

ASHLAND-GREENWOOD MIDDLE SCHOOL/HIGH SCHOOL SCHOOL & SPORTS QUALIFYING SCREENING EXAMINATION

DIRECTIONS: A physical examination is required by state law for all students entering seventh grade. Additionally, students wishing to participate in interscholastic athletics must provide evidence of a physical examination on an annual basis. All sections of this examination form must be completed prior to its being returned to the school offices. Please note that this form requires signatures from the student, a parent, and a physician before it is considered complete. Parents and students are urged to read the information on the reverse of this form prior to signing.

STUDENT NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 PHONE: _____ DoB: _____
 AGE: _____ GRADE: _____ MALE: _____ FEMALE: _____

EXAMINATION

HT _____ WT _____ BP _____ / _____ Pulse _____

VISION R _____ L _____

HEARING

kHz	0.25	0.5	1	2	3	4	6	8
R								
L								

Please complete the questionnaire below prior to your examination.

- | | YES | NO | | | | | | | | | | | | | | | | | | |
|--|----------------------------|--------|-------------------------------|----------|-------------|--------------------|---------------------------|--------------------|---------------------|-------------------|-----------------|-----------|----------|---------------------|---------------|----------------------|-------------|--|------|------|
| 1. Have you ever fainted?
Have you ever fainted during exercise?
Have you ever had chest pains during exercise? | ____ | ____ | | | | | | | | | | | | | | | | | | |
| 2. Has anyone in your family died suddenly?
Before age 35? ____ Age 50? ____
Cause _____ | ____ | ____ | | | | | | | | | | | | | | | | | | |
| 3. Have you ever had a concussion, loss of consciousness, been knocked out, or had a head injury?
If yes, how many times? _____ | ____ | ____ | | | | | | | | | | | | | | | | | | |
| 4. Have you ever had heat stroke or exhaustion? | ____ | ____ | | | | | | | | | | | | | | | | | | |
| 5. Do you wheeze or cough during or after exercise?
Do you have a history of asthma? | ____ | ____ | | | | | | | | | | | | | | | | | | |
| 6. Do you have any allergies?
If yes, please list _____
_____ | ____ | ____ | | | | | | | | | | | | | | | | | | |
| 7. Any injuries since your last exam?
If yes, please list _____
_____ | ____ | ____ | | | | | | | | | | | | | | | | | | |
| 8. Do you take any medication?
If yes, please list, including any vitamins and nonprescription drugs _____
_____ | ____ | ____ | | | | | | | | | | | | | | | | | | |
| 9. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | ____ | ____ | | | | | | | | | | | | | | | | | | |
| 10. Circle any of the following that you have had:
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Abnormal bleeding/bruising</td> <td style="width: 50%;">Anemia</td> </tr> <tr> <td>Broken bones/stress fractures</td> <td>Diabetes</td> </tr> <tr> <td>Dislocation</td> <td>Hearing impairment</td> </tr> <tr> <td>Heart murmur/palpitations</td> <td>Hepatitis/jaundice</td> </tr> <tr> <td>High blood pressure</td> <td>Loss of eye sight</td> </tr> <tr> <td>Rheumatic fever</td> <td>Scoliosis</td> </tr> <tr> <td>Seizures</td> <td>Sickle-cell disease</td> </tr> <tr> <td>Single organs</td> <td>Undescended testicle</td> </tr> <tr> <td>Other _____</td> <td></td> </tr> </table> | Abnormal bleeding/bruising | Anemia | Broken bones/stress fractures | Diabetes | Dislocation | Hearing impairment | Heart murmur/palpitations | Hepatitis/jaundice | High blood pressure | Loss of eye sight | Rheumatic fever | Scoliosis | Seizures | Sickle-cell disease | Single organs | Undescended testicle | Other _____ | | ____ | ____ |
| Abnormal bleeding/bruising | Anemia | | | | | | | | | | | | | | | | | | | |
| Broken bones/stress fractures | Diabetes | | | | | | | | | | | | | | | | | | | |
| Dislocation | Hearing impairment | | | | | | | | | | | | | | | | | | | |
| Heart murmur/palpitations | Hepatitis/jaundice | | | | | | | | | | | | | | | | | | | |
| High blood pressure | Loss of eye sight | | | | | | | | | | | | | | | | | | | |
| Rheumatic fever | Scoliosis | | | | | | | | | | | | | | | | | | | |
| Seizures | Sickle-cell disease | | | | | | | | | | | | | | | | | | | |
| Single organs | Undescended testicle | | | | | | | | | | | | | | | | | | | |
| Other _____ | | | | | | | | | | | | | | | | | | | | |

EXAM (cross out if omitted from exam)	Normal	Abnormal	Comments
Eyes	_____	_____	_____
Ears	_____	_____	_____
Nose	_____	_____	_____
Throat	_____	_____	_____
Dental	_____	_____	_____
Thyroid	_____	_____	_____
Nodes	_____	_____	_____
Lungs	_____	_____	_____
Heart/Murmurs	_____	_____	_____
Abdomen	_____	_____	_____
Genitalia (males)	_____	_____	_____
Hernia	_____	_____	_____
Skin	_____	_____	_____
Neck	_____	_____	_____
Upper Extremities	_____	_____	_____
Back/Spine	_____	_____	_____
Lower Extremities	_____	_____	_____
Neuro.	_____	_____	_____

Description of any lab results obtained _____

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 and found 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 events.

Required medication _____
 _____ (physician signature) _____ (date)

Parent/Guardian Consent

I understand the findings of this physical examination and have read, understand, and agree to the information found on the reverse of this form. I hereby authorize release to the school of the information contained in this document and approve participation by my child in interscholastic athletics.

_____ (parent signature) _____ (date)

My signature below indicates I have read, understand, and agree to the information found on the reverse of this form.

_____ (student signature) _____ (date)

**NEBRASKA SCHOOL ACTIVITIES ASSOCIATION ("NSAA")
Student and Parent Consent Form**

School Year: 2006-2007 Ashland-Greenwood Middle School/High School

The Parent and Student hereby:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
- (2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) 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, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; and, (d) even the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;
- (3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,
- (4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video taped, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

The student acknowledges by his her signature on the other side of this form that he/she has read paragraphs (1) through (4) above, understands and agrees to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

The parents of the above-named student acknowledge by their signature on the other side of this form that they have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (3) above and understanding the potential risk of injury to my Student, they hereby give permission for the child named above] to practice and compete for the above named high school in activities approved by the NSAA, except those crossed out below:

Basketball	Football	Golf	Softball
Track	Volleyball	Wrestling	Play Production
Speech	Music		