2023-2024
School & Sports Physical 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

EXAMINATION:

HT: _____ WT: _____ BP _____/_____

PULSE: _____ VISION: R _____ L _____

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 least 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:		
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?	☐	☐

Abdominal bleeding/bruising
Broken bones/stress fractures
Dislocation (shoulder, etc.)
Heart murmur/palpitations
High blood pressure
Rheumatic fever
Seizures
Single organs (kidney, eye, etc.)
Anemia
Diabetes
Hearing impairment
Hepatitis/jaundice
Loss of eye sight
Scoliosis (curvature of spine)
Sickle-cell disease
Other _____

☐ I have had none of the above problems

* MUST BE ANSWERED FOR PARTICIPATION IN ATHLETICS

Additional Comments: _____

_____

STUDENT SIGNATURE: _____

Date: _____

MEDICAL EXAM (cross out if omitted)	Normal	Abnormal	Concerns
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: _____

_____

☐ Deferred pending further evaluation for _____

Physician Signature: _____

Date: _____

I do not know of any existing physical conditions or health reasons that would preclu my daughter's participation in athletics. I certify that the answers to the above questior 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: _____

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 and activity participation; (b) participation in any 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 with the best supervision, 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 Bylaws and rules interpretations for participation in NSAA sponsored athletic and/or activities, and the athletic and 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 athletics, weight and height 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 athletics and 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 athletics and 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	

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

***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 September 2021