

# HEALTH EXAMINATION FORM

(Please print) Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_ City and School \_\_\_\_\_  
 Grade \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
 Significant Past Illness or Injury \_\_\_\_\_

Eyes \_\_\_\_\_ R20/\_\_\_\_; L20/\_\_\_\_; Ears \_\_\_\_\_ Hearing R \_\_\_\_/15; L \_\_\_\_/15  
 Respiratory \_\_\_\_\_  
 Cardiovascular \_\_\_\_\_  
 Liver \_\_\_\_\_ Spleen \_\_\_\_\_ Hernia \_\_\_\_\_  
 Musculoskeletal \_\_\_\_\_ Skin \_\_\_\_\_  
 Neurological \_\_\_\_\_ 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   | ROWING  | SOFTBALL  | TRACK      |
| BASKETBALL    | HOCKEY     | SKATING | SPEEDBALL | VOLLEYBALL |
| CROSS COUNTRY | GOLF       | SKIING  | SWIMMING  | *WRESTLING |
| FIELD HOCKEY  | GYMNASTICS | SOCCER  | TENNIS    |            |

Others \_\_\_\_\_  
 \*Estimated Desirable Weight Level \_\_\_\_\_ Pounds  
 Date of Examination: \_\_\_\_\_ Signed: \_\_\_\_\_ Examining Physician  
 Physician's Address \_\_\_\_\_ Telephone \_\_\_\_\_

## QUESTIONNAIRE

(To be completed by parents or family physician)

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name of Parents Guardian \_\_\_\_\_ 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 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  | Yes | No |
| contact lenses  | Yes | No |
| 8. Has had a surgical operation   | Yes | No |
| 9. Has been in 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 inoculations (Salk) or oral vaccine (Sabin) | Yes | No |
| 12. Most recent tetanus toxoid immunization (Date) _____<br>Was this a booster?                | Yes | No |
| 13. Has seen a dentist within the past 6 months  | Yes | No |

\_\_\_\_\_  
Parent/Physician Signature

A. Our son/daughter is covered by \_\_\_\_\_ Insurance Co.

\_\_\_\_\_  
Parents-Guardian Signature

B. We will purchase the necessary insurance provided by the school to cover our son/daughter.

\_\_\_\_\_  
Parents-Guardian Signature

C. We do not wish to buy health insurance to cover our son/daughter.

\_\_\_\_\_  
Parents-Guardian Signature

## PARENTAL CONSENT FORM

In order to represent a high school in interscholastic athletic competition, a student must abide by eligibility rules of the Nebraska School Activities Association.

If you do not understand a summary of these rules listed below, or you need an explanation of other requirements, consult the high school principal or athletic director.

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 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 and ends with the state meets.
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.
11. When a student enters a high school for the first time after promotion from grade eight of a two year junior high school, or a sixth, seventh, and eighth grade middle school, or from grade nine of a seventh, eighth, and ninth grade junior high school, he/she may enter the high school of his/her choice and be eligible immediately, if eligible in all other respects. Any subsequent transfer to another high school, unless there has been a change in domicile by his/her legal parents, or the student returns to his/her home school district, shall render the student ineligible for varsity competition for ninety school days. If a student in grades, seven, eight, or nine participates in interschool competition on a high school team at any level of competition, he/she has established his/her eligibility at the high school he/she has represented in such competition. Any subsequent transfer to another high school, unless there has been a change in domicile by his/her legal parents, shall render the student ineligible for varsity competition for ninety school days.
12. A student is ineligible for ninety days if his/her parents have changed their domicile to another school district and the student has remained in former school which is in a different school district. (EXCEPTION: If parents have moved after school has started, the student will be eligible to compete for the remainder of the school year, or if parents have moved during the summer which immediately precedes the school year and the student is in grade twelve and has attended the high school for two or more years, the student is eligible for that school year in the school district from which the parents moved.)
13. Guardianship does not fulfill the definition of a parent. If a guardian has been appointed for a student, the student is eligible in the school district where his/her natural parent(s) have their domicile. Individual situations involving guardianship may be submitted to the Executive Director for his review and a ruling.
14. A student shall not participate in a contest under an assumed name.
15. A student must maintain his/her amateur status.

Date \_\_\_\_\_ School \_\_\_\_\_  
Name of Student \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

This application to compete in interscholastic athletics for the above named high school is entirely voluntary on my part and is made with the understanding that I have read the eligibility rules and regulations of the State Association and I am not in violation of such rules.

Signature of Student \_\_\_\_\_

### PARENT'S OR GUARDIAN'S CONSENT

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 that such athletic 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 athletic activities or such travel."

### 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.

Even with the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
City

\_\_\_\_\_  
Student