

Pre-Participation Sports Examination Parent and Student Approval

Our Lady of Victory School

Student's Name: _____ Grade: _____ Age: _____ Birthdate: ____ / ____ / ____

Address: _____ City/State: _____

Parent/Guardian: _____ Date: _____

Sport: _____ School: _____

Section II. To the Parent and Student

This is an organized, systematic health screening evaluation of the student's health and fitness for middle and high school sports participation in the Northville School district, which is required for participation in one or more sports under the regulations of the Michigan High School Athletic Association. The goal of this exam is not to disqualify but to determine that participation meet certain basic and readily observable health standards. Any particular problems noted in the screening exam that might require further assessment prior to the student's actual participation in interscholastic athletic competition.

Section III. Student's Medical History-to be completed by the Student and Parent/Guardian

(Indicate or "check" the correct choice; if "yes" please comment - use the back of this form as necessary)

Situation	YES	NO
Has any member of your family had a heart attack ?		
Has the student ever passed out while exercising ?		
Does the student have to stop frequently while running ?		
Has the student ever been knocked out, had a concussion, or had severe pain in the arms or neck?		
Has the student ever sprained, strained, dislocated or broken any bones ?		
Is the student presently taking any medication(s) ?		
Does the student have two normal eyes, lungs, kidneys, arms and legs ?		
Does the student have or has the student had any of the following conditions: High blood pressure, seizures, diabetes, asthma, hay fever, allergies ?		
Does the student have any health related problems not listed above that concern you about participation in athletics ? (Please comment)		
Has the student ever had any illness or operation that required hospitalization and/or more visits to a doctor ?		

Section IV. Physical Examination

This examination must occur after April 15 to be valid for the succeeding school year

This section to be completed and signed by a physician.

HT: _____ WT: _____ URINE A/S: _____ / _____ BP: _____

Situation	YES	NO
Is the condition of the eyes, ears, nose and throat satisfactory ?		
Is the heart satisfactory ?		
Are the lungs satisfactory ?		
Is the abdomen satisfactory ?		
Hernia ?		
Is the orthopedic exam satisfactory ? - Upper Extr: Symm, Rom		
- Spine: Neck, Fwd Bend, Curve		
- Lower Extr: Symm, Rom, Gait, 1-Hop, Duck		

Section V.

I certify that on this date I have examined the above student. Based on the findings of the screening evaluation it appears that the student is physically able to compete in all supervised athletic activities except those listed herein:
(Use reverse side of form as necessary)

Date _____

Doctor's Signature _____

If the medical history or physical examination requires further clarification, the student must obtain final approval from his/her family physician.