

**2017 – 2018 School & Sports Qualifying Screening Evaluation**  
**Please Complete in Ink**

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

School/Clinic: **Roncalli Catholic High School**  
 Address: **6401 Sorensen Parkway**  
 Phone: **402-571-7670** Fax **402- 571-3216** Revised 6 /17

**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 your performance?  YES  NO
- 10. Have you ever been hospitalized?  YES  NO  
 Have you ever had surgery?  YES  NO  
 If yes, explain \_\_\_\_\_
- 11. If female, when was your first menstrual period? \_\_\_\_\_  
 When was your most recent menstrual period? \_\_\_\_\_
- 12. In the last year, what was your:  
 Lowest weight \_\_\_\_\_ Your highest weight \_\_\_\_\_  
 What do you think is your ideal weight? \_\_\_\_\_
- 13. Immunizations: Last tetanus \_\_\_\_\_  
 Measles, Mumps, German Measles (MMR) (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 Hepatitis B (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_
- \*14. 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  
 Single organs (kidney, eye, etc.)      Undescended testicle  
 Other \_\_\_\_\_  
 I have had none of the above problems.
- 15. Do you use seat belts on a regular basis?  YES  NO
- 16. Do you use tobacco or alcohol  YES  NO
- 17. 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)

**RONCALLI CATHOLIC HIGH SCHOOL**  
**and**  
**NEBRASKA SCHOOL ACTIVITIES ASSOCIATION ("NSAA")**  
**Student and Parent Consent Form**

School Year: 2017 –2018 Member School: Roncalli Catholic High School

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

The undersigned(s) are the Student and the parent(s), guardian(s), or person(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; and, (d) even the best coaching, the use of the best protective equipment and strict observance of 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 to 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 fields 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 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 participation in athletic activities.

DATED this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
 Name of Student [Print Name]

\_\_\_\_\_  
 Student Signature

(I am)(We are) the Student's [circle 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 County	Soccer	Volleyball	Music
Football	Softball	Wrestling	Debate
Journalism			

DATED this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

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

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