

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/Board 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 Board 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 * BOARD 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:

<u>CONTACT</u>	<u>ENDURANCE</u>	<u>OTHER</u>
Football	Gymnastics	
Baseball	Swimming	
Basketball	Track & Field	
Soccer	Cross-country	
Hockey	Tennis	
Wrestling	Volleyball	
Lacrosse	Handball	DATE OF LAST TETANUS BOOSTER: _____
Softball	Fencing	

- (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 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

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/ _____

	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, etc.):

Assessment:

Plan:

**DEPARTMENT OF HEALTH * THE CITY OF NEW YORK * BOARD 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: _____

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SIGNATURE _____

DATE: _____ RELATIONSHIP _____

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Lacrosse	Handball	DATE OF LAST TETANUS BOOSTER: _____
Softball	Fencing	

- (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.