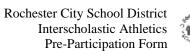
School Attending:					
Desired Sport:					
Desired Level	Modified	Frachman	137	Vorcity	



Student Name: Name of Parent/Guardian: Name of Emergency Contact:			Gender: M F Birthdate: Age:				
			Phone Number: Home	Work	Cell		
			Phone Number: Home	Work	Cell		
Address & Zip:				Grade: Date Entered Grade 9:			
ompleted by Parent/Guardian: Answer the quest	tions belo			and correctly, to the best of your knowledge.			
. Has a doctor ever denied or restricted your participatio	n in	Yes	No	13. Have you ever had an injury to a bone, muscle, ligament, o		Yes	
sports for any reason?	11 111			tendon that caused you to miss a practice or a game?			
 Do you have any ongoing medical concerns? If yes, ple identify: ☐ asthma ☐ diabetes ☐ life-threatening al 	lergies			14. Have you ever had any broken or fractured bones or dislocated joints?			
☐ other:		_	_	15. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			
Have you ever spent the night in the hospital? Have you ever had surgery?				16. Have you ever had a stress fracture?			
Thave you ever mad surgery.				17. Do you regularly use a brace, orthotics, or other assistive			
5. Have you ever passed out or nearly passed out during of	or after			device? 18. Do you have a bone, muscle, or joint that currently bothers			
exercise? 5. Have you ever had discomfort, pain, tightness, or press your chest during exercise?	ure in			you?			
7. Does your heart ever race or skip beats (irregular beats)		П	19. Do you cough, wheeze, or have difficulty breathing during			
during exercise?		П		or after exercise? 20. Have you ever used an inhaler or taken asthma medication?			
B. Has a doctor ever told you that you have any heart prolef yes, please identify: ☐ high blood pressure ☐ high				21. Were you born without or are you missing a kidney, an eye			
cholesterol □ a heart murmur □ a heart infection				a testicle, your spleen, or any other organ?			
☐ Kawasaki disease ☐ other:				22. Have you had infectious mononucleosis (mono) within the last month?			
D. Has a doctor ever ordered a test for your heart (i.e. ECG/EKG, echocardiogram)?				23. Do you currently have any rashes, sores, or other skin			
0. Do you get unbearably lightheaded or short of				problems?			
breath during exercise?		ш		24. Have you ever had a MRSA skin infection?25. Have you ever had a head injury or concussion?			
1. Has any family member or relative died of heart prob	lems or			26. Have you ever had a hit or blow to the head that caused			
had an unexpected or unexplained sudden death before	e age			confusion, prolonged headache, or memory problems?			
40?)	_	_	27. Do you have a history of seizure disorder?28. Have you ever had numbness, tingling, or weakness in you			
2. Does anyone in your family have any heart problems	<i>!</i>			arms or legs after being hit or falling?			
			_	29. Have you ever become ill after while exercising in the heat	?		
This certifies that, with the following requirem	ents, the	above		30. Do you get frequent muscle cramps when exercising?			
student is qualified to participate in interscho				31. Do you sickle cell disease?32. Have you had any problems with your vision or hearing?			
Completed by School Nurse:				33. Are you currently taking any medication?			
				Name of Physician:			
Requirements: ☐ glasses, contact lenses, or protective eyewear				Name of Health Center:			
	□ epi-pe	m		Date of Last Physical:			
□ other medical requirements:							
other medical requirements.			-	Females Only:			
			-	Have you ever had a menstrual period?	Yes	N	
□ current prescriptions & OTC medications:			-	If yes, at what age did you begin menstruating?			
			- -,	Explain "Yes" answers below:			
Nurse Signature:	Date:						
Athletic Director Signature:	Date:						

Student Signature: _____ Parent/Guardian Signature: _____ Date: ____