

2020 – 2021 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 /18

PLEASE COMPLETE PRIOR TO EXAMINATION

- HISTORY**
- | | YES | NO |
|--|--------------------------|--------------------------|
| *1. Have you ever fainted?
Have you ever fainted during exercise?
Have you had chest pain during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| *2. Has anyone in your family died suddenly?
Before age 35? _____ Before age 50 _____
Cause _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| *3. Have you ever had a concussion, loss of consciousness,
been knocked out or had a head injury?
If yes, how many times? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| *4. Have you ever had heat stroke or heat exhaustion? | <input type="checkbox"/> | <input type="checkbox"/> |
| *5. Do you wheeze or cough during or after exercise?
Do you have any history of asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| *6. Do you have any allergies? (medications, bee sting,
pollens, etc.) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| *7. Any injuries since last exam?
If yes, list injuries: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| *8. Do you take any medication? (include vitamins and
nonprescription drugs) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| *9. Have you ever taken any supplements or vitamins to help
you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been hospitalized?
Have you ever had surgery?
If yes, explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 _____
<input type="checkbox"/> I have had none of the above problems. | | |
| 15. Do you use seat belts on a regular basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you use tobacco or alcohol | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are there any concerns you would like to discuss?
(Nutrition, weight training, tobacco, pregnancy,
birth control, AIDS, alcohol, steroids, other) | <input type="checkbox"/> | <input type="checkbox"/> |

* 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: 2018 –2019 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