

LAKEVIEW COMMUNITY SCHOOLS - ATHLETIC PHYSICAL FORM

PHYSICAL EXAMINATION RECORD

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

NAME _____ AGE _____ GRADE _____ DATE _____
2018/2019 School Year Must be after May 1, 2018
ADDRESS _____ HOME PHONE _____
PARENT CELL _____ STUDENT CELL _____
DATE OF BIRTH _____ SEX: MALE _____ FEMALE _____
SPORTS _____
PHYSICIAN _____ SCHOOL _____

This health history should be completed by the athlete and parent before the examination.

1. Have you ever had an illness that:	Yes	No
a. required you to stay in the hospital?	_____	_____
b. lasted longer than a week?	_____	_____
c. caused you to miss 3 days of practice or a competition?	_____	_____
d. is related to allergies (hay fever, asthma, insect stings)?	_____	_____
e. required an operation?	_____	_____
f. is chronic (asthma, diabetes)?	_____	_____
2. Have you ever had an injury that:	_____	_____
a. required you to go to an emergency room or go see a doctor?	_____	_____
b. required you to stay in the hospital?	_____	_____
c. required X-rays?	_____	_____
d. caused you to miss 3 days of practice or a competition?	_____	_____
e. required an operation?	_____	_____
3. Do you take any medications or pills? If so, list them and what they're for: _____	_____	_____
4. Have any members of your family under age 50 had a heart attack, heart problem, or died unexpectedly? _____	_____	_____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of Athlete _____ Date _____
Signature of Parent _____ Date _____

Signatures also required on other side

Comments Re: Abnormal Findings

	Station 2	Station 3	Station 4	Station 5	Station 6	
Height	Normal					
Weight	Normal					
Pulse	Normal					
Blood Pressure	Normal					
Vision Screen	Corrected	Corrected	Uncorrected	Uncorrected		
	Left	Right				
Eyes	Normal					
Ears, Nose, Throat						
Mouth & Teeth						
Neck						
Physical Maturity (Tanner State)	Circle One	1	2	3	4	5
Cardiovascular	Normal					
Chest & Lungs						
Abdomen						
Genitalia-Hernia (Male)						
Musculoskeletal Exam	Normal					
a. neck						
b. spine						
c. shoulders						
d. arms/hands						
e. hips						
f. thighs						
g. knees						
h. ankles						
i. feet						
Neuromuscular						

PARTICIPATION RECOMMENDATIONS

- 1. NO ATHLETIC PARTICIPATION
- 2. LIMITED PARTICIPATION. Specific exclusions: _____
- 3. FULL UNLIMITED PARTICIPATION
- 4. CLEARANCE WITHHELD UNTIL: _____

Physician Signature _____ Phone Number _____

LAKEVIEW COMMUNITY SCHOOLS

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. I will adhere to the rules and regulations set forth by the coaching staff and the Nebraska School Activities Association. Furthermore, I understand that I will be held responsible for athletic equipment checked out to me. I recognize that it is a privilege to compete in athletics and will strive to earn respect for myself, school, and community.

PARENTAL CONSENT FORM

1. Student must be an undergraduate.
2. Student must be enrolled in at least twenty hours per week and regular in attendance in accordance with the school's attendance policy.
3. Student must be enrolled in some high school on or before the 11th school day of the current year.
4. Student is ineligible if 19 years of age before August 1 of current school year.
5. After a student's initial enrollment in grade nine, he/she shall be ineligible after eight semesters of school membership.
6. Student must have been enrolled in school the immediate preceding semester.
7. Student must have received twenty semester hours of credit the immediate preceding semester.
8. Once the season of a sport begins, a student shall compete only in athletic contests/meets in that sport which are scheduled by his/her school. Any other competition will render the student ineligible for a portion of, or all of, the season in that sport. The season of a sport begins with the first date of practice as permitted by NSAA rules. The fall sport season begins August 6, 2018 and ends with the state meet. The winter sports season begins November 12, 2018 and ends with the state meet. The spring sport season begins February 25, 2019 and ends with the state meet.
9. A student shall not participate in sports camps or clinics during the season of a sport in which he/she is involved, either as an individual or as a member of a team.
10. A student shall not participate on an all-star team while a high school undergraduate.

WARNING

The purpose of this WARNING is to bring to your attention the existence of potential 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 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. On rare occasions, injuries can be so severe as to result in total disability, paralysis, or death.

PARENT/GUARDIAN PERMISSION

I/We hereby give my consent for the above named student to represent his/her school in athletic activities provided that such athletic activities are approved by the State Association and to accompany any school team of which he/she is a member on any of its local or out-of-town trips. I/We 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 agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to my/our student in the course of such athletic activities or such travel.

ATHLETIC INSURANCE COVERAGE

This school carries no insurance of any kind to cover medical expenses which may incur from athletic participation and that the school will itself not be responsible for any such expenses.

CONSENT FOR TREATMENT

I hereby authorize licensed sports injury staff acting on behalf of Columbus Community Hospital to evaluate and treat any injury that occurs as a result of my participation in athletics at School. This includes all reasonable and necessary preventive care, treatment and rehabilitation for these injuries.

I/We acknowledge that I/we have read and understand the foregoing instrument.

Dated this _____ day of _____, 20_____.

Signature of Student _____

Signature of Parent/Guardian _____