

## **IMPORTANT NOTICE TO PARENTS/GUARDIANS!**

- New York State Commissioner of Education Regulations require every student to have a physical examination before participating in senior high school interscholastic sports activities.
- The physical examination and the Department of Health/Board of Education Sports Examination form may be completed by the Department of Health physician at no cost to you, *or*, by your personal physician.
- The attached Sports Examination form is more comprehensive than the form it replaced. The purpose of this new form is to ensure that your child receives a complete physical examination prior to participating in interscholastic sports.
- The American Academy of Pediatrics, the New York City Department of Health and the Board of Education strongly recommend that every student have a complete physical examination including the Maturation Index prior to competing in interscholastic athletics. The Maturation Index\* notes the stage of pubertal development and should be included for the protection of the student. The Index is one indicator of a child's bone development, and is helpful to the physician in assessing the total development of the child and his or her fitness for sports participation. However, as inclusion of the Maturation Index is optional, the parent/guardian decides whether or not the physician includes the rating. *(If you do not want the physician to make an entry for the Maturation Index, write "No Maturation Index" to the left of your signature.)*
- The term "clinician," appears on the Sports Examination form and refers to physicians, nurse-practitioners and physicians' assistants. The physical examination may be performed by any of these medical personnel.
- As the Sports Examination form indicates, the student's medical record is strictly confidential and is on file in the school medical office. The student's medical record is not part of his or her academic record, and is not subject to examination by anyone except authorized personnel.

**PLEASE NOTE: ALL STUDENTS SHOULD RECEIVE REGULARLY SCHEDULED COMPLETE PHYSICAL EXAMINATIONS BY A PHYSICIAN OF THE PARENT/GUARDIAN'S CHOICE.**

**DEPARTMENT OF HEALTH \* THE CITY OF NEW YORK \* BOARD OF EDUCATION  
 INTERSCHOLASTIC \* SPORTS EXAMINATION \* — CONFIDENTIAL**

OSIS# \_\_\_\_\_ I.D.# \_\_\_\_\_

**PART 1 to be filed in  
 Student's Health folder**

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ BOROUGH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

HOMEROOM: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMERGENCY TELEPHONE: \_\_\_\_\_

SPORT: \_\_\_\_\_

SPORT: \_\_\_\_\_

**PARENTAL PERMISSION:** I have reviewed the STUDENTS MEDICAL HISTORY section below and I agree with the answers. I give permission for \_\_\_\_\_ to have a physical examination. I understand that completion of the Maturation Index is optional.

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_  
 \*\*\*\*\*

RELATIONSHIP \_\_\_\_\_  
 \*\*\*\*\*

**CLINICIAN'S RECOMMENDATIONS**

Based on my review of the history and physical examination as noted below and on the back of this form, and review of the guidelines on P. 4, this student:

- (1) May participate in the following sports:  
 DRAW A LINE THROUGH ANY SPORTS TO BE OMITTED:

CONTACT	ENDURANCE	OTHER
Football	Gymnastics	
Baseball	Swimming	
Basketball	Track & Field	
Soccer	Cross-country	
Hockey	Tennis	
Wrestling	Volleyball	
Lacrosse	Handball	
Softball	Fencing	

DATE OF LAST TETANUS BOOSTER: \_\_\_\_\_

- (2) Special conditions for participation (e.g., pre-exercise medication or protective equipment), if any:

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
(CLINICIAN)

TELEPHONE: \_\_\_\_\_

NAME: (PRINT) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REGISTRY# \_\_\_\_\_

**STUDENT'S MEDICAL HISTORY**

(To be filled out by student and parent)

Clinician's Comments

- Has anyone in your family under age 45 died suddenly? Yes  No
- Have you ever had:
- Concussion or been knocked out? Yes  No
  - Fainting? Yes  No
  - Heat Stroke? Yes  No
  - Epilepsy, seizures, or fits? Yes  No
  - Head or neck injury? Yes  No
  - Very bad vision in one or both eyes? Yes  No
  - Do you wear glasses, contacts, other? Yes  No
  - Have you ever had:
  - Hearing loss or deafness? Yes  No

**STUDENT'S MEDICAL HISTORY CONTINUED:**

(To be filled out by student and parent)

