DEPARTMENT OF HEALTH * THE CITY OF NEW YORK * BOARD OF EDUCATION INTERSCHOLASTIC * SPORTS EXAMINATION * - CONFIDENTIAL

Regulation of the Chancellor

PART 1 to be filed in Student's Health folder

OSIS # I.D. #	ŧ				
NAME:		SCHOOL:		BOROUGH:	
ADDRESS:				GRADE:	
TELEPHONE:		EMERGENCY	TELEPHON	E:	
SPORT:		LIVILITOLITE	TEEE! HOIV	L	
SPORT:					
PARENTAL PERMISSION: I have	e reviewed the <u>ST</u>	<u>rudent med</u>	ICAL HISTO	<u>ORY</u> section below and	I agree with the
answers. I give permission forthat completion of the Maturation Ir			to hav	e a physical examinatio	n. I understand
that completion of the Maturation In	idex is optional.				
		SIGNATURE:			
DATE:		RELATIONSE	IIP:		
*******				*********	***
	CLINICIA	N'S RECOMM	IENDATION	S	
Based on my review of the history and j this student:					of the guidelines fo
(1) May participate in the following	enorte.				
DRAW A LINE TRHOUGH A		RE OMITTED.			
DRAW A LINE TRIIOCOITA	NI SI OKIS IO	DE OMITTED.			
CONTACT	ENDURANCE		OTHER		
Football	Gymnastics		Bowling		
Baseball	Swimming		Golf		
Basketba <mark>ll </mark>	Track & Field		Crew		
Soccer	Cross-country		Cheerleading Field Events	rir i pa	
Hockey Wall	Tennis			I I down then then the t	استة السلة السا
Wrestling	Volleyball		Archery		
Lacrosse	Handball				
Softball Crisks	Fencing				
Cricket	Double Dutch				
Rugby		DATE OF LAS	T TETANUS I	BOOSTER:	
					_
(2) Special conditions for participati	on (e.g., pre-exerc	cise medication of	or protective e	quipment), if any:	
	~~~~				
DATE:	SIGNA	ATURE:	(Gr. Dyrari)	*	
TELEDIJONE.	NIANT		(CLINICIAN		
TELEPHONE:	NAME	2: (PRINT)			
REGISTRY #:	ADDR	ESS:			
/T 1 CH 1 41 4 1 4 1 2	STUDEN	NT'S MEDICA	L HISTORY	CIII I I I C	
(To be filled out by student and parent) Has anyone in your family under age 45		Vas No		Clinician's Comments	
Has anyone in your family under age 43 Have you ever had:	, area suddellly	Yes No			
Concussion or been knocked out	9	Yes No			
Fainting?	•	Yes No			
Heat Stroke?		Yes No			
Epilepsy, seizures, or fits?		Yes No			
Head or neck injury?		Yes No			
Very bad vision in one or both ey	ves?	Yes No			
. cry cas riston in one of both ey	/ <del></del>	1 10			

Have you ever had:	D		V.	NI.		
Heating loss or deafness?   Yes	Do you wear glasses, contacts, other?		Yes	_ No		
Perforaited ear drum or "lubes" in ears?			Vac	Ma		
Draining cars?   Yes_No_PART 1-STUBENTS BLAIT FOLDER		*a?				
To be filled out by student and purent)		18?				
