

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

Regulation of the Chancellor

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 **STUDENT 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.

DATE: _____ SIGNATURE: _____
 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 for 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	Bowling
Baseball	Swimming	Golf
Basketball	Track & Field	Crew
Soccer	Cross-country	Cheerleading
Hockey	Tennis	Field Events
Wrestling	Volleyball	Archery
Lacrosse	Handball	
Softball	Fencing	
Cricket	Double Dutch	
Rugby		

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) _____
REGISTRY #: _____ **ADDRESS:** _____

STUDENT'S MEDICAL HISTORY

<u>(To be filled out by student and parent)</u>	<u>Clinician's Comments</u>
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 ___
 Perforated ear drum or "tubes" in ears? Yes ___ No ___
 Draining ears? Yes ___ No ___

**PART 1 – STUDENT’S HEALTH FOLDER
 STUDENT’S MEDICAL HISTORY**

CONTINUED:

(To be filled out by student and parent) _____

Clinician’s Comments

Have you ever had:
 Sinus problems or hay fever? Yes ___ No ___
 Braces or removable teeth? Yes ___ No ___
 Have you ever had:
 Any broken bones? _____ Yes ___ No ___
 Dislocation or other serious problems? 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: L20/ _____ R20/ _____ Corrected: L20/ _____ R20/ _____

	<u>Normal</u>	<u>Abnormal</u>	<u>Comments</u>
Skin	_____	_____	_____
Eyes	_____	_____	_____
ENT	_____	_____	_____
Mouth & Teeth	_____	_____	_____
Neck	_____	_____	_____
Cardiovascular	_____	_____	_____
Lungs, Chest	_____	_____	_____
Spine	_____	_____	_____
Abdomen	_____	_____	_____
Genitalia (Hernia)	_____	_____	_____

Maturation Index _____

Extremities

Orthopedic _____

Neuromuscular _____

Other tests, if done (Lab, ECC, ect.) _____

Assessment:

Plan:

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			
Sever myopia, even if correctable	X			
EARS				
Significant impairment	X			
RESPIRATORY				
Tuberculosis (active or under treatment)	X	X		
Severe pulmonary insufficiency	X	X		X
CARDIOVASCULAR				
Rheumatic heart disease coarctation or aorta, cyanotic heart disease, recent carditis or 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 of symptoms of previous serious head trauma or repeated concussions	X			
Convulsive disorder not completely controlled by medication	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.



IMPORTANT NOTICE TO PARENTS / GUARDIANS!

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

Parentnotice misc 02 25-1190.00.5 (250 PKGS) 2/03

*For more detailed information about the Maturation Index, please consult your physician