

Maxwell Public Schools - Maxwell, Nebraska  
**HEALTH & SPORTS EXAMINATION FORM**

☐ Attached is the immunization record

"Board of Education shall require evidence of a physical examination signed by a physician, physician assistant, or advanced practice registered nurse on a specific date within six months prior to the entrance of a child into the beginner grade and the seventh grade, or in the case of a transfer from out-of-state to any other grade of the local school; provided no such examination shall be required of any child whose parent or guardian shall object thereto in writing." School Law Ch. 3, 3-007.01.

Last Name of Student First Name Middle Name Sex  
Grade Age Height Weight School

Significant Medical History

Eyes \_\_\_\_\_ Glasses \_\_\_\_\_ Contacts \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_ Neck \_\_\_\_\_  
Respiratory \_\_\_\_\_ Laboratory: Urinalysis \_\_\_\_\_  
Cardiovascular \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_ Genitalia \_\_\_\_\_  
Scoliosis \_\_\_\_\_ Other \_\_\_\_\_  
Spine \_\_\_\_\_ Arms \_\_\_\_\_ Legs \_\_\_\_\_ Reflexes \_\_\_\_\_

Comments: \_\_\_\_\_

Significant findings and remarks \_\_\_\_\_

Recorded medication \_\_\_\_\_

Any known allergies \_\_\_\_\_

Please check Classification:

- ☐ Regular: Student may participate in the regular program of physical education, recreation, intramurals, athletics, or related activities without undue risk or injury.
- ☐ Adapted: Student has a condition which might risk sustaining injury from participation in the regular program or needs a special adapted program as indicated by the consulting physician. Re-examine each year.
- ☐ Exempt: Student has a severe handicap which might risk sustaining injury from participation in the regular or adapted programs. These students should be re-examined for possible reclassification at the end of exemption period.

"I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which should make it medically inadvisable for this student to compete in the following activities. EXCEPT THOSE CROSSED OUT BELOW."

SOCCER SWIMMING TENNIS TRACK PHYSICAL EDUCATION  
SOFTBALL FOOTBALL BASKETBALL CROSS COUNTRY GOLF  
VOLLEYBALL \*WRESTLING OTHERS: \_\_\_\_\_

\*Estimated desirable weight level: \_\_\_\_\_ Pounds

Date of Examination: \_\_\_\_\_ Signed \_\_\_\_\_

Physician

# SPORTS CANDIDATES' QUESTIONNAIRE

(To be completed by parents)

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

Parent's Name \_\_\_\_\_ Tel. No. \_\_\_\_\_

- |     |  |     |    |
|-----|--|-----|----|
| 1.  | Has had injuries requiring medical attention .....                                       | Yes | No |
| 2.  | Has had illness lasting more than a week .....   | Yes | No |
| 3.  | Is under a physician's care now .....  | Yes | No |
| 4.  | Takes medication now .....   | Yes | No |
| 5.  | Wears glasses .....  | Yes | No |
|     | Wears contact lenses .....   | Yes | No |
| 6.  | Has had a surgical operation .....   | Yes | No |
| 7.  | Has been in hospital .....   | Yes | No |
| 8.  | Do you know of any reason why this individual<br>should not participate in sports? ..... | Yes | No |
| 9.  | Any significant past ankle, knee or shoulder injuries .....                              | Yes | No |
| 10. | Any concussion? .....  | Yes | No |

If yes, how many? \_\_\_\_\_

## STUDENT PARTICIPATION AND PARENTAL APPROVAL FORM

Name of Student \_\_\_\_\_ Name of School \_\_\_\_\_  
Last First Middle Initial

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association. I will adhere to the rules and regulations set forth by the Coaching Staff and the Nebraska School Activities Association. Furthermore, I understand that I will be held responsible for athletic equipment checked out to me. I recognize that it is a privilege to compete in athletics and will strive to earn respect for myself, school and community.

\_\_\_\_\_  
Signature of Student

## PARENT'S OR GUARDIAN'S PERMISSION

"I hereby give my consent for the above named student to represent the school in athletic activities, except those crossed out on this form by the examining physician, provided that such athletic activities are approved by the State Association; (2) to accompany any school team of which he/she is a member on any of its local or out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I/we realize that such activity involves the potential for injury which is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. I/we acknowledge that I/we have read and understand this warning."

We understand that the school carries no insurance of any kind to cover medical expenses which may incur from athletic participation and that the school will itself not be responsible for any such expenses.

We agree that we have adequate insurance to cover our son/daughter for any medical expenses incurred while participating or we will assume all such expenses ourselves personally.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_  
Street City or Town

**NOTE:** This form is to be filled out completely and filed in the office of the school before student is allowed to practice, participate and/or compete.