

Perry Hall Christian School

3919 Schroder Ave.

Perry Hall, MD 21128

(410) 256-4886

PART I -- MEDICAL EVALUATION OF STUDENT FOR PARTICIPATION IN INTERSCHOOL SPORTS

To be completed by Parent or Guardian and submitted to the examining physician *before* he examines the student.

Name of Student: _____ Date of Birth _____ Grade _____ School _____

 Last First Middle

Parent _____ Home Address _____ Home Phone # _____

PERSONAL HEALTH OF STUDENT (Check correctly reply)

YES NO

- 1. Has had injuries or accidents requiring medical attention.....
- 2. Has had surgical operation.....
- 3. Has be in a hospital.....
- 4. Has had sickness lasting longer than one week.....
- 5. Takes medicine now or regularly.....
- 6. Has a condition now under a physician's care.....
- 7. Has a defection in hearing or eyesight (glasses, contacts).....
- 8. Is there any reason this student should not take part in any sport?....

9. Has had completed poliomyelitis immunization by infections (Salk) or vaccine by mouth (Sabin)....

10. Has had tetanus toxoid and booster inoculation..
Date of last booster ____/____/____

11. Has seen a dentist within past 6 months.....

12. To my knowledge the paired organs that follow are present and healthy
- Eyes.....
 - Ears (hearing).....
 - Lungs.....
 - Kidneys.....
 - Testicles or Ovaries.....
 - Arms / Legs.....
 - Fingers / Toes.....

If you answered "YES" to any of the above questions, explain here with names and dates: _____

If you answered "NO" to any of the above questions, explain here with names and dates: _____

I hereby give my consent for the above secondary school student to engage in Interschool sports activities as a representative of his/her school, except those crossed out by the examining physician on the reverse side of this form. I also give my consent for the above student to accompany the team as a member for its "away" games and contests.

I GIVE MY PERMISSION FOR THE PHYSICIAN TO COMPLETE PART II FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH AND EDUCATIONAL NEEDS IN SCHOOL

Signature of Parent or Guardian

Date

PART II -- MEDICAL EVALUATION OF STUDENT FOR PARTICIPATION IN INTERSCHOOL SPORTS

(To be completed by a physician or under his/her supervision)

Name of Student _____ Grade _____
Last First Middle

Significant past illnesses or injuries _____

PHYSICIAN'S EXAMINATION: (Circle and explain abnormal findings)

Height _____ Weight _____ Blood Pressure _____ Pulse Rate _____
Eyes _____ Visual Acuity R / : L /
Ears _____ Hearing R / : L /
Nose (deformities) _____ Oropharynx _____
Teeth (cavities, dentures, braces) _____ Respiratory _____
Breasts (M & F) _____ Cardiovascular (pedal pulses) _____
Abdomen (hernia, spleen, liver) _____ Genitalia and Anus _____
Neuromuscular _____ Skin _____
Spine (cervical, thoracic, lumbar) _____
Extremities (special attention to knees, ankles) _____
Additionally explanations of abnormal findings: _____

Laboratory:

Urinalysis: Protein _____
Sugar _____
Other _____
*Tuberculin Test _____
OR
*Chest X-ray (Result/Date) _____
*Other Laboratory Tests _____
If ordered by physician

I have on this date personally examined this pupil, reviewed the history and other data recorded on both sides of this form, and find this pupil physically able to compete in supervised activities listed below which are NOT CROSSED OUT:

Baseball Field Hockey Gymnastics Softball Track Other _____
Basketball Football Lacrosse Swimming Volleyball
Cross Country Golf Soccer Tennis Wrestling (Minimum weight for wrestling)

_____, M.D. _____ _____
Physician's Signature Physician's Address Physician's Telephone Number

_____, M.D. _____
Physician's Name Typed Date of Examination