

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

PART 1 to be filed in  
 Student's Health folder

OSIS # \_\_\_\_\_ I.D. # \_\_\_\_\_  
 NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ BOROUGH: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ HOMEROOM: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ EMERGENCY TELEPHONE: \_\_\_\_\_  
 SPORT: \_\_\_\_\_  
 SPORT: \_\_\_\_\_

**PARENTAL PERMISSION:** I have reviewed the **STUDENT 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.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 RELATIONSHIP: \_\_\_\_\_  
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**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 for this student:

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

<u>CONTACT</u>	<u>ENDURANCE</u>	<u>OTHER</u>
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) \_\_\_\_\_  
**REGISTRY #:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**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 \_\_\_  
 Perforated ear drum or "tubes" in ears? Yes \_\_\_ No \_\_\_  
 Draining ears? Yes \_\_\_ No \_\_\_

**PART 1 – STUDENT’S HEALTH FOLDER  
 STUDENT’S MEDICAL HISTORY**

**CONTINUED:**

(To be filled out by student and parent) \_\_\_\_\_

Clinician’s Comments

Have you ever had:  
 Sinus problems or hay fever? Yes \_\_\_ No \_\_\_  
 Braces or removable teeth? Yes \_\_\_ No \_\_\_  
 Have you ever had:  
 Any broken bones? \_\_\_\_\_ Yes \_\_\_ No \_\_\_  
 Dislocation or other serious problems? 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 \_\_\_

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**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: L20/\_\_\_\_ R20/\_\_\_\_ Corrected: L20/\_\_\_\_ R20/\_\_\_\_

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

Orthopedic \_\_\_\_\_  
 Neuromuscular \_\_\_\_\_  
 Other tests, if done (Lab, ECC, ect.) \_\_\_\_\_

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			
Sever myopia, even if correctable	X			
<b>EARS</b>				
Significant impairment	X			
<b>RESPIRATORY</b>				
Tuberculosis (active or under treatment)	X	X		
Severe pulmonary insufficiency	X	X		X
<b>CARDIOVASCULAR</b>				
Rheumatic heart disease coarctation or aorta, cyanotic heart disease, recent carditis or 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 of symptoms of previous serious head trauma or repeated concussions	X			
Convulsive disorder not completely controlled by medication	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.