athletic activity sponsored by the Nebraska School Activities Association certifying that the athlete has been examined and is physically fit for athletic participation for the current school year. The requirement that a physical must be taken once each year means the examination must be given during the school year in which the student participates or during the summer vacation (May 1 or after) that precedes the school year in which the student participates.

Please NOTE: Legislation reversed stances and chiropractors can now administer physicals. MD, DO, PA, APRN and DCs may complete the physical.

Name of Student _____ School _____ Grade _____
Age _____

Significant Past Illness or Injury _____

Height _____ Weight _____ Blood Pressure _____
Eyes _____ R 20/ _____ ; _____ L 20/ _____ Ears _____ Hearing _____ R
_____ /15; L _____ /15

Cardiovascular _____ Neurological _____
Liver _____ Spleen _____ Hernia _____
Skin _____ Genitalia _____
Laboratory: Urinalysis _____ Other: _____
Comments: _____
Completed Immunizations: Polio (date) _____ Tetanus (date) _____
Other _____

"I certify that I am qualified to conduct all phases of the health examination of the above-named student. I further certify that I have on this date examined the student and on the basis of the examination, requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities, EXCEPT THOSE CROSSED OUT BELOW."

- | | | | | |
|--------------|----------|--------------|---|------------|
| BASEBALL | FOOTBALL | FIELD HOCKEY | CROSSCOUNTRY | BASKETBALL |
| HOCKEY | GOLF | GYMNASTICS | ROWING | SKATING |
| SKIING | SOCCER | SOFTBALL | SPEEDBALL | SWIMMING |
| TENNIS | TRACK | VOLLEYBALL | * WRESTLING | |
| OTHERS _____ | | | *Estimated Desirable Weight Level _____ | LBS |

Date of Examination _____
Examiner's Signature (MD, DO, PA, APRN, PC) _____
 Examiner's Address _____

Telephone _____

STUDENT PARTICIPATION AND PARENTAL APPROVAL FORM This application to compete in interscholastic athletics for the above high school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association.

Signature of Student _____

"I hereby give my consent for the above-named student (1) to represent his/her school in athletic activities, except those crossed out on this form by the examining health care provider, provided that such activities are approved by the State Association; (2) to accompany any school team of which he/she is a member on any of its local or out-of-town trips. I acknowledge that I have selected the health care provider who has examined the student and assume full responsibility for the selection of such examiner. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above-named student in the course of such activities or such travel."

Signature of Parent/Guardian _____

Date _____

Address _____

City _____

