

PART I - MEDICAL EVALUATION OF STUDENT FOR PARTICIPATION IN INTERSCHOOL SPORTS

To be completed by Parent or Guardian and submitted to the examining physician before he examines the student.

Name of Student _____ Date of Birth ___/___/___ Grade _____ School _____

Parent/Guardian _____ Home Address _____ Home Phone _____

PERSONAL HEALTH OF STUDENT (Check correct reply)		YES	NO		YES	NO
1. Has had injuries or accidents requiring medical attention.....	<input type="checkbox"/>	<input type="checkbox"/>		9. Has had completed poliomyelitis immunizations by injections.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Has had a surgical operation.....	<input type="checkbox"/>	<input type="checkbox"/>		10. Has had tetanus toxoid and booster inoculation.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Has been in a hospital.....	<input type="checkbox"/>	<input type="checkbox"/>		Date of last booster ___/___/___		
4. Has had sickness lasting longer than one week.....	<input type="checkbox"/>	<input type="checkbox"/>		11. Has seen a dentist within the past 6 months.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Takes medicine now or regularly.....	<input type="checkbox"/>	<input type="checkbox"/>		12. To my knowledge the paired organs that follow are present and healthy:		
6. Has a condition now under a physician's care.....	<input type="checkbox"/>	<input type="checkbox"/>		Eyes.....	—	—
7. Has a defect in hearing or eyesight (wears glasses, contact lenses) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Ears (hearing).....	—	—
8. Is there any reason this student should not take part in any sport? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Lungs.....	—	—
				Kidneys.....	—	—
				Testicles or ovaries.....	—	—
				Arms/legs.....	—	—
				Fingers/toes.....	—	—

If you answered "YES" to any of the above questions, explain here with names and dates:

If you answered "NO" to any of the above questions, explain here with names and dates:

I hereby give my consent for the above secondary school student to engage in interschool sports activities as a representative of his/her school, except those activities crossed out by the examining physician on the reverse side of this form. I also give my consent for the above student to accompany the team as a member for its "away" games and contests.

I GIVE MY PERMISSION FOR THE PHYSICIAN TO COMPLETE PART II FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH AND EDUCATIONAL NEEDS IN SCHOOL.

Parent/Guardian Signature

Date

