

# LAKEVIEW COMMUNITY SCHOOLS - ATHLETIC PHYSICAL FORM

## SPORTS PARTICIPATION HEALTH 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 \_\_\_\_\_  
2019/2020 School Year Must be after May 1, 2019

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.

- |   |   |
|---|---|
| <p>1. Have you ever had an illness that:</p> <p>a. required you to stay in the hospital? _____</p> <p>b. lasted longer than a week? _____</p> <p>c. caused you to miss 3 days of practice or a competition? _____</p> <p>d. is related to allergies (hay fever, asthma, insect stings)? _____</p> <p>e. required an operation? _____</p> <p>f. is chronic (asthma, diabetes)? _____</p> <p>2. Have you ever had an injury that:</p> <p>a. required you to go to an emergency room or go see a doctor? _____</p> <p>b. required you to stay in the hospital? _____</p> <p>c. required X-rays? _____</p> <p>d. caused you to miss 3 days of practice or a competition? _____</p> <p>e. required an operation? _____</p> <p>3. Do you take any medications or pills? _____</p> <p>If so, list them and what they're for: _____</p> <p>4. Have any members of your family under age 50 had a heart attack, heart problem, or died unexpectedly? _____</p> | <p>Yes No</p> <p>5. Have you ever _____</p> <p>a. been dizzy or passed out during or after exercise? _____</p> <p>b. been unconscious or had a concussion? _____</p> <p>6. Are you able to run 1/2 mile without stopping (2 times around the track)? _____</p> <p>7. Do you _____</p> <p>a. wear glasses or contacts? _____</p> <p>b. wear dental bridges or braces? _____</p> <p>8. Have you ever had a heart murmur, high blood pressure, or a heart abnormality? _____</p> <p>9. Do you have any allergies to medicines? _____</p> <p>10. Are you missing a kidney or testicle? _____</p> <p>11. When was your last Tetanus booster? _____</p> <p>12. Are you worried about any problems or conditions at this time? _____</p> <p>If so explain: _____</p> |
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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 _____	Phone Number _____
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## PHYSICAL EXAMINATION RECORD

<u>Station 2</u>	<u>Normal</u>	<u>Result</u>	<u>Initials</u>		
Height	_____	_____	_____		
Weight	_____	_____	_____		
Pulse	_____	_____	_____		
Blood Pressure	_____	_____	_____		
<u>Station 3</u>		<u>Vision Screen</u>			
Right	Corrected / _____	Corrected / _____	Uncorrected / _____		
Left	Corrected / _____	Corrected / _____	Uncorrected / _____		
<u>Station 4</u>	<u>Normal</u>	<u>Abnormal Findings</u>	<u>Initials</u>		
Eyes	_____	_____	_____		
Ears, Nose, Throat	_____	_____	_____		
Mouth & Teeth	_____	_____	_____		
Neck	_____	_____	_____		
Physical Maturity (Tanner State) Circle One	1	2	3	4	5
<u>Station 5</u>	<u>Normal</u>	<u>Abnormal Findings</u>	<u>Initials</u>		
Cardiovascular	_____	_____	_____		
Chest & Lungs	_____	_____	_____		
Abdomen	_____	_____	_____		
Genitalia-Hernia (Male)	_____	_____	_____		
<u>Station 6</u>	<u>Normal</u>	<u>Abnormal Findings</u>	<u>Initials</u>		
Musculoskeletal Exam	_____	_____	_____		
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 12, 2019 and ends with the state meet. The winter sports season begins November 18, 2019 and ends with the state meet. The spring sport season begins March 2, 2020 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 \_\_\_\_\_