

IMPORTANT NOTICE TO PARENTS/GUARDIANS!

- New York State Commissioner of Education Regulations require every student to have a physical examination before participating in senior high school interscholastic sports activities.
- The physical examination and the Department of Health/Department of Education Sports 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' assistants. 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 EXAMINATIONS BY A PHYSICIAN OF THE PARENT/GUARDIAN'S CHOICE.

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

PART 1 to be filed in
Student's Health folder

OSIS# ——— I.D.# ———

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	Bowling
Baseball	Swimming	Golf
Basketball	Track & Field	Archery
Soccer	Cross-country	Field Events
Hockey	Tennis	Cheerleading
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 <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever had:	
Concussion or been knocked out? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fainting? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Heat Stroke? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Epilepsy, seizures, or fits? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Head or neck injury? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Very bad vision in one or both eyes? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you wear glasses, contacts, other? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever had:	
Hearing loss or deafness? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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 _____			
<u>Extremities</u>			
Orthopedic			
Neuromuscular			

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

Assessment:

Plan:

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

PART 2 Coach's Copy

OSIS# — — — — — I.D.# — — — — —

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	Bowling
Baseball	Swimming	Golf
Basketball	Track & Field	Archery
Soccer	Cross-country	Field Events
Hockey	Tennis	Cheerleading
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# _____

GUIDELINES FOR DISQUALIFYING CONDITIONS FOR SPORTS PARTICIPATION

CONDITIONS	CONTACT	NONCONTACT ENDURANCE	OTHER
Acute Infections:			
Respiratory, genitourinary, infectious mononucleosis, hepatitis, active rheumatic fever, active tuberculosis, boils furuncles, impetigo	X	X	X
Obvious physical immaturity in comparison with other competitors	X		
Obvious growth retardation	X		
Hemorrhagic disease			
Hemophilia, purpura, and other bleeding tendencies	X		
Diabetes, inadequately controlled	X	X	X
Jaundice, whatever cause	X	X	X
EYES			
Absence or loss of function of one eye	X		
Severe myopia, even if correctable	X		
EARS			
Significant impairment	X		
RESPIRATORY			
Tuberculosis (active or under treatment)	X	X	X
Severe pulmonary insufficiency	X	X	X
CARDIOVASCULAR			
Rheumatic heart disease coarctation of aorta, cyanotic heart disease, recent carditis of any etiology	X	X	X
Hypertension on organic basis	X	X	X
Significant residual heart disease following heart surgery for congenital or acquired heart disease	X	X	X
LIVER, enlarged	X		
SPLEEN, enlarged	X		
HERNIA, Inguinal or femoral	X	X	
MUSCULOSKELETAL			
Symptomatic inflammation	X	X	X
Functional inadequacy incompatible with the contact or skill demand of the sport	X	X	
NEUROLOGICAL			
History or symptoms of previous serious head trauma or repeated concussions	X		
Convulsive disorder not completely controlled by medication	X	X	
Previous Surgery on head or spine	X	X	
RENAL			
Absence of one kidney	X		
Renal disease	X	X	X
GENITALIA			
Absence of one testicle	X		
Undescended testicle	X		

*The Guidelines for Disqualifying conditions for Sports Participation listed on this form serve only as recommendations to the examining physician. The decision as to whether a student is qualified to participate should be individualized. In case of differences of interpretation the decision of the school physician has precedence. Appeals may be requested through established procedures.