

HEALTH EXAMINATION

(Must be Completed by a Licensed Physician, Nurse Practitioner, or Physician Assistant)

Height _____ Weight _____ BP (_____ %) / (_____ %) Pulse _____

Vision R 20/ _____ L 20/ _____ Corrected: Y N

These are required elements for all examinations

	NORMAL	ABNORMAL	DESCRIBE ABNORMALITIES
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
Other orthopedic Problems			

Optional Examination Elements - Should be done if history indicates

HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

Clearance**

- A. Cleared
 B. Cleared after completing evaluation/rehabilitation for : _____
 C. Not Cleared for: Collision Contact
 Non-contact Strenuous Moderately Strenuous Non-Strenuous

Due To: _____

Additional Recommendations/Rehab Instructions: _____

Doctor/Physician/PA Signature & Stamp

Date

SOUTHVIEW CHRISTIAN SCHOOL ATHLETIC PARTICIPATION & EXAMINATION FORM

This form is to be filled out completely before the student can participate in the school athletic programs.

STUDENT INFORMATION (To be completed by the student)

NAME: _____ GRADE: _____ DATE: _____

ADDRESS: _____
CITY STATE ZIP

PARENT'S NAME: _____ TELEPHONE NUMBER _____

FAMILY PHYSICIAN: _____ TELEPHONE NUMBER _____

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

I certify that the information in the application is correct, and I agree to abide by the eligibility rules and regulations governing athletics as set forth by the North Carolina Christian Activities Association

Student's Signature

Date

MEDICAL HISTORY (To be completed by the parents)

STUDENT: _____ AGE: _____ DATE OF BIRTH: _____

Is there a known history of:

- A. Birth deformities (one eye, one kidney, etc.)
- B. Known past illness of more than one week's duration?
- C. Medical conditions currently under treatment?
- D. Fractures or other disabling injuries?
- E. Any permanent deformity or disability?
- F. Allergy (drugs, food, clothing, etc.)?
- G. Mental disorder or convulsions?

Explain any 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.

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.

I agree to the need for a screening medical examination and certify that the medical history above is accurate to the best of my knowledge.

Signature of Parent or Legal Guardian

Date