

HEALTH EXAMINATION FORM

A Health examination form for an athlete must be submitted to the superintendent or principal once each year prior to permitting an athlete to practice or compete in any athletic activity sponsored by the Nebraska School Activities Association. This form should certify that the athlete has been examined and is physically fit for athletic participation for the current school year. The requirement that a physical must be taken once each year means the examination must be given during the school year in which the student participates or during the summer that proceeds the school year in which the student participates. A physical examination given May 1, or after will fulfill this requirement.

The individual giving the physical (the examiner) must certify that he/she is qualified to conduct all phases of the required examination and complete all portions of the Health Examination Form.

(The following form was cooperatively prepared by the National Federation of State High School Athletic Associations and the committee on Medical Aspects of Sports of the American Medical Association.)

Name of Student _____ City & School _____

Grade _____ Age _____ Height _____ Weight _____ Blood Pressure _____

Significant Past Illness or Injury _____

Eyes _____ R-20/____; L-20/____; Ears _____ Hearing-R____/15; L____/15

Respiratory _____ Cardiovascular _____

Liver _____ Spleen _____ Hernia _____

Musculoskeletal _____ Skin _____

Neurological _____ Genitalia _____

Laboratory: Urinalysis _____ Other _____

Comments: _____

Completed Immunizations: Polio (Date) _____ Tetanus (Date) _____

Other _____

"I certify that I am qualified to conduct all phases of the health examination for the above named student. I further certify that I have on this date examined the student and, on the basis of the examination, requested by the school authorities and the student's medical history as furnished to me, have found no reason that would make it medically inadvisable for this student to compete in supervised athletic activities, EXCEPT THOSE CROSSED OUT BELOW."

BASEBALL	BASKETBALL	CROSS COUNTRY	FOOTBALL
GOLF	GYMNASTICS	SOCCE	SOFTBALL
SWIMMING	TENNIS	TRACK	VOLLEYBALL
*WRESTLING	OTHERS: _____		

*Estimated Desirable Weight Level _____ Pounds _____

Date of Examination _____ Examiner's Signature _____

Examiner's Address _____ Telephone _____