

# 2018-19 SCOTUS SPORTS PARTICIPATION HEALTH RECORD

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE 2018/2019 \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PARENT CELL \_\_\_\_\_ STUDENT CELL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

SPORTS \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ SCHOOL \_\_\_\_\_

This health history should be completed by the athlete and parent before the examination.

- |  |  |
|--|--|
| <p>1. Have you ever had an illness that:</p> <p>a. required you to stay in the hospital? _____</p> <p>b. lasted longer than a week? _____</p> <p>c. caused you to miss 3 days of practice or a competition? _____</p> <p>d. is related to allergies (hay fever, asthma, insect stings)? _____</p> <p>e. required an operation? _____</p> <p>f. is chronic (asthma, diabetes)? _____</p> <p>2. Have you ever had an injury that:</p> <p>a. required you to go to an emergency room or go see a doctor? _____</p> <p>b. required you to stay in the hospital? _____</p> <p>c. required X-rays? _____</p> <p>d. caused you to miss 3 days of practice or a competition? _____</p> <p>e. required an operation? _____</p> <p>3. Do you take any medications or pills? _____<br/>If so, list them and what they're for: _____</p> <p>4. Have any members of your family under age 50 had a heart attack, heart problem, or died unexpectedly? _____</p> | <p>5. Have you ever:</p> <p>a. been dizzy or passed out during or after exercise? _____</p> <p>b. been unconscious or had a concussion? _____</p> <p>6. Are you able to run 1/2 mile without stopping (2 times around the track)? _____</p> <p>7. Do you:</p> <p>a. wear glasses or contacts? _____</p> <p>b. wear dental bridges or braces? _____</p> <p>8. Have you ever had a heart murmur, high blood pressure, or a heart abnormality? _____</p> <p>9. Do you have any allergies to medicines? _____</p> <p>10. Are you missing a kidney or testicle? _____</p> <p>11. When was your last: _____<br/>Tetanus booster? _____<br/>Measles-Mumps-Rubella booster? _____</p> <p>12. Are you worried about any problems or conditions at this time? _____<br/>If so explain: _____</p> |
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I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of Athlete _____	Date _____
Signature of Parent _____	Date _____

Comments Re: Abnormal Findings

# PHYSICAL EXAMINATION RECORD

**Station 2**      Normal      Result      Initials

Height \_\_\_\_\_

Weight \_\_\_\_\_

Pulse \_\_\_\_\_

Blood Pressure \_\_\_\_\_

**Station 3**      Normal      Result      Initials

Right \_\_\_\_\_ / \_\_\_\_\_ Corrected \_\_\_\_\_ Uncorrected \_\_\_\_\_

Left \_\_\_\_\_ / \_\_\_\_\_ Corrected \_\_\_\_\_ Uncorrected \_\_\_\_\_

**Station 4**      Normal      Abnormal Findings      Initials

Eyes \_\_\_\_\_

Ears, Nose, Throat \_\_\_\_\_

Mouth & Teeth \_\_\_\_\_

Neck \_\_\_\_\_

Physical Maturity (Tanner State) Circle One    1    2    3    4    5

**Station 5**      Normal      Abnormal Findings      Initials

Cardiovascular \_\_\_\_\_

Chest & Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_

Genitalia-Hernia (Male) \_\_\_\_\_

**Station 6**      Normal      Abnormal Findings      Initials

Musculoskeletal Exam

a. neck \_\_\_\_\_

b. spine \_\_\_\_\_

c. shoulders \_\_\_\_\_

d. arms/hands \_\_\_\_\_

e. hips \_\_\_\_\_

f. thighs \_\_\_\_\_

g. knees \_\_\_\_\_

h. ankles \_\_\_\_\_

i. feet \_\_\_\_\_

Neuromuscular \_\_\_\_\_

## PARTICIPATION RECOMMENDATIONS

- \_\_\_\_\_ 1. NO ATHLETIC PARTICIPATION
- \_\_\_\_\_ 2. LIMITED PARTICIPATION. Specific exclusions: \_\_\_\_\_
- \_\_\_\_\_ 3. FULL UNLIMITED PARTICIPATION
- \_\_\_\_\_ 4. CLEARANCE WITHHELD UNTIL: \_\_\_\_\_

Physician Signature \_\_\_\_\_

Date/Year \_\_\_\_\_ Phone Number \_\_\_\_\_

**PARENTAL CONSENT FORM**

In order to represent a high school in interscholastic athletic competition, a student must abide by eligibility rules of the Nebraska School Activities Association.

