

**NILES TOWNSHIP HIGH SCHOOL – North Division**

STUDENT ID # : \_\_\_\_\_

Class (Circle One) SOPH JR SR

**Sport(s) in which you plan to participate**

**PLEASE LIST: i.e Football, Basketball,  
Baseball, Swimming, Tennis, Gymnastics, etc.**

Fall \_\_\_\_\_

Winter \_\_\_\_\_

Spring \_\_\_\_\_

**PRESEASON MEDICAL HISTORY & PARTICIPATION EXAM FORM**

**PART ONE: STUDENT INFORMATION**

**To be completed by athlete or parent**

Name of student \_\_\_\_\_

Last First MI

Gender:(Circle One) M F

Address: \_\_\_\_\_

City: \_\_\_\_\_

Date of birth \_\_\_\_\_

**Are you a transfer student?** \_\_\_\_yes \_\_\_\_no

**Name of previous school** \_\_\_\_\_

<b>Past medical History</b>	<b>Yes</b>	<b>No</b>
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Presently taking medication?	___	___
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Allergic to medicine, foods, bee stings?	___	___
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Wears any appliances, glasses, contacts?	___	___
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Has ongoing medical problem?	___	___
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Any past surgical operations, accidents or non-sports related injuries?	___	___
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Any past injuries directly related to sports?	___	___
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Any hospitalizations not explained above?	___	___
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Any known deformities (curvature of the spine, heart problems, kidney problems, blindness, one testicle, etc.)?	___	___
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Any serious family illness (diabetes, bleeding disorders, heart attack, or sudden death before the age of 50, etc.)	___	___
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Any fainting, wheezing or dizziness while exercising?	___	___
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Any loss of consciousness or head injury?	___	___
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**PART TWO: PHYSICAL EXAMINATION**

**To be completed by physician**

**Height**\_\_\_\_\_ **Weight**\_\_\_\_\_

**Blood Pressure**\_\_\_\_\_ **Pulse: resting**\_\_\_\_\_

**15 hops**\_\_\_\_\_ **after 2 minutes**\_\_\_\_\_

**Visual acuity: Eyes (R) 20/\_\_\_ w/o glasses**\_\_\_\_(L)20/\_\_\_ w/glasses

**Trunk Flexion**\_\_\_\_\_ **Scoliosis**\_\_\_\_\_ **Duck walk**\_\_\_\_\_

<b>Other Testing</b>	<b>Normal</b>	<b>Abnormal Findings</b>
1. General	_____	_____
2. Skin	_____	_____
3. Heent	_____	_____
4. Teeth	_____	_____
5. Neck	_____	_____
6. Lungs	_____	_____
7. Heart (Sit and Stand)	_____	_____
8. Abdomen	_____	_____
9. Genitalia	_____	_____
10. Musculoskeletal		
Neck	_____	_____
Shoulder/Arm	_____	_____
Elbow/Forearm	_____	_____
Wrist/Hand	_____	_____
Back	_____	_____
Hip/Thigh	_____	_____
Knees	_____	_____
Skin/Calf	_____	_____
Ankle/leg	_____	_____
Foot	_____	_____
11. Peripheral Pulses	_____	_____

**Part Two: Physician Examination (Continued)**

12. Neurologic \_\_\_\_\_  
13. Mental Status \_\_\_\_\_  
14. Marfan Screen \_\_\_\_\_

Other Tests (optional)

\_\_\_\_ Auditory      \_\_\_\_ U/A      \_\_\_\_ EKG  
\_\_\_\_ % Body Fat      \_\_\_\_ Drug Screen      \_\_\_\_ Chest X-Ray  
\_\_\_\_ Hgb/Het      \_\_\_\_ SMAC      \_\_\_\_ Marfan screen

**Assessment:**

- 1. Clearance without limitations    Sports \_\_\_\_\_  
\_\_\_\_\_
- 2. Clearance deferred            Reason: \_\_\_\_\_  
\_\_\_\_\_
- 3. Clearance with limitation    Limitation: \_\_\_\_\_  
\_\_\_\_\_
- 4. Disqualification            Reason \_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that I have on this dated examined this student that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, the student may compete in the above athletic activities.**

**Physician's Signature** \_\_\_\_\_

**Physician's Stamp** \_\_\_\_\_

**Date of Examination:** \_\_\_\_\_

**Physician's Telephone:** \_\_\_\_\_

**Part Three: Student Participation and Parental Approval**

**This application to compete in interscholastic athletics for Niles North High School is entirely voluntary on may part and is made with the understanding that I have not violated any of the eligibility rules and regulations of Niles North, the CSL and the Illinois High School Association.**

**Signature of Student** \_\_\_\_\_

**Parent or Guardian's Permission**

I hereby give my consent for the above named student to

- (1) Represent his/her school in athletic activities approved on this form by examining physical provided that such athletic activities are approved by Niles North, and
- (2) accompany any school team of which he/she is a member on any of its local or out-of-town trips.

I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may be reasonable necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the above named student in the course of such athletic activities or such travel.

My son/daughter is adequately covered by personal or group insurance.

Signature of parent or guardian \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE BE SURE THAT BOTH SIDES OF THIS FORM HAVE BEEN COMPLETED**