

**DEPARTMENT OF HEALTH * THE CITY OF NEW YORK * BOARD OF EDUCATION
 INTERSCHOLASTIC * SPORTS EXAMINATION * - CONFIDENTIAL**

(This form must include the clinician's signature and stamp)

PART 1 to be filed in Student's Health folder

OSIS # _____ I.D. # _____
 NAME: _____ SCHOOL: _____ BOROUGH: _____
 ADDRESS: _____ HOMEROOM: _____ GRADE: _____
 _____ DATE OF BIRTH: _____
 TELEPHONE: _____ EMERGENCY TELEPHONE: _____
 SPORT: _____
 SPORT: _____

PARENTAL PERMISSION: I have reviewed the **STUDENT MEDICAL HISTORY** section below and I agree with the answers. I give permission for _____ to have a physical examination. I understand that completion of the Maturation Index is optional.

DATE: _____ SIGNATURE: _____
 RELATIONSHIP: _____

CLINICIAN'S RECOMMENDATIONS

Based on my review of the history and physical examination as noted below and on the back of this form, and review of the guidelines for this student:

- (1) May participate in the following sports:
 DRAW A LINE THROUGH ANY SPORTS TO BE OMITTED:

<u>CONTACT</u>	<u>ENDURANCE</u>	<u>OTHER</u>
Football	Gymnastics	
Baseball	Swimming	
Basketball	Track & Field	
Soccer	Cross-country	
Hockey	Tennis	
Wrestling	Volleyball	
Lacrosse	Handball	
Softball	Fencing	

DATE OF LAST TETANUS BOOSTER: _____

- (2) Special conditions for participation (e.g., pre-exercise medication or protective equipment), if any:

DATE: _____ SIGNATURE: _____
 (CLINICIAN)

TELEPHONE: _____ NAME: (PRINT) _____

REGISTRY #: _____ **ADDRESS:** _____

STUDENT'S MEDICAL HISTORY

<u>(To be filled out by student and parent)</u>		<u>Clinician's Comments</u>
Has anyone in your family under age 45 died suddenly	Yes ___ No ___	
Have you ever had:		
Concussion or been knocked out?	Yes ___ No ___	
Fainting?	Yes ___ No ___	
Heat Stroke?	Yes ___ No ___	
Epilepsy, seizures, or fits?	Yes ___ No ___	
Head or neck injury?	Yes ___ No ___	
Very bad vision in one or both eyes?	Yes ___ No ___	
Do you wear glasses, contacts, other?	Yes ___ No ___	
Have you ever had:		
Hearing loss or deafness?	Yes ___ No ___	
Perforated ear drum or "tubes" in ears?	Yes ___ No ___	
Draining ears?	Yes ___ No ___	

STUDENT'S MEDICAL HISTORY

CONTINUED:

(To be filled out by student and parent)

Clinician's Comments

Have you ever had:

Sinus problems or hay fever? Yes ___ No ___

Braces or removable teeth? Yes ___ No ___

Have you ever had:

Any broken bones? _____ Yes ___ No ___

Dislocation or other serious problems? Yes ___ No ___

Serious foot problem? Yes ___ No ___

Back injury or frequent backaches? Yes ___ No ___

Ankle or knee injury or problem? Yes ___ No ___

Other joint problems? Yes ___ No ___

Do you have a hernia? Yes ___ No ___

Boys: Any problems with testicles? Yes ___ No ___

Girls: Any menstrual problem? Yes ___ No ___

Age at first menstrual period? _____

Do you miss school because of your period? Yes ___ No ___

Have you ever had:

Diabetes? Yes ___ No ___

Single illness for more than 10 days? Yes ___ No ___

Any operations? Yes ___ No ___

Easy bruising or bleeding tendency? Yes ___ No ___

Anemia? Yes ___ No ___

Asthma? Yes ___ No ___

Bee sting allergy? Yes ___ No ___

Other allergies (food or medicine) Yes ___ No ___

Heart trouble or murmurs? Yes ___ No ___

High blood pressure? Yes ___ No ___

Cough lasting more than 3 weeks? Yes ___ No ___

Chest pain or faintness with exercise? Yes ___ No ___

Kidney problems? Yes ___ No ___

Skin infections? Yes ___ No ___

Do you take any medicines? Yes ___ No ___

Do you smoke? Yes ___ No ___

Have you ever been told not to play any sport because of your health? Yes ___ No ___

PHYSICAL EXAMINATION

A complete physical examination for all students is recommended. Omission of the Maturation Index will not disqualify a student from participation.

Height: _____ Weight: _____ Pulse: _____ Blood Pressure: _____

Vision Uncorrected: L20/_____ R20/_____ Corrected: L20/_____ R20/_____

	Normal	Abnormal	Comments
Skin	_____	_____	_____
Eyes	_____	_____	_____
ENT	_____	_____	_____
Mouth & Teeth	_____	_____	_____
Neck	_____	_____	_____
Cardiovascular	_____	_____	_____
Lungs, Chest	_____	_____	_____
Spine	_____	_____	_____
Abdomen	_____	_____	_____
Genitalia (Hernia)	_____	_____	_____
Maturation Index _____			
<u>Extremities</u>			
Orthopedic	_____	_____	_____
Neuromuscular	_____	_____	_____
Other tests, if done (Lab, ECC, ect.)			

Assessment:

Plan:

GUIDELINES FOR DISQUALIFYING CONDITIONS FOR SPORTS PARTICIPATION

CONDITIONS	CONTACT	NONCONTACT	ENDURANCE	OTHER
Acute infections:				
Respiratory, genitourinary, infectious mononucleosis, hepatitis, active rheumatic fever, active tuberculosis, boils, furuncles, impetigo	X	X		X
Obvious physical immaturity in comparison with other competitors	X			
Obvious growth retardation	X			
Hemorrhagic disease				
Hemophilia, purpura, and other bleeding tendencies	X			
Diabetes, inadequately controlled	X	X		X
Jaundice, whatever cause	X	X		X
EYES				
Absence or loss of function of one eye	X			
Sever myopia, even if correctable	X			
EARS				
Significant impairment	X			
RESPIRATORY				
Tuberculosis (active or under treatment)	X	X		
Severe pulmonary insufficiency	X	X		X
CARDIOVASCULAR				
Rheumatic heart disease coarctation or aorta, cyanotic heart disease, recent carditis or any etiology	X	X		X
Hypertension on organic basis	X	X		X
Significant residual heart disease following heart surgery for congenital or acquired heart disease	X	X		X
LIVER , enlarged	X			
SPLEEN , enlarged	X			
HERNIA , inguinal or femoral	X	X		
MUSCULOSKELETAL				
Symptomatic inflammation	X	X		X
Functional inadequacy incompatible with the contact or skill demand of the sport	X	X		
NEUROLOGICAL				
History of symptoms of previous serious head trauma or repeated concussions	X			
Convulsive disorder not completely controlled by medication	X			
Previous surgery on head or spine	X	X		
RENAL				
Absence of one kidney	X			
Renal disease	X	X		X
GENTALIA				
Absence of one testicle	X			
Undescended testicle	X			

The Guidelines for Disqualifying Conditions for Sports Participation listed on this form serve only as recommendations to the examining physician. The decision as to whether a student is qualified to participate should be individualized. In case of differences of interpretation the decision of the school physician has precedence. Appeals may be requested through established procedures.