

# NEWTON COMMUNITY SCHOOLS

## Physical Examination Form

Grade \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Birth Date \_\_\_\_\_ County/State \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone-Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

Family Physician \_\_\_\_\_ Hospital Preference \_\_\_\_\_

### PERSONAL HISTORY TO BE COMPLETED BY PARENT/GUARDIAN BEFORE PHYSICAL EXAMINATION

1. Asthma Yes \_\_\_\_\_ No \_\_\_\_\_
2. Allergies Yes \_\_\_\_\_ No \_\_\_\_\_
3. Presently under physician's care Yes \_\_\_\_\_ No \_\_\_\_\_
4. Presently taking medication Yes \_\_\_\_\_ No \_\_\_\_\_
5. Has had a communicable disease within past year Yes \_\_\_\_\_ No \_\_\_\_\_
6. Injury requiring hospitalization or surgery during past three years Yes \_\_\_\_\_ No \_\_\_\_\_
7. Dental checkup within past year Yes \_\_\_\_\_ No \_\_\_\_\_
8. Professional eye examination within the past year Yes \_\_\_\_\_ No \_\_\_\_\_
9. Date of last tetanus booster \_\_\_\_\_ polio \_\_\_\_\_ other \_\_\_\_\_

### Explain 1-6 Yes Answers Below

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
**Date**

### PHYSICAL EXAMINATION TO BE COMPLETED BY PHYSICIAN

Height \_\_\_\_\_ Weight \_\_\_\_\_ Is weight appropriate for this student? \_\_\_\_\_  
Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Liver \_\_\_\_\_ Spleen \_\_\_\_\_ Hernia \_\_\_\_\_  
Feet \_\_\_\_\_ Laboratory: Urinalysis \_\_\_\_\_ Other \_\_\_\_\_  
Cardiovascular \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
Heart: Before exercise \_\_\_\_\_ After exercise \_\_\_\_\_  
Respiratory \_\_\_\_\_ Neurological \_\_\_\_\_ Musculoskeletal \_\_\_\_\_  
Date of Completed Immunizations: Polio \_\_\_\_\_ Tetanus \_\_\_\_\_ Other \_\_\_\_\_  
Are all immunizations up to date? \_\_\_\_\_  
TB test, if given: Kind \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_

Significant past history \_\_\_\_\_

\_\_\_\_\_  
Restriction: \_\_\_\_\_

I hereby certify that the above named student was examined by me and found physically fit to engage in all activities of the Newton Community Schools except those activities that I have listed above.

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature of Physician

BY SIGNING BELOW, I STATE THAT I HAVE READ AND UNDERSTAND THE FOLLOWING:

In consideration of the Newton Community School District permitting me to try out for the athletic teams of the Middle School-Senior High School, and to engage in all activities related to the team, including but not limited to trying out, practicing or playing, I hereby assume all the risks associated with such participation and agree to hold the Newton Community School District, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the Newton Middle School-Senior High School Athletic Programs. The terms hereof shall serve as a voluntary release and assumption of risk for my heirs, estate, executor, administrator, assignee and for all members of my family.

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

\_\_\_\_\_  
**Date**

I hereby give my permission to an authorized school official to obtain medical attention for my child in case of injury or illness.

I give consent for my child to engage in state association approved athletic activities as a representative of his/her school. In consenting to give permission for my child to participate, I understand that dangers and risks of playing or practicing to play in athletics may result not only in serious injury, or death, but in a serious impairment of future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. Because of such dangers, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules etc. and to agree to obey such instructions.

I am aware that there are Board of Education Policies that contain certain regulations for academic eligibility, attendance in school, behavior both in and out of school, and health rules that forbid the use of alcohol, tobacco and drugs. I fully understand that my son/daughter may be suspended or dropped from an activity for failure to abide by these rules and regulations.

Person to contact if parent/guardians cannot be located:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**THIS FORM IS TO BE RETURNED TO THE COACH BEFORE PRACTICE BEGINS.**

**IF YOU ARE NOT IN A FALL SPORT, THIS FORM IS TO BE RETURNED TO THE ATHLETIC OFFICE.**