MUST BE COMPLETED, SIGNED AND TURNED IN BEFORE FIRST PRACTICE

SPORTS CANDIDATES' QUESTIONNAIRE
(To be completed by parents or family physician)

Name _____Birth Date _____Birth Place _____
Home Address _____ City _____
Parent's Name _____ Telephone _____

1.	History of diabetes in family	Yes	No
2.	History of epilepsy or other seizure disorders	Yes	No
3.	Has had injuries requiring medical attention	Yes	No
4.	Has had an illness lasting more than a week	Yes	No
5.	Is under a physician's care now	Yes	No
6.	Takes medication now	Yes	No
7.	Wears glasses or	Yes	No
	Contact lenses	Yes	No
8.	Has had a surgical operation	Yes	No
9.	Has been in the hospital (except for tonsillectomy)	Yes	No
10.	Do you know of any reason why this individual should not participate in all sports?	Yes	No

PLEASE EXPLAIN ANY "YES" ANSWERS TO ABOVE QUESTIONS:

_____

_____

11.	Has had complete poliomyelitis immunization by inoculation (Salk) or oral vaccine (Sabin)	Yes	No
12.	Most recent tetanus toxoid immunization Date _____		
	Was this a booster?	Yes	No
13.	Has seen a dentist within the last 6 months	Yes	No

_____
Parent/Physician Signature

Laboratory Examination: Urinalysis, hemoglobin test, tuberculin test, and chest x-ray are recommended components of the medical appraisal. Other tests will be indicated in some cases. A recent chest x-ray is recommended on the basis of its screening advantage in detecting possible heart problems as well as pulmonary disease.
Immunizations: All athletes should be protected adequately by immunization as locally recommended, especially against tetanus and polio.
Health Examination Form: The following suggested Health Examination Form comprises the medically observable considerations important in evaluating the advisability of an individual's participation in athletics.

Please indicate one of the following:
_____ Our son/daughter is covered by _____ Insurance Co.
OR
_____We will purchase the necessary insurance provided by the school to cover our son/daughter.

_____
Parent/Guardian Signature

PLEASE SIGN OVER

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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.

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
Respiratory _____ Musculoskeletal _____
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	CROSS COUNTRY	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 _____
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 _____