

**SPAULDING HIGH SCHOOL
ATHLETIC DEPARTMENT
PHYSICAL EXAMINATION FOR SPORTS PARTICIPATION**

*This portion should be completed by the student-athlete parent or guardian. Sport _____

NAME _____ D.O.B. _____ SEX: M F Student ID # _____

ADDRESS _____ CITY/STATE/ZIP _____

GRADE _____ PHONE # _____

FAMILY PHYSICIAN _____ PHYSICIAN PHONE # _____

MEDICAL PROBLEMS _____

ALLERGIES _____ MEDICATIONS _____

EMERGENCY CONTACT PERSON _____ PHONE # _____

*According to the N.H.I.A.A. (NEW HAMPSHIRE INTERSCHOLASTIC ATHLETIC ASSOCIATION), students are not eligible for participation in interscholastic sports if they have not successfully passed a physical examination by a doctor at the beginning of their high school career. This young person is going to enter a program of strenuous activity. In addition to a brief assessment of general health, the following specific items should be noted. This form must be placed on file with the school nurse and a physician must complete one physical after June 1 prior to the student's freshmen year. Transfers and other students need to have a physician's physical prior to any participation in athletics at Spaulding High School. In addition, Spaulding High School will require a screening questionnaire prior to participation of a student's first sport in every academic year.

PLEASE ANSWER EACH QUESTION BELOW

CIRCLE ANSWER

- | | |
|--|--------|
| 1. HAVE YOU EVER BEEN TOLD NOT TO PARTICIPATE IN ANY SPORT? | NO YES |
| 2. HAVE YOU EVER BEEN UNCONSCIOUS OR LOST MEMORY FROM A HEAD INJURY? | NO YES |
| 3. HAVE YOU EVER HAD A FRACTURE OR DISLOCATION? | NO YES |
| 4. HAVE YOU EVER HAD A KNEE OR ANKLE SPRAIN? OTHER INJURIES? | NO YES |
| 5. ARE YOU UNDER A PHYSICIANS CARE FOR ANY PROBLEMS NOW? | NO YES |
| 6. DO YOU TAKE ANY KIND OF MEDICINE EVERY DAY? | NO YES |
| 7. DO YOU HAVE ANY ALLERGIES (HAY FEVER, HIVES, ASTHMA, MEDICATION, BEE STING) ? | NO YES |
| 8. HAVE YOU EVER FAINTED OR BLACKED OUT DURING HARD EXERCISE? | NO YES |
| 9. HAVE YOU EVER BEEN IN A HOSPITAL FOR AN OPERATION OR OTHER REASONS? | NO YES |
| 10. DO YOU HAVE ANY WORRIES OR OTHER QUESTIONS ABOUT YOUR HEALTH? | NO YES |

EXPLAIN ANY QUESTIONS ANSWERED YES: _____

PARENT OR GUARDIAN PERMISSION FOR SPORTS PARTICIPATION.

I hereby agree that the above statements of medical history are accurate and I give my consent for this student to participate in

() All approved school athletics () Specific sport

Date signed _____ Signature of Parent/Guardian _____

NAME _____ D.O.B. _____ SEX: MALE FEMALE

All of this information should be completed by the physician, nurse practitioner or physician's assistant.

MEDICAL INFORMATION:

DATE OF PHYSICAL: _____

Height _____ Weight _____ Blood Pressure _____ Date of Last Tetanus _____

Students are required by New Hampshire State Law to have a Tetanus Booster shot 10 years after their last DPT/TD/DT. The law requires that students not properly immunized must be excluded from school. If it has been more than six years, please administer tetanus booster.

HAS ANYONE IN YOUR FAMILY UNDER THE AGE OF 50 DIED SUDDENLY? YES NO

PLEASE CHECK IF ANY ABNORMAL FINDINGS AND DESCRIBE:

___ SKIN _____

___ NODES _____

___ NECK _____

___ PULMONARY _____

___ ABDOMINAL _____

___ CARDIAC _____

___ NEUROLOGIC _____

___ MUSCULOSKELETAL _____

___ GENITAL _____

___ TEETH _____

Physician Recommendation:

___ FULL SPORTS PARTICIPATION, FOR ALL SPORTS WITHOUT RESTRICTIONS.

___ LIMITED SPORTS PARTICIPATION WITH THE FOLLOWING SPORTS CONTRAINDICATED (PLEASE LIST): _____

___ NO SPORTS FOR THE FOLLOWING REASONS: _____

___ HEALTH PROBLEMS IDENTIFIED WHICH DO NOT AFFECT SPORTS PARTICIPATION BUT SHOULD BE EVALUATED BY PERSONAL PHYSICIAN.

MEDICAL PROVIDER SIGNATURE _____ Date Signed _____

(M.D., A.R.N.P. or P.A.)

Date Signed