

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

OSIS# _____ I.D.# _____

**PART 1 to be filed in
 Student's Health folder**

NAME: _____

SCHOOL: _____ BOROUGH: _____

ADDRESS: _____

HOMEROOM: _____ GRADE: _____

DATE OF BIRTH: _____

TELEPHONE: _____

EMERGENCY TELEPHONE: _____

SPORT: _____

SPORT: _____

PARENTAL PERMISSION: I have reviewed the STUDENTS 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.

SIGNATURE _____

DATE: _____

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 on P. 4, this student:

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

CONTACT	ENDURANCE	OTHER
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) _____

ADDRESS: _____

REGISTRY# _____

STUDENT'S MEDICAL HISTORY

(To be filled out by student and parent)

Clinician's Comments

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

STUDENT'S MEDICAL HISTORY CONTINUED:

(To be filled out by student and parent)

Clinician's Comments

- Perforated ear drum or "tubes" in ears? Yes No
 Draining ears? Yes No
 Have you ever had:
 Sinus problems or hay fever Yes No
 Braces or removable false teeth Yes No
 Have you ever had:
 Any broken bones? _____ Yes No
 Dislocation or other serious problem? 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: L 20/ _____ R 20/ _____ Corrected: L 20/ _____ R 20/ _____

	<u>Normal</u>	<u>Abnormal</u>	<u>Comments</u>
Skin	_____	_____	
Eyes	_____	_____	
ENT	_____	_____	
Mouth & Teeth	_____	_____	
Neck	_____	_____	
Cardiovascular	_____	_____	
Lungs, Chest	_____	_____	
Spine	_____	_____	
Abdomen	_____	_____	
Genitalia (Hernia)	_____	_____	
Maturation Index	_____	_____	

Extremities
 Orthopedic _____
 Neuromuscular _____

Other tests, if done (Lab, ECC, etc.): _____

Assessment: _____

Plan: _____