



2020-2021

School & Sports Qualifying Screening Evaluation



PLEASE COMPLETE IN INK

Student Name: \_\_\_\_\_
Address: \_\_\_\_\_
City, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_
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?
Have you ever fainted during exercise?
Have you had chest pain during exercise?
\*2. Has anyone in your family died suddenly?
Before age 35? Before age 50?
Cause:
\*3. Have you ever had a concussion, loss of consciousness, been knocked out or had a head injury?
\*4. Have you ever had heat stroke or heat exhaustion?
\*5. Do you wheeze or cough during or after exercise?
Do you have any history of asthma?
\*6. Do you have any allergies? (medications, bee sting, pollens, etc.)
\*7. Any injuries since last exam?
If yes, list injuries:
\*8. Do you take any medication? (include vitamins and nonprescription drug)
\*9. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?
10. Have you ever been hospitalized?
Have you ever had surgery?
If yes, explain
11. When was your first menstrual period?
When was your most recent menstrual period?
12. In the last year, what was your
Lowest weight: Highest weight
What do you think is your ideal weight:
13. Immunizations: Last tetanus
Measles, Mumps, Rubella (MMR) (1) (2)
Hepatitis B (1) (2) (3)
14. Circle any of the following you have had:
Abdominal bleeding/bruising Anemia
Broken bones/stress fractures Diabetes
Dislocation (shoulder, etc.) Hearing impairment
Heart murmur/palpitations Hepatitis/jaundice
High blood pressure Loss of eye sight
Rheumatic fever Scoliosis (curvature of spine)
Seizures Sickle-cell disease
Single organs (kidney, eye, etc.)
Other
I have had none of the above problems
15. Do you use seat belts on a regular basis?
16. Do you use tobacco or alcohol?
17. Are there any concerns you would like to discuss?
(Nutrition, weight training, tobacco, pregnancy, birth control, AIDS, alcohol, steroids, other?)

EXAMINATION:

HT: \_\_\_\_\_ WT: \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_
PULSE: \_\_\_\_\_ VISION: R \_\_\_\_\_ L \_\_\_\_\_

Table with 4 columns: MEDICAL EXAM, Normal, Abnormal, Concerns. Rows include Eyes, Ears, Nose, Throat, Dental, Thyroid, Nodes, Lungs, Heart/Murmurs, Abdomen, Hernia, Skin, Neck, Upper Extremities, Back/Spine, Lower Extremities, Neuro.

Certification for Participation in Physical Education/Athlete Activities

I hereby 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: \_\_\_\_\_

I have had none of the above problems

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

Date: \_\_\_\_\_

I do not know of any existing physical conditions or health reasons that would preclude my daughter's participation in athletics. I certify that the answers to the above question are true and accurate. I approve her participation in athletic activities.

I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for the purpose of record retention with respect to participation in athletics and activities.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* MUST BE ANSWERED FOR PARTICIPATION IN ATHLETICS
Additional Comments: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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