STUDENT'S MEDICAL HISTORY		PART 1 – STUDEN			ER	
Have you ever had:  Sinus problems or hay fever?  Press No  Have you ever had:  Any broken bones?  Press No  Serious foot problem?  Back injury or frequent backaches?  Ankle or knee injury or problem?  Press No  Other joint problems?  Other joint problems?  Press No  Any problems with esticles?  Press No  Have you ever had:  Disbetes?  Press No  Single illness for more than 10 days?  Press No  Any operations?  Press No  Any operations?  Press No  Any operations?  Press No  Any operations?  Press No  Anemia?  Press No  Anemia?  Press No  Other allergies (food or medicine)  Press No  Heigh hooded pressure?  Press No  Chest pain or laintiness with exercise?  Press No  Chest pain or laintiness with exercise?  Press No  Skin infections?  Press No  Do you stake any medicines?  Press No  Chest pain or laintiness with exercise?  Press No  Do you take any medicines?  Press No  PHYSICAL EXAMINATION  A complete physical examination for all students is recommended. Omission of the Maturation Index will not disquality a student from participation.  PHYSICAL EXAMINATION  A complete physical examination for all students is recommended. Omission of the Maturation Index will not disquality a student from participation.  PHYSICAL EXAMINATION  A complete physical examination for all students is recommended. Omission of the Maturation Index will not disquality a student from participation.  PHYSICAL EXAMINATION  A complete physical examination for all students is recommended. Omission of the Maturation Index will not disquality a student from participation.  PHYSICAL EXAMINATIO						TINUED:
Have you ever had:  Sinus problems or hay fever?  Press No  Have you ever had:  Any broken bones?  Press No  Serious foot problem?  Back injury or frequent backaches?  Ankle or knee injury or problem?  Press No  Other joint problems?  Other joint problems?  Press No  Any problems with esticles?  Press No  Have you ever had:  Disbetes?  Press No  Single illness for more than 10 days?  Press No  Any operations?  Press No  Any operations?  Press No  Any operations?  Press No  Any operations?  Press No  Anemia?  Press No  Anemia?  Press No  Other allergies (food or medicine)  Press No  Heigh hooded pressure?  Press No  Chest pain or laintiness with exercise?  Press No  Chest pain or laintiness with exercise?  Press No  Skin infections?  Press No  Do you stake any medicines?  Press No  Chest pain or laintiness with exercise?  Press No  Do you take any medicines?  Press No  PHYSICAL EXAMINATION  A complete physical examination for all students is recommended. Omission of the Maturation Index will not disquality a student from participation.  PHYSICAL EXAMINATION  A complete physical examination for all students is recommended. Omission of the Maturation Index will not disquality a student from participation.  PHYSICAL EXAMINATION  A complete physical examination for all students is recommended. Omission of the Maturation Index will not disquality a student from participation.  PHYSICAL EXAMINATION  A complete physical examination for all students is recommended. Omission of the Maturation Index will not disquality a student from participation.  PHYSICAL EXAMINATIO	(To be filled out by student and parent)					Clinician's Comments
Braces or removable teeth?	Have you ever had:					
Have you ever had:  Any broken bones?  Dislocation or other serious problems?  Serious foot problem?  Back injury or frequent backaches?  Ankle or knee injury or problem?  Other joint problems?  Yes No  Back injury or frequent backaches?  Ankle or knee injury or problem?  Other joint problems?  Yes No  Boys: Any problems with testicles?  Girls: Any menstrual problem?  Age at first menstrual period?  Do you miss school because of your period?  Have you ever had:  Diabetes?  Diabetes?  Single illness for more than 10 days?  Yes No  Any operations?  Easy bruising or bleeding tendency?  Anemia?  Asthma?  Yes No  Heart trouble or murnums?  Yes No  Heart trouble or murnums?  Yes No  Heart trouble or murnums?  Yes No  Cough lasting more than 3 weeks?  Chest pain or faintness with exercise?  Yes No  Skin infections?  Yes No  Do you take any medicines?  Yes No  Oo you smoke?  Yes No  Skin infections?  Pulse:  Blood Pressure:  Blood Pres	Sinus problems or hay fever?		Yes	_ No		
Any broken bones?	Braces or removable teeth?					
