School & Sports Qualifying Screening Evaluation

Please Complete in Ink

2019-2020

Student Name_____

Address: _____

City/Zip: _____ Telephone: _____

Date of Birth _____ Age: _____ Male ___ Female ___

Grade: _____ School: _____

PLEASE COMPLETE PRIOR TO EXAMINATION

HISTORY	YES	NO
*1. Have you ever fainted?	☐	☐
Have you ever fainted during exercise?	☐	☐
Have you had chest pain during exercise?	☐	☐
*2. Has anyone in your family died suddenly?	☐	☐
Before age 35? _____ Before 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 heat exhaustion?	☐	☐
*5. Do you wheeze or cough during or after exercise?	☐	☐
Do you have any history of asthma?	☐	☐
*6. Do you have any allergies? (medications, bee sting, pollens, etc.) _____	☐	☐
*7. Any injuries since last exam?	☐	☐
If yes, list injuries: _____		
*8. Do you take any medication? (include 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. Have you ever been hospitalized?	☐	☐
Have you ever had surgery?	☐	☐
If yes, explain _____		
11. If female, when was your first menstrual period? _____		
When was your most recent menstrual period? _____		
12. In the last year, what was your:		
Lowest weight _____ Your highest weight _____		
What do you think is your ideal weight? _____		
13. Immunizations: Last tetanus _____		
Measles, Mumps, German Measles (MMR) (1)_____ (2)_____		
Hepatitis B (1) _____ (2)_____ (3) _____		

*14. Circle any of the following you have had:

Abnormal bleeding/bruising	Anemia
Broken bones/stress fracture	Diabetes
Dislocation (shoulder, etc.)	Hearing Impairment
Heart murmur/palpitations	Hepatitis/jaundice
High blood pressure	Loss of eye sight
Rheumatic fever	Scoliosis (curvature of spine)
Seizures	Sickle-cell disease
Single organs (kidney, eye, etc.)	Undescended testicle
Other _____	

☐ I have had none of the above problems.

15. Do you use seat belts on a regular basis?	☐	☐
16. Do you use tobacco or alcohol	☐	☐
17 Are there any concerns you would like to discuss? (Nutrition, weight training, tobacco, pregnancy, birth control, AIDS, alcohol, steroids, other)	☐	☐

* Must be answered for participation in athletics

Additional Comments _____

_____

Student's Signature _____ Date _____

School: MARIAN HIGH SCHOOL
Address: 7400 MILITARY AVE.
Phone: (402) 571-2618 FAX: (402) 572-8028

EXAMINATION

*Ht _____ Wt _____ BP _____/_____ Pulse _____

Vision R _____ L _____

Hearing

kHz	0.25	0.5	1	2	3	4	6	8
R								
L								

*MEDICAL EXAM

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

Labs (If required)

UA dip: Ap_____ col_____ sp gr_____ pH_____ Pr_____ sug_____ Ket_____

Bld_____ Bil_____ Uro_____ leuk_____ nitr_____

Hgb: _____

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 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 activities.

Required medication: _____

Physician Signature: _____ Date: _____

I do not know of any existing physical condition or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate. I approve participation in athletic activities.

I hereby request and authorize that the health information of the above stated individual be disclosed to and used by Marian High School, 7400 Military Ave, for the purposes of record retention and injury evaluation with respect to participation and competition in athletic and extracurricular activities sponsored by the School.

Signature _____ Date _____

(Parent or Legal Guardian)

PLEASE NOTE: TWO STUDENT SIGNATURES AND TWO PARENTAL SIGNATURES ARE REQUIRED FOR COMPLETION OF THIS FORM! ALL SIGNATURES ARE REQUIRED FOR TRY OUTS!!!

To be completed for students participating in any NSAA activities.

Student and Parent Consent Form

School Year: 20_____-20_____
Member School: _____
Name of Student: _____
Date of Birth: _____ Place of Birth: _____

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above named Student and are collectively referred to as "Parent".

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 recorded, 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.

(5) Consent and agree to authorize licensed sports injury personnel to evaluate and treat any injury or illness that occurs during the student's participation in NSAA activities. This includes all reasonable and necessary preventive care, treatment and rehabilitation for these injuries. This would also include transportation of the student to a medical facility if necessary. Such licensed sports injury personnel are independent providers and are not employed by the NSAA.

(6) Acknowledge that Parents are obligated to pay for professional medical and/or related services; the NSAA shall not be liable for payment of such services. We give permission to any and all of the Student's health care providers and the NSAA and its employees, staff, agents, and consultants to release and discuss all records and information about the Student including otherwise confidential medical information and records. We understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, or emergency.

I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

_____	_____	_____
Name of Student [Print Name]	Student Signature	Date

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (6) 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 (2) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for _____[insert student name] to practice and compete for the above named high school in activities approved by the NSAA, **except those crossed out below:**

Baseball	Golf	Tennis	Play Production	Basketball	Swimming/Diving
Track	Football	Speech	Cross Country	Soccer	Volleyball
Music	Unified Bowling	Softball	Wrestling	Debate	Journalism

_____	_____	_____
Parent [Print Name]	Parent Signature	Date