Clinician's Comments

- Perforated ear drum or "tubes" in ears? Yes  No   
 Draining ears? Yes  No   
 Have you ever had:  
 Sinus problems or hay fever Yes  No   
 Braces or removable false teeth Yes  No   
 Have you ever had:  
 Any broken bones? \_\_\_\_\_ Yes  No   
 Dislocation or other serious problem? Yes  No   
 Serious foot problem? Yes  No   
 Back injury or frequent backaches? Yes  No   
 Ankle or knee injury or problem? Yes  No   
 Other joint problems? Yes  No   
 Do you have a hernia? Yes  No   
 Boys: Any problems with testicles? Yes  No   
 Girls: Any menstrual problem? Yes  No   
 Age at first menstrual period? \_\_\_\_\_  
 Do you miss school because of your period? Yes  No   
 Have you ever had:  
 Diabetes? Yes  No   
 Single illness for more than 10 days? Yes  No   
 Any operations? Yes  No   
 Easy bruising or bleeding tendency? Yes  No   
 Anemia Yes  No   
 Asthma? Yes  No   
 Bee sting allergy? Yes  No   
 Other allergies (food or medicine) Yes  No   
 Heart trouble or murmurs? Yes  No   
 High blood pressure? Yes  No   
 Cough lasting more than 3 weeks? Yes  No   
 Chest pain or faintness with exercise? Yes  No   
 Kidney problems? Yes  No   
 Skin infections? Yes  No   
 Do you take any medicines? Yes  No   
 Do you smoke? Yes  No   
 Have you ever been told not to play any sport  
 because of your health? Yes  No

**PHYSICAL EXAMINATION**

A complete physical examination for all students is recommended. Omission of the Maturation Index will not disqualify a student from participation.

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
 Vision Uncorrected: L 20/ \_\_\_\_\_ R 20/ \_\_\_\_\_ Corrected: L 20/ \_\_\_\_\_ R 20/ \_\_\_\_\_

	<u>Normal</u>	<u>Abnormal</u>	<u>Comments</u>
Skin	_____	_____	
Eyes	_____	_____	
ENT	_____	_____	
Mouth & Teeth	_____	_____	
Neck	_____	_____	
Cardiovascular	_____	_____	
Lungs, Chest	_____	_____	
Spine	_____	_____	
Abdomen	_____	_____	
Genitalia (Hernia)	_____	_____	
Maturation Index	_____	_____	

Extremities

- Orthopedic
- Neuromuscular

Other tests, if done (Lab, ECC, etc.):

Assessment:

Plan:

## GUIDELINES FOR DISQUALIFYING CONDITIONS FOR SPORTS PARTICIPATION

CONDITIONS	CONTACT	NONCONTACT	ENDURANCE	OTHER
<b>Acute Infections:</b>				
Respiratory, genitourinary, infectious mononucleosis, hepatitis, active rheumatic fever, active tuberculosis, boils furuncles, impetigo	X		X	X
Obvious physical immaturity in comparison with other competitors	X			
Obvious growth retardation	X			
<b>Hemorrhagic disease</b>				
Hemophilia, purpura, and other bleeding tendencies	X			
Diabetes, inadequately controlled	X		X	X
Jaundice, whatever cause	X		X	X
<b>EYES</b>				
Absence or loss of function of one eye	X			
Severe myopia, even if correctable	X			
<b>EARS</b>				
Significant impairment	X			
<b>RESPIRATORY</b>				
Tuberculosis (active or under treatment)	X		X	X
Severe pulmonary insufficiency	X		X	X
<b>CARDIOVASCULAR</b>				
Rheumatic heart disease coarctation of aorta, cyanotic heart disease, recent carditis of any etiology	X		X	X
Hypertension on organic basis	X		X	X
Significant residual heart disease following heart surgery for congenital or acquired heart disease	X		X	X
<b>LIVER</b> , enlarged	X			
<b>SPLEEN</b> , enlarged	X			
<b>HERNIA</b> , Inguinal or femoral	X		X	
<b>MUSCULOSKELETAL</b>				
Symptomatic inflammation	X		X	X
Functional inadequacy incompatible with the contact or skill demand of the sport	X		X	
<b>NEUROLOGICAL</b>				
History or symptoms of previous serious head trauma or repeated concussions	X			
Convulsive disorder not completely controlled by medication	X		X	
Previous Surgery on head or spine	X		X	
<b>RENAL</b>				
Absence of one kidney	X			
Renal disease	X		X	X
<b>GENITALIA</b>				
Absence of one testicle	X			
Undescended testicle	X			

\*The Guidelines for Disqualifying conditions for Sports Participation listed on this form serve only as recommendations to the examining physician. The decision as to whether a student is qualified to participate should be individualized. In case of differences of interpretation the decision of the school physician has precedence. Appeals may be requested through established procedures.