

## INSTRUCTIONS FOR COMPLETING THE SCHOOL ENTRANCE / PRE-PARTICIPATION FORM

The form contained in the file schoolsports.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 7<sup>th</sup> grade as well as for pre-participation exams at any grade level.

### MODIFICATION

The schoolsports.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: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Revised 4/99

## PLEASE COMPLETE PRIOR TO EXAMINATION

### HISTORY

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| *1. Have you ever fainted?<br>Have you ever fainted during exercise?<br>Have you had chest pain during exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| *2. Has anyone in your family died suddenly?<br>Before age 35? _____ Before age 50 _____<br>Cause _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| *3. Have you ever had a concussion, loss of consciousness,<br>been knocked out or had a head injury?<br>If yes, how many times? _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| *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?<br>Do you have any history of asthma?   | <input type="checkbox"/> | <input type="checkbox"/> |
| *6. Do you have any allergies? (medications, bee sting,<br>pollens, etc.) _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| *7. Any injuries since last exam?<br>If yes, list injuries: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| *8. Do you take any medication? (include vitamins and<br>nonprescription drugs) _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| *9. Have you ever taken any supplements or vitamins to help<br>you gain or lose weight or improve your performance?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been hospitalized?<br>Have you ever had surgery?<br>If yes, explain _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. If female, when was your first menstrual period? _____<br>When was your most recent menstrual period? _____  |                          |                          |
| 12. In the last year, what was your:<br>Lowest weight _____ Your highest weight _____<br>What do you think is your ideal weight? _____   |                          |                          |
| 13. Immunizations: Last tetanus _____<br>Measles, Mumps, German Measles (MMR) (1) _____ (2) _____<br>Hepatitis B (1) _____ (2) _____ (3) _____   |                          |                          |
| *14. Circle any of the following you have had:<br>Abnormal bleeding/bruising      Anemia<br>Broken bones/stress fracture      Diabetes<br>Dislocation (shoulder, etc.)      Hearing Impairment<br>Heart murmur/palpitations      Hepatitis/jaundice<br>High blood pressure      Loss of eye sight<br>Rheumatic fever      Scoliosis (curvature of spine)<br>Seizures      Sickle-cell disease<br>Single organs (kidney, eye, etc.)      Undescended testicle<br>Other _____<br><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?<br>(Nutrition, weight training, tobacco, pregnancy,<br>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 \_\_\_\_\_

### 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)

**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