

HOW TO COMPLETE YOUR MEDICAL CORRECTLY

It is important that you follow these instructions to avoid any additional trips back to the doctor's office.

First: Complete the entire top portion of the form. Be sure your parents sign and date the form. It must be an ORIGINAL Form (faxes or copies are not accepted).

Second: In the **CLINICIAN'S RECOMMENDATION** section, Part (1) **DO NOT** draw a line through any sport leave this section alone. Make sure entire medical history and physical exam section is completed. Part (2) Be sure the doctor signs, dates, includes the address and telephone #, stamps the form and registry #.

HOW TO COMPLETE YOUR PARENTAL CORRECTLY

First: Complete the entire top portion of the form, make sure your parent initials each number.

Second: **Make sure your parent initials each of the 13 statements.** At the bottom of the form, Emergency contact numbers **MUST** be two different phone numbers. Next, your parents PRINT their name, SIGN their name and the date.

Academic Eligibility

PSAL RULES: 1) Every report card

- A) 90% Attendance rule in school (max of 3 days absent for the marking period of 25 days)
- B) Must pass Physical education/ health class and 5 classes

2) Second and third marking period each term

- A) Must pass 5 subjects (at least two majors i.e.- Math, Science, Social Studies, Foreign Language)
- B) Must pass physical education/ health class

IMPORTANT NOTICE TO PARENTS / GUARDIANS!

- New York State Commissioner of Education Regulations requires every student to have a physical examination before participating in senior high school interscholastic sport activities.
- The physical examination and the Department of Health/Department of Education Sport Examination form may be completed by the Department of Health physician at no cost to you, or, by your personal physician.
- The attached Sports Examination form is more comprehensive than the form it replaced. The purpose of this new form is to ensure that your child receives a complete physical examination prior to participating in interscholastic sports.
- The American Academy of Pediatrics, the New York City Department of Health and the Department of Education strongly recommend that every student have a complete physical examination including the Maturation Index prior to competing in interscholastic athletics. The Maturation Index* notes the stage of pubertal development and should be included for the protection of the student. The index is one indicator of a child's bone development and is helpful to the physician in assessing the total development of the child and his or her fitness for sports participation. However, as inclusion of the Maturation Index is optional, the parent/guardian decides whether or not the physician includes the rating. (If you do not want the physician to make an entry for the Maturation Index, write "No Maturation Index" to the left of your signature.)
- The term "clinician", appears on the Sports Examination form and refers to physicians, nurse-practitioners and physicians' assistant. The physical examination may be performed by any of these medical personnel.
- As the Sports Examination form indicates, the student's medical record is strictly confidential and is on file in the school medical office. The student's medical record is not part of his or her academic record, and is not subject to examination by anyone except authorized personnel.

PLEASE NOTE: ALL STUDENTS SHOULD RECEIVE REGULARLY SCHEDULED COMPLETE PHYSICAL EXAMINATION BY A PHYSICIAN OF THE PARENT/GUARDIAN'S CHOICE.

Parent notice misc. 02 25-1190.00.5 (250 PKGS) 2/03

*For more detailed information about the Maturation Index, please consult your physician

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

PART 1 to be filed in
 Student's Health folder

Regulation of the Chancellor

OSIS # _____ I.D. # _____
 NAME: _____
 ADDRESS: _____

 TELEPHONE: _____
 SPORT: _____
 SPORT: _____

SCHOOL: _____ BOROUGH: _____
 HOMEROOM: _____ GRADE: _____
 DATE OF BIRTH: _____
 EMERGENCY TELEPHONE: _____

PARENTAL PERMISSION: I have reviewed the **STUDENT 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.

DATE: _____ SIGNATURE: _____
 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 for this student:

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

<u>CONTACT</u>	<u>ENDURANCE</u>	<u>OTHER</u>
Football	Gymnastics	Bowling
Baseball	Swimming	Golf
Basketball	Track & Field	Crew
Soccer	Cross-country	Cheerleading
Hockey	Tennis	Field Events
Wrestling	Volleyball	Archery
Lacrosse	Handball	
Softball	Fencing	
Cricket	Double Dutch	
Rugby		

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) _____
REGISTRY #: _____ **ADDRESS:** _____

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 ___
 Perforated ear drum or "tubes" in ears? Yes ___ No ___
 Draining ears? Yes ___ No ___

STUDENT'S MEDICAL HISTORY

CONTINUED:

(To be filled out by student and parent)

Clinician's Comments

Have you ever had:

Sinus problems or hay fever? Yes ___ No ___

Braces or removable teeth? Yes ___ No ___

Have you ever had:

Any broken bones? _____ Yes ___ No ___

Dislocation or other serious problems? 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: L20/____ R20/____ Corrected: L20/____ R20/____

	Normal	Abnormal	Comments
Skin	_____	_____	_____
Eyes	_____	_____	_____
ENT	_____	_____	_____
Mouth & Teeth	_____	_____	_____
Neck	_____	_____	_____
Cardiovascular	_____	_____	_____
Lungs, Chest	_____	_____	_____
Spine	_____	_____	_____
Abdomen	_____	_____	_____
Genitalia (Hernia)	_____	_____	_____

Maturation Index _____

Extremities

Orthopedic _____

Neuromuscular _____

Other tests, if done (Lab, ECC, ECT.)

Assessment:

Plan: