

# School & Sports Qualifying Screening Evaluation

Please Complete in Ink

# 2020-2021

Student Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Grade: \_\_\_\_\_ School: \_\_\_\_\_

School: MARIAN HIGH SCHOOL  
 Address: 7400 MILITARY AVE.  
 Phone: (402) 571-2618 FAX: (402) 572-8028

**PLEASE COMPLETE PRIOR TO EXAMINATION**

**HISTORY**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| *1. Have you ever fainted?<br>Have you ever fainted during exercise?<br>Have you had chest pain during exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| *2. Has anyone in your family died suddenly?<br>Before age 35? _____ Before age 50 _____<br>Cause _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| *3. Have you ever had a concussion, loss of consciousness, been knocked out or had a head injury?<br>If yes, how many times? _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| *4. Have you ever had heat stroke or heat exhaustion?   | <input type="checkbox"/> | <input type="checkbox"/> |
| *5. Do you wheeze or cough during or after exercise?<br>Do you have any history of asthma?  | <input type="checkbox"/> | <input type="checkbox"/> |
| *6. Do you have any allergies? (medications, bee sting, pollen, etc.) _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| *7. Any injuries since last exam?<br>If yes, list injuries: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| *8. Do you take any medication? (include vitamins and nonprescription drugs) _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| *9. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been hospitalized?<br>Have you ever had surgery?<br>If yes, explain _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. If female, when was your first menstrual period? _____<br>When was your most recent menstrual period? _____   |                          |                          |
| 12. In the last year, what was your:<br>Lowest weight _____ Your highest weight _____<br>What do you think is your ideal weight? _____  |                          |                          |
| 13. Immunizations: Last tetanus _____<br>Measles, Mumps, German Measles (MMR) (1) _____ (2) _____<br>Hepatitis B (1) _____ (2) _____ (3) _____  |                          |                          |
| *14. Circle any of the following you have had:<br>Abnormal bleeding/bruising      Anemia<br>Broken bones/stress fracture      Diabetes<br>Dislocation (shoulder, etc.)      Hearing impairment<br>Heart murmur/palpitations      Hepatitis/jaundice<br>High blood pressure      Loss of eye sight<br>Rheumatic fever      Scoliosis (curvature of spine)<br>Seizures      Sickle-cell disease<br>Single organs (kidney, eye, etc.)      Undescended testicle<br>Other _____ |                          |                          |
| <input type="checkbox"/> I have had none of the above problems.   |                          |                          |
| 15. Do you use seat belts on a regular basis?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you use tobacco or alcohol?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are there any concerns you would like to discuss?<br>(Nutrition, weight training, tobacco, pregnancy, birth control, AIDS, alcohol, steroids, other)  | <input type="checkbox"/> | <input type="checkbox"/> |
| * Must be answered for participation in athletics   |                          |                          |
| Additional Comments _____   |                          |                          |

**EXAMINATION**

\*Ht \_\_\_\_\_ Wt \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

Vision R \_\_\_\_\_ L \_\_\_\_\_

**Hearing**

kHz	0.25	0.5	1	2	3	4	6	8
R								
L								

**MEDICAL EXAM**

(cross out if omitted) Normal      Abnormal      Comments

**HEENT**

Eyes	_____	_____	_____
Ears	_____	_____	_____
Nose	_____	_____	_____
Throat	_____	_____	_____
Dental	_____	_____	_____
Thyroid	_____	_____	_____
Nodes	_____	_____	_____
Lungs	_____	_____	_____
Heart/Murmurs	_____	_____	_____
Abdomen	_____	_____	_____
Ocrotitis (males)	_____	_____	_____
Hernia	_____	_____	_____
Skin	_____	_____	_____
Neck	_____	_____	_____
Upper Extremities	_____	_____	_____
Back/Spine	_____	_____	_____
Lower Extremities	_____	_____	_____
Neuro	_____	_____	_____

**Labs (if required)**

UA dip: Ap \_\_\_\_\_ col \_\_\_\_\_ sp gr \_\_\_\_\_ pH \_\_\_\_\_ Pr \_\_\_\_\_ sug \_\_\_\_\_ Ket \_\_\_\_\_  
 Bil \_\_\_\_\_ Bil \_\_\_\_\_ Uro \_\_\_\_\_ leuk \_\_\_\_\_ nit \_\_\_\_\_  
 Hgb: \_\_\_\_\_

**Certification for Participation in Physical Education/Athletic Activities**

I herewith certify that the student named above has been evaluated as indicated by the above record to be physically fit to participate in physical education activities and/or interscholastic athletics, except as noted below. Any exceptions or required modifications should be re-evaluated annually or as specified.

Modifications or exceptions: \_\_\_\_\_

Deferred pending further evaluation for \_\_\_\_\_

A copy of this form should go with this individual to all sporting activities.  
 Required medication: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I do not know of any existing physical condition or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate. I approve participation in athletic activities.

I hereby request and authorize that the health information of the above stated individual be disclosed to and used by Marian High School, 7400 Military Ave, for the purposes of record retention and injury evaluation with respect to participation and competition in athletic and extracurricular activities sponsored by the School.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Parent or Legal Guardian)

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE: TWO STUDENT SIGNATURES AND TWO PARENTAL SIGNATURES ARE REQUIRED FOR COMPLETION OF THIS FORM! ALL SIGNATURES ARE REQUIRED FOR TRY OUTS!!!**

**To be completed for students participating in any NSAA activities.**

**Student and Parent Consent Form**



School Year: 20\_\_\_\_-20\_\_\_\_  
 Member School: \_\_\_\_\_  
 Name of Student: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above-named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
- (2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury **or illness** of some type; (c) 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, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; **(d) the severity of an illness, including contagious diseases such as the COVID 19 virus, and bacterial infections may be so severe as to result in disability and death;** and, (e) even the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;
- (3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,
- (4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.
- (5) Consent and agree to authorize licensed sports injury personnel to evaluate and treat any **injury or illness** that occurs during the student's participation in NSAA activities. This includes all reasonable and necessary preventive care, treatment and rehabilitation for these injuries. This would also include transportation of the student to a medical facility if necessary. Such licensed sports injury personnel are independent providers and are not employed by the NSAA.
- (6) Acknowledge that Parents are obligated to pay for professional medical and/or related services; the NSAA shall not be liable for payment of such services. We give permission to any and all of the Student's health care providers and the NSAA and its employees, staff, agents, and consultants to release and discuss all records and information about the Student including otherwise confidential medical information and records. We understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, or emergency.

I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

\_\_\_\_\_  
 Name of Student [Print Name] Student Signature Date

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (2) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for \_\_\_\_\_[insert student name] to practice and compete for the above named high school in activities approved by the NSAA, **except those crossed out below:**

Baseball	Basketball	Bowling	Cross Country	Debate	Football	Golf	Journalism
Music	Play Production	Soccer	Softball	Speech	Swim/Dive	Tennis	Track & Field
Unified Bowling	Unified Track & Field	Volleyball	Wrestling				

<b>Parent(s)/Guardian Printed Name(s)*</b>	<b>Parent/Guardian Signature</b>	<b>Date of Signature</b>

**\*Both Mother and Father must sign, unless parents are divorced, the custodial parent must sign, or if the student is not living with parents, the student's legal guardian.**  
 Revised June 2020