If you do not understand a summary of the rules listed below or you need an explanation of other requirements, consult the high school principal or athletic director.

1. Student must be an undergraduate.
2. Student must be enrolled in at least twenty hours per week and regular in attendance, in accordance with the school’s attendance policy.
3. Students must be enrolled in some high school on or before the eleventh school day of the current year.
4. Student is ineligible if nineteen years of age before August 1 of current school year.
5. After a student’s initial enrollment in grade nine, he/she shall be ineligible after eight semesters of school membership.
6. Student must have been enrolled in school the immediate preceding semester.
7. Student must have received twenty semester hours of credit the immediate preceding semester.
8. Once the season of a sport begins, a student shall compete only in athletic contests/meets in that sport scheduled by his/her school. Any other competition will render the student ineligible for a portion of, or all of, the season in that sport. The season of a sport begins with the first date of practice by NSAA rules. The fall sports season begins August 6, 2018 and ends with the state meets in the fall sports. The winter sports season begins November 12, 2018 and ends with the state meets in the winter sports. The spring sports season begins February 25, 2019 and ends with the state meets in the spring sports.
9. A student shall not participate in sports camps or clinics during the season of a sport in which he/she is involved, either as an individual or as a member of a team.
10. A student shall not participate on an all-star team during that sports season while a high school undergraduate.
11. A student shall be ineligible for 90 school days to represent a school in interscholastic competition at the varsity level if the school is located in a school district other than the district in which his/her parents maintain their domicile. (Check with school administrator for an interpretation of rule if the school district where parents reside has no high school or if there are two or more high schools in a district.)
12. A student is ineligible for 90 school days if his/her parents have changed their domicile to another school district and the student has remained in the former school that is in a different school district. (EXCEPTION: If parents have moved after school has started, the student will be eligible to compete for the remainder of the school year, or if parents have moved during the summer which immediately precedes the school year and the student is in grade twelve and has attended the high school for two or more years, the student is eligible for that school year in the school district from which the parents moved.)
13. Guardianship does not fulfill the definition of a parent. If a guardian has been appointed for a student, the student is eligible in the school district where his/her natural parent(s) have their domicile. Individual situations involving guardianship may be submitted to the Executive Director for his review and a ruling.
14. A student shall not participate in a contest under an assumed name.
15. A student must maintain his/her amateur status.

**WARNING**

The purpose of this WARNING is to bring to your attention the existence of potential dangers associated with athletic participation. Participation in any athletic activity may involve injury of some type. 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. On rare occasions, injuries can be so severe as to result in total disability, paralysis, or death.

Even with the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility.

**AGREEMENT**

This application to compete in interscholastic athletics for Scotus Central Catholic is entirely voluntary on my part and is made with the understanding that I have read and understand the Scotus Student/Parent Handbook and am familiar with the eligibility requirements for extracurricular activities. I hereby give my permission for my son/daughter to practice, compete and to accompany any school team of which he/she is a member on any of its local and out of town trips. I authorize the school to obtain, through a licensed health care professional of its own choice, any emergency medical care that may become necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to my son/daughter in the course of such athletic activities or such travel. **(Sign on other side)**

**Scotus Central Catholic does not provide medical insurance for participants in athletic programs.**

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

I hereby request and authorize that 2018-19 Sports Physicals release the health information of the individual named below, of whom I am a parent or legal guardian:

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

I authorize the health information of the above named individual to be disclosed to and used by Scotus Central Catholic High School, 1554 18<sup>th</sup> Avenue, Columbus, NE 68601 for the purposes of record retention and evaluation with respect to participation and competition in athletic and extracurricular activities sponsored by the school.

The information to be disclosed is that pertaining to the physical conducted on \_\_\_\_\_.

I understand that this authorization will expire, without my express revocation, one (1) year from the date of signing. I further understand that I may revoke this authorization in writing at any time except to the extent that action has been taken based on this authorization. That is, I understand that my revocation will not apply to information that has already been released to the School as specified by this authorization.

I understand that authorization for the disclosure of this health information is voluntary and that I can refuse to sign this authorization. 2018-19 Sports Physicals cannot condition treatment on the signing of this authorization, except as otherwise permitted by law.

I understand that any disclosure of information pursuant to this authorization carries with it the potential for re-disclosure by the School and that such information may not be protected by federal confidentiality rules.

I understand that \_\_\_\_\_ (student’s physician) must document and retain a copy of this authorization.

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Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_