Dislocation or other serious problems?   Yes	Have you ever had:					
Serious foot problem?	Any broken bones?	<del></del>				
Back injury or frequent backaches?  Ankle or knee injury or problem? Other joint problems? Ves No Other joint problems? Yes No Other joint problems with testicles? Girls: Any menstrual period? Age at first menstrual period? Do you miss school because of your period? Have you ever had: Diabetes? Single illness for more than 10 days? Ves No Any operations? Easy bruising or bleeding tendency? Yes No Any operations? Easy bruising or bleeding tendency? Yes No Anthma? Yes No Other allergies (food or medicine) Heart trouble or unrumus? Ves No Other allergies (food or medicine) Heart trouble or unrumus? Yes No Other allergies (food or medicine) Heart mould pressure? Cough lasting more than 3 weeks? Cough lasting more than 3 weeks? Yes No Chest pain or faintness with exercise? Yes No Skin infections? Yes No Skin infections? Yes No Do you take any medicines? Yes No Do you take any medicines? Yes No Do you smoke? Have you ever been told not to play any sport because of your health? Yes No Skin infections?  Pursucal Examination for all students is recommended. Omission of the Maturation Index will not disqualify a student from participation. Height: Weight: Pulse: Blood Pressure:  Vision Uncorrected: L20/ R20/ Corrected: L20/ R20/  Normal Abnormal Comments  Skin Eyes ENT Mouth & Teeth Neck Cardiovascular Lungs, Chest Spine Abdomen	Dislocation or other serious problem	ns?	Yes	_ No		
Ankle or knee injury or problem?	Serious foot problem?		Yes	_ No		
Other joint problems?			Yes	_ No		
Do you have a hernia?			Yes	_ No		
Boys: Any moblems with testicles? Yes No Girls: Any menstrual problem? Yes No Doyou miss school because of your period? Yes No Biabetes? Yes No Single illness for more than 10 days? Yes No Any operations? Yes No Any operations? Yes No Any operations? Yes No Any operations? Yes No Anstma? Yes No Anstma? Yes No Be sting allergy? Yes No Be sting allergy? Yes No Corrected: Yes No Cough lasting more than 30 weeks? Yes No Cough any medicines? Yes No Cough as not printness with exercise? Yes No Cough			Yes	_ No		
Girls: Any menstrual problem?	Do you have a hernia?		Yes	_ No		
Age at first menstrual period?	Boys: Any problems with testicles?					
Do you miss school because of your period?   Yes	Girls: Any menstrual problem?					
Have you ever had:  Diabetes? Single illness for more than 10 days? Any operations? Easy bruising or bleeding tendency? Anemia? Asthma? Yes No Anemia? Asthma? Yes No Bee sting allergy? Other allergies (food or medicine) Heart trouble or murmurs? Yes No Bee sting allergy? Yes No Cough lasting more than 3 weeks? Cough lasting more than 3 weeks? Chest pain or faintness with exercise? Kidney problems? Yes No Skin infections? Yes No Skin Skin Infections? Yes No S	Age at first menstrual period?					
Diabetes?	Do you miss school because of your	period?	Yes	_No		
Single illness for more than 10 days?	Have you ever had:					
Any operations? Easy bruising or bleeding tendency? Yes No Anemia? Asthma? Yes No Bee sting allergy? Other allergies (food or medicine) Heart trouble or murmurs? High blood pressure? Cough lasting more than 3 weeks? Yes No Chest pain or faintness with exercise? Kidney problems? Yes No Chest pain or faintness with exercise? Yes No Skin infections? Yes No Do you take any medicines? Yes No Do you smoke? Yes No Do you smoke? Yes No Heave you ever been told not to play any sport because of your health? Yes No PHYSICAL EXAMINATION A complete physical examination for all students is recommended. Omission of the Maturation Index will not disqualify a student from participation. Height: Weight: Pulse: Blood Pressure: Vision Uncorrected: L20/ R20/ Normal Abnormal Comments  Skin Eyes ENT Mouth & Teeth Neck Cardiovascular Lungs, Chest Spine Abdomen	Diabetes?		Yes	_ No		
Easy bruising or bleeding tendency?	Single illness for more than 10 days	?	Yes	No		
Anemia?	Any operations?		Yes	_No		
