**Norfolk Public Schools Physical Examination Form**

 **7TH GRADE STUDENTS WILL NOT BE ABLE TO START THE SCHEDULE PICKUP PROCESS IN AUGUST UNTIL THE REQUIRED PAPERWORK EXPLAINED BELOW IS COMPLETED .**

* **PHYSICAL - The Nebraska state law requires a completed PHYSICAL signed by a doctor or a WAIVER signed by the parent or the guardian PRIOR to entering 7th grade.**  **The physical or waiver needs to be completed & returned to school prior to schedule pick up dates or on the day of schedule pick up.**

**According to NSAA athletic bylaws, a sports physical must be completed after May 1, 2017.**

* **7th graders must have documentation of a TDAP BOOSTER AND IMMUNIZATIONS as required by the state of Nebraska .**

**These items must be completed for the student to be able to pick up a schedule.**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_ SEX\_\_\_\_\_ GRADE\_\_ \_\_

Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete prior to exam.**

Do you take any supplements or vitamins to help with weight loss or weight gain? Yes\_\_\_ No\_\_\_

What do you think is your ideal weight? \_\_\_\_ Lowest weight last year \_\_\_\_\_\_ Highest weight\_\_\_\_\_\_

Are there any medical concerns you would like to discuss with the doctor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Examination**

Height \_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_\_\_ Heart \_\_\_\_\_\_\_\_\_ Thyroid \_\_\_\_\_\_\_\_\_\_\_\_

Blood Pressure \_\_\_\_\_\_\_\_\_ Pulse \_\_\_\_\_\_\_\_\_ Lungs Abdominal Organs \_\_\_\_\_\_\_

Urinalysis \_\_\_\_\_\_\_ Hemoglobin/HCT \_\_\_\_\_\_ Evidence of Hernia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Orthopedic Exam:

Neck \_\_\_\_\_\_\_\_\_\_ Upper Extremities\_\_\_\_\_\_\_\_\_\_\_ Spine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Knees \_\_\_\_\_\_\_\_\_\_ Lower Extremities \_\_\_\_\_\_\_\_\_\_\_ Evidence of Scoliosis\_\_\_\_\_\_\_\_\_\_\_

Feet \_\_\_\_\_\_\_\_\_\_ Mouth \_\_\_\_\_\_\_\_\_\_Dental cavities needing treatment\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vision Screening: Audiometric Screening Report

 OD\_\_\_\_\_\_\_ OS \_\_\_\_\_\_\_ 1000 2000 4000

 With glasses OD\_\_\_\_\_\_\_ OS \_\_\_\_\_\_\_ RE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Immunizations**: **Seventh grade students are required to have a Tdap booster. Please list**

**the dates of updated vaccinations.**

**TDAP \_\_\_\_\_\_\_\_\_** Varicella#1\_\_\_\_\_\_\_\_\_\_ #2\_\_\_\_\_\_\_\_\_\_\_or Date of disease\_\_\_\_\_\_\_\_\_\_ \_\_

Other immunizations ( These are not required by state law but may be administered per your doctor’s advice.)

HPV\_\_\_\_\_\_\_\_\_ Meningococcal\_\_\_\_\_\_\_\_\_\_\_\_\_ Hepatitis A\_\_\_\_\_\_\_\_\_\_\_\_

Medical health problems: History of heat stroke/ exhaustion\_\_\_\_\_\_\_\_ Heart murmur \_\_\_\_

Seizures\_\_\_\_\_\_\_ High blood pressure\_\_\_\_\_\_ Diabetes\_\_\_\_\_\_\_\_\_ Sickle Cell Disease\_\_\_\_\_\_

Abnormal bleeding\_\_\_\_\_\_\_\_ Hepatitis\_\_\_\_\_\_ History of loss of consciousness/head injury\_\_\_\_\_\_\_

Asthma Yes\_\_\_\_ No\_\_\_\_ Treatment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required medication on a daily or episodic routine:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Activity: Unrestricted \_\_\_\_\_ Modifications or Exceptions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks and suggestions

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities, EXCEPT THOSE CROSSED OUT.

**FOOTBALL TRACK BASKETBALL VOLLEYBALL CROSS COUNTRY WRESTLING**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Print Physician NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Physician Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Physical Waiver**Please fill out the section below **ONLY** if you wish to **WAIVER** the physical. This must be signed by the parent or guardian. As the Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_I do not wish that my child have a physical examination.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date |