

**PART I – MEDICAL EVALUTION OF STUDENT FOR PARTICIPATION IN INTERSCHOOL SPORTS**

**To be completed by Parent or Guardian and submitted to the examining physician before he examines the student.**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

**PERSONAL HEALTH OF STUDENT** (Check correct reply)      YES      NO      YES      NO

- |   |  |
|---|--|
| <p>1. Has had injuries or accidents requiring medical attention ..... <input type="checkbox"/>    <input type="checkbox"/></p> <p>2. Has had a surgical operation ..... <input type="checkbox"/>    <input type="checkbox"/></p> <p>3. Has been in a hospital ..... <input type="checkbox"/>    <input type="checkbox"/></p> <p>4. Has had sickness lasting longer than one week ..... <input type="checkbox"/>    <input type="checkbox"/></p> <p>5. Takes medicine now or regularly ..... <input type="checkbox"/>    <input type="checkbox"/></p> <p>6. Has a condition now under a physician' care ..... <input type="checkbox"/>    <input type="checkbox"/></p> <p>7. Has a defect in hearing or eyesight (wears glasses, contact lenses) ..... <input type="checkbox"/>    <input type="checkbox"/></p> <p>8. Is there any reason this student should not take part in any sport? ..... <input type="checkbox"/>    <input type="checkbox"/></p> | <p>9. Have had complete poliomyelitis immunizations by injections ..... <input type="checkbox"/>    <input type="checkbox"/></p> <p>10. Has had tetanus toxoid and booster inoculation ..... <input type="checkbox"/>    <input type="checkbox"/><br/>Date of last booster ____/____/____</p> <p>11. Has seen a dentist within the past 6 months ..... <input type="checkbox"/>    <input type="checkbox"/></p> <p>12. To my knowledge the paired organs that follow are present and healthy:</p> <p>Eyes .....    _____    _____</p> <p>Ears (hearing) .....    _____    _____</p> <p>Lungs .....    _____    _____</p> <p>Kidneys .....    _____    _____</p> <p>Testicles or ovaries .....    _____    _____</p> <p>Arms/legs .....    _____    _____</p> <p>Fingers/toes .....    _____    _____</p> |
|---|--|

If you answered "YES" to any of the above questions, explain here with names and dates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you answered "NO" to any of the above questions, explain here with names and dates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



I hereby give my consent for the above secondary school student to engage in interschool sports activities as a representative of his/her school, except those activities crossed out by the examining physician on the reverse side of this form. I also give my consent for the above student to accompany the team as a member for its "away" games and contests.

**I GIVE MY PERMISSION FOR THE PHYSICIAN TO COMPLETE PART II FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH AND EDUCATIONAL NEEDS IN SCHOOL.**

\_\_\_\_\_ **Parent/Guardian Signature**

\_\_\_\_\_ **Date**