Asthma?	Easy bruising or bleeding tendency?		Yes	_No		
Bee sting allergy?	Anemia?		Yes	_No		
Other allergies (food or medicine)	Asthma?		Yes	_ No		/ //
Other allergies (food or medicine)	Bee sting allergy?		Yes	No		
High blood pressure?  Cough lasting more than 3 weeks?  Chest pain or faintness with exercise?  Kidney problems?  Skin infections?  Ou you take any medicines?  Yes No  Do you smoke?  Have you ever been told not to play any sport because of your health?  ***********************************	Other allergies (food or medicine)	100				
Cough lasting more than 3 weeks? Yes No Chest pain or faintness with exercise? Yes No Kidney problems? Yes No Skin infections? Yes No Skin infections? Yes No Do you take any medicines? Yes No Do you take any medicines? Yes No Have you ever been told not to play any sport because of your health? Yes No Secause	Heart trouble or murmurs?		Yes	No		
Chest pain or faintness with exercise?	High blood pressure?		Yes	No		IL LEGISLIE
Kidney problems?   Yes   No	Cough lasting more than 3 weeks?		Yes	_ No		
Skin infections?   Yes   No   Do you take any medicines?   Yes   No   Yes   Ye	Chest pain or faintness with exercise	?	Yes	_ No		
Do you take any medicines? Do you smoke? Have you ever been told not to play any sport because of your health?  ***********************************	Kidney problems?		Yes	_ No		
Do you take any medicines? Do you smoke? Have you ever been told not to play any sport because of your health?  ***********************************	Skin infections?		Yes	_ No		
Do you smoke? Yes No  Have you ever been told not to play any sport because of your health? Yes No  *********************************	Do you take any medicines?					
because of your health?  ***********************************			Yes	_ No		
######################################	Have you ever been told not to play any sp	ort				
PHYSICAL EXAMINATION  A complete physical examination for all students is recommended. Omission of the Maturation Index will not disqualify a student from participation.  Height: Weight: Pulse: Blood Pressure:  Vision Uncorrected: L20/ R20/ Corrected: L20/ R20/    Normal   Abnormal   Comments	1		Yes	_ No		
A complete physical examination for all students is recommended. Omission of the Maturation Index will not disqualify a student from participation.  Height: Weight: Pulse: Blood Pressure:  Vision Uncorrected: L20/ R20/ Corrected: L20/ R20/  Normal Abnormal Comments  Skin  Eyes  ENT  Mouth & Teeth  Neck  Cardiovascular  Lungs, Chest  Spine  Abdomen	************					
Height:         Pulse:         Blood Pressure:           Vision Uncorrected:         L20/         R20/           Normal         Abnormal         Comments           Skin             Eyes             ENT	A complete physical examination for all student					I not disqualify a student from participation
Vision Uncorrected:         L20/         R20/         R20/           Skin             Eyes             ENT             Mouth & Teeth						
Normal         Abnormal         Comments           Skin	Height: Weight:	Pulse: _			Blood Pressure:	<del></del>
Skin         Eyes         ENT         Mouth & Teeth         Neck         Cardiovascular         Lungs, Chest         Spine         Abdomen	Vision Uncorrected: L20/	R20/	Correct	ed:	L20/	R20/
Skin         Eyes         ENT         Mouth & Teeth         Neck         Cardiovascular         Lungs, Chest         Spine         Abdomen		Normal	Ahnorm	nal		Comments
Eyes		TTOTTICAL	710110111	141		Comments
ENT						<del></del>
Mouth & Teeth Neck Cardiovascular Lungs, Chest Spine Abdomen						<del></del>
Neck Cardiovascular Lungs, Chest Spine Abdomen	•					<del></del>
Cardiovascular Lungs, Chest Spine Abdomen						
Lungs, Chest Spine Abdomen  Spine	· · · · ·					<del></del>
Spine            Abdomen						<del></del>
Abdomen	•					<del></del>
						<del></del>
	Genitalia (Hernia)					

Maturation Index		
<u>Extremities</u>		
Orthopedic	 	
Neuromuscular	 	
Other tests, if done (Lab, ECC, ect.)		

