

**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	Bowling
Baseball	Swimming	Golf
Basketball	Track & Field	Crew
Soccer	Cross-country	Cheerleading
Hockey	Tennis	Field Events
Wrestling	Volleyball	Archery
Lacrosse	Handball	
Softball	Fencing	
Cricket	Double Dutch	
Rugby		

**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)	_____	_____	_____

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