

Omaha Public Schools

School & Sports Qualifying Screening Evaluation

Student Number _____

Please Complete in Ink

Student Name: _____
 Address: _____
 City/Zip: _____ Telephone: _____
 Date of Birth: _____ Age: _____ Male _____ Female _____
 Grade: _____ School: _____

School/Clinic: _____
 Address: _____

PLEASE COMPLETE PRIOR TO EXAMINATION

HISTORY YES NO

- *1. Have you ever fainted? YES NO
 Have you ever fainted during exercise? YES NO
 Have you had chest pain during exercise? YES NO
 - *2. Has anyone in your family died suddenly? YES NO
 Before age 35? _____ Before age 50 _____
 Cause _____
 - *3. Have you ever had a concussion, loss of consciousness, been knocked out or had a head injury? YES NO
 If yes, how many times? _____
 - *4. Have you ever had heat stroke or heat exhaustion? YES NO
 - *5. Do you wheeze or cough during or after exercise? YES NO
 Do you have any history of asthma? YES NO
 - *6. Do you have any allergies? (medications, bee sting, pollens, etc.) _____ YES NO
 - *7. Any injuries since last exam? YES NO
 If yes, list injuries: _____
 - *8. Do you take any medication? (include vitamins and nonprescription drugs) _____ YES NO
 - *9. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve performance? YES NO
 - *10. Have you ever been hospitalized? YES NO
 Have you ever had surgery? YES NO
 If yes, explain _____
 - *11. In the last year, what was your:
 Lowest weight _____ Your highest weight _____
 What do you think is your ideal weight? _____
 - *12. Immunizations: Last tetanus _____
 Measles, Mumps, German Measles (MMR) (1) _____ (2) _____
 Hepatitis B (1) _____ (2) _____ (3) _____
 Varicella Vaccine dates (1) _____ (2) _____
 Year of Disease _____
 - *13. Circle any of the following you have had:

Abnormal bleeding/bruising	Anemia
Broken bones/stress fracture	Diabetes
Dislocation (shoulder, etc.)	Hearing Impairment
Heart murmur/palpitations	Hepatitis/Jaundice
High blood pressure	Loss of eye sight
Rheumatic fever	Scoliosis (curvature of spine)
Seizures	Sickle-cell disease
Singles organs (kidney, eye, etc.)	Undescended testicle
Others _____	

 I have had none of the above problems.
 - 14. Are there any concerns you would like to discuss? YES NO
 (Nutrition, weight training, tobacco, pregnancy, birth control, AIDS, alcohol, steroids, other)
- * Must be answered for participation in athletics

Additional Comments: _____

 Student's Signature _____ Date _____

EXAMINATION

*Ht _____ Wt _____ BP _____ / _____ Pulse _____

Vision R _____ L _____

Hearing

kHz	0.25	0.5	1	2	3	4	6	8
R								
L								

*** MEDICAL EXAM**

(cross out if omitted)	Normal	Abnormal	Comments
HEENT			
Eyes	_____	_____	_____
Ears	_____	_____	_____
Nose	_____	_____	_____
Throat	_____	_____	_____
Dental	_____	_____	_____
Thyroid	_____	_____	_____
Nodes	_____	_____	_____
Lungs	_____	_____	_____
Heart/Murmurs	_____	_____	_____
Abdomen	_____	_____	_____
Genitalia (males)	_____	_____	_____
Hernia	_____	_____	_____
Skin	_____	_____	_____
Neck	_____	_____	_____
Upper Extremities	_____	_____	_____
Back/Spine	_____	_____	_____
Lower Extremities	_____	_____	_____
Neuro.	_____	_____	_____

Labs (If required)

UA dip: Ap _____ col _____ sp gr _____ pH _____ Pr _____ sug _____ Ket _____
 Bld _____ Bil _____ Uro _____ Leuk _____ nitr _____
 Hgb: _____

Certification for Participation in Physical Education/ Athletic Activities

I herewith certify that the student named above has been evaluated as indicated by the above record to be physically fit to participate in physical education activities and/or interscholastic athletics, except as noted below. Any exceptions or required modifications should be re-evaluated annually or as specified.

Modifications or exceptions: _____

Deferred pending further evaluation for _____

A copy of this form should go with this individual to all sporting activities.

Required medication: _____

Physician Signature: _____ Date: _____

I do not know of any existing physical condition or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate. I approve participation in athletic activities.

I hereby authorize release to the school nurse of the information contained in this document. Upon written request, I may receive a copy of this document for my personal health care provider.

Signature: _____ Date: _____
 (Parent or Legal Guardian)

OMAHA PUBLIC SCHOOLS

ATHLETIC INSURANCE COVERAGE

Your school, acting for members of the athletic squad, makes available an Athletic Injury Benefit Plan approved by the Omaha Board of Education. The total premium is paid by the student or parent. The purpose of such coverage is to assist in the cost of treatment of accidental injury. Payments are in addition to any payments by another company for the same injury.

SQUAD MEMBERS MUST HAVE INSURANCE COVERAGE TO PARTICIPATE.

Check the statements that apply:

____ I shall participate in the Athletic Benefit Injury Plan. Information brochures, if not attached, are available from the school office upon request.

____ I have accident injury coverage with the _____ Insurance Company.

POLICY NO. _____ Signature of Parent/Guardian _____

Date _____ Address _____

Note: This form is to be filled out completely and filed in the office of the school before is allowed to practice and/or compete.

NEBRASKA SCHOOL ACTIVITIES ASSOCIATION ("NSAA") Student and Parent Consent Form

School Year - 200__ - 200__ Member School: _____

Name of Student: _____

Date of Birth: _____ Place of Birth: _____

The undersigned(s) are the student and the parent(s), or guardian(s) in charge of the above named student and are collectively referred to as "Parent".

The Parent and Student hereby:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
- (2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; (d) even the best coaching, the use of the best protective equipment and strict observance of the rules, injuries are still a possibility;
- (3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and;
- (4) Consent and agree to (a) the disclosure by the Member school at which the Student is enrolled in the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major field of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and (b) the Student being photographed, video taped, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such photographs or recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in athletic activities.

Dated this ____ day of _____, _____.

Name of Student [Print Name]

Student Signature

(I am) (We are) the [circle the appropriate choice] (Parent) (Guardian). (I) (We) acknowledge that (I) (We) have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (3) above and understanding the potential risk of injury to my Student, (I) (We) hereby give (my) (our) permission for _____ [insert student name] to practice and compete for the above named high school in activities approved by the NSAA, except those crossed out below:

Baseball	Golf	Tennis	Play Production
Basketball	Swimming	Track	Speech
Cross Country	Soccer	Volleyball	Music
Football	Softball	Wrestling	Debate
Journalism			

Dated the ____ day of _____, _____

Parent/Guardian Signature

Parent/Guardian Signature