## Assessment: Plan: GUIDELINES FOR DISQUALIFYING CONDITIONS FOR SPORTS PARTICIPATION

CONDITIONS	CONTACT	NONCONTACT ENDURANCE	OTHER
Acute infections: Respiratory, genitourinary, infectious mononucleosis, hepatitis, active rheumatic fever, active tuberculosis,			
boils, furuncles, impetigo	X	X	X
Obvious physical immaturity in comparison with other competitors	X		
Obvious growth retardation	X		
Hemorrhagic disease Hemophilia, purpura, and other bleeding tendencies	X		
Diabetes, inadequately controlled	X	X	X
Jaundice, whatever cause	X	X	X
EYES			
Absence or loss of function of one eye Sever myopia, even if correctable	X X		
EARS Significant impairment	X		
RESPIRATORY Tuberculosis (active or under treatment) Severe pulmonary insufficiency	X		7/ ×/-
CARDIOVASCULAR Rheumatic heart disease coaretation or aorta, cyanotic heart disease, recent carditis or any etiology	X	X	X
Hypertension on organic basis	X	X	X
Significant residual heart disease following heart surgery for congenital or acquired heart disease	X	X	X
LIVER, enlarged	X		
SPLEEN, enlarged	X		
HERNIA, inguinal or femoral	X	X	
MUSCULOSKELETAL Symptomatic inflammation Functional inadequacy incompatible with the contact or	X	X	X
skill demand of the sport	X	X	
NEUROLOGICAL History of symptoms of previous serious head trauma	V		
or repeated concussions	X		
Convulsive disorder not completely controlled by medication	X	${f v}$	
Previous surgery on head or spine	X	X	
RENAL Absence of one kidney Renal disease	X X	X	X

## **GENITALIA**

Absence of one testicle X Undescended testicle X

The Guidelines for Disqualifying Conditions for Sports Participation listed on this form serve only as recommendations to the examining physician. The decision as to whether a student is qualified to participate should be individualized. In case of differences of interpretation the decision of the school physician has precedence. Appeals may be requested through established procedures.



## **IMPORTANT NOTICE TO PARENTS / GUARDIANS!**

- New York State Commissioner of Education Regulations requires every student to have a physical examination before participating in senior high school interscholastic sport activities.
- The physical examination and the Department of Health/Department of Education Sport Examination form may be completed by the Department of Health physician at no cost to you, or, by your personal physician.
- The attached Sports Examination form is more comprehensive than the form it replaced. The purpose of this new form is to ensure that your child receives a complete physical examination prior to participating in interscholastic sports.
- The American Academy of Pediatrics, the New York City Department of Health and the Department of Education strongly recommend that every student have a complete physical examination including the Maturation Index prior to competing in interscholastic athletics. The Maturation Index* notes the stage of pubertal development and should be included for the protection of the student. The index is one indicator of a child's bone development and is helpful to the physician in assessing the total development of the child and his or her fitness for sports participation. However, as inclusion of the Maturation Index is optional, the parent/guardian decides whether or not the physician includes the rating. (If you do not want the physician to make an entry for the Maturation Index, write "No Maturation Index" to the left of your signature.)
- The term "clinician", appears on the Sports Examination form and refers to physicians, nurse-practitioners and physicians' assistant. The physical examination may be performed by any of these medical personnel.
- As the Sports Examination form indicates, the student's medical record is strictly confidential and is on file in the school medical office. The student's medical record is not part of his or her academic record, and is not subject to examination by anyone except authorized personnel.

<u>PLEASE NOTE:</u> ALL STUDENTS SHOULD RECEIVE REGULARLY SCHEDULED COMPLETE PHYSICAL EXAMINATION BY A PHYSICIAN OF THE PARENT/GUARDIAN'S CHOICE

Parentnotice misc 02 25-1190.00.5 (250 PKGS) 2/03

^{*}For more detailed information about the Maturation Index, please consult your physician