

SPORTS PHYSICAL FORM

This form is to be filled out completely and filed in the office of the principal before a student can participate in the school athletic programs.

Student _____ Date _____

School _____ Grade _____ Birthdate _____

Address of Student _____

(City)

(State)

(Zip Code)

Parent's Name _____ Telephone No. _____

Family Physician _____ Telephone No. (252) 636-1919

Address: 2604 MLK Jr. Blvd., New Bern, NC 28560

I hereby apply for permission to participation in the following interscholastic sports:

I certify that the information in this application is correct, and I agree to abide by the eligibility rules and regulations governing athletics as set forth by the North Carolina State Board of Education and the Association to which my school is a member.

Signature of Student _____

MEDICAL HISTORY

(To be completed by parents)

Student _____ Age _____ Date of Birth _____

There is a known history of:

- | | | | |
|----|--|-----------|----------|
| A. | Birth deformities (one eye, one kidney, etc.) | Yes _____ | No _____ |
| B. | Known past illness of more than one week's duration? | Yes _____ | No _____ |
| C. | Medical condition currently under treatment? | Yes _____ | No _____ |
| D. | Fractures or other disabling injuries? | Yes _____ | No _____ |
| E. | Any permanent deformity or disability? | Yes _____ | No _____ |
| F. | Allergy (drugs, food, clothing, asthma)? | Yes _____ | No _____ |
| G. | Mental disorder, fainting, or seizures? | Yes _____ | No _____ |
| H. | Do you take any medicines regularly? | Yes _____ | No _____ |
| I. | Have you ever been in the hospital? | Yes _____ | No _____ |
| J. | Does running or playing hard ever bother you?
(Chest pains, cramps, or pain in your joints) | Yes _____ | No _____ |
| K. | Have you ever had a hernia, rupture or any
swelling in your groin area? | Yes _____ | No _____ |

Explain any of the above questions answered "yes."

PARENTAL PERMISSION

As parent or legal guardian of _____, I hereby give my consent for (his/her) practice and play in the athletic events listed above and to receive a physical examination by the person or persons designated by school authorities.

I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

Signature of Parent _____

EXAMINATION

Student's

Name _____ Date _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

	<u>Normal</u>	<u>Abnormal</u>	<u>Describe Abnormalities</u>
Eyes	_____	_____	_____
ENT	_____	_____	_____
Heart	_____	_____	_____
Lungs	_____	_____	_____
Abdomen	_____	_____	_____
Genitalia (Males Only)	_____	_____	_____
Musculoskeletal	_____	_____	_____
Neurological	_____	_____	_____
Skin	_____	_____	_____

LABORATORY

Urinalysis: _____

Sickle Cell: _____

Hgb.: _____

I certify that I have examined the above named student and that such examination revealed (no conditions) that would prevent this student from participating in the interscholastic sport listed above.

Signature _____

Address: 2604 MLK Jr. Blvd., New Bern, NC 28562 Telephone No.: (252) 636-1919

Student not qualified, listed reasons for disqualification: _____

The following are considered disqualifying until medical and parental releases are obtained:

Acute infections, obvious growth retardation, diabetes, jaundice, severe visual impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver, spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence of one kidney, eye, or testicle.