HS0020
526009
Rev. 9/24

PHYSICAL EXAMINATION REQUIREMENTS

Health Services Department | Lincoln Public Schools

"The Board of Education shall require evidence of a physical examination by a physician, physician assistant, or an advanced practice registered nurse within six months prior to the entrance of a child into the beginner grade and the seventh grade, or in the case of a transfer from out-of-state to any other grade of the local school; provided no such examination shall be required of any child whose parent or guardian shall object thereto in writing." A complete visual evaluation is required at the entry grade (kindergarten, or grade of transfer from out of state). A vision professional may also complete the required visual evaluation. Waiver forms are available in each school health office. School Law 79-214 (3). Physical examinations are recommended at the third and tenth grade in addition to the required examinations.

Each student participating in interscholastic athletics is required to have a complete physical examination (Nebraska School Activities Association requirement) to be given after May 1 of each year. This certifies that the athlete is qualified for the entire school year, May 1 through the following closing day of school, or the current school year.

For participation in interscholastic athletics, please complete other side.

Name _____ School _____ Grade _____

Address _____ Zip _____ DOB _____ Sex ❑ M ❑ F

Medical Provider _____

PHYSICAL FINDINGS

Height _____ Weight _____

Blood Pressure _____ Pulse _____

Additional Lab Results _____

Immunizations given during today's visit:

❑ DTP ❑ Tdap ❑ Td ❑ Polio ❑ MMR ❑ Hib
❑ Hep B ❑ Hep A ❑ HPV ❑ Meningoccoccal
❑ Varicella ❑ Other (list) _____

(Please attach copy of immunization record on file.)

Audiometric Screening Report, if given

	500	1000	2000	4000
RE				
LE				

TEST	PASS	FAIL	RECOMMEND FURTHER EVALUATION *(see comments below)*
Amblyopia	❑	❑	
Strabismus	❑	❑	
Internal Eye Health	❑	❑	
External Eye Health	❑	❑	
Visual Acuity	❑	❑	

20 feet: Right 20/____ Left 20/____ ❑ with ❑ without glasses

16 inches: Right 20/____ Left 20/____ ❑ with ❑ without glasses

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance	❑	
Eyes/ears/nose/throat	❑	
Lymph Nodes	❑	
Heart (murmer if present)	❑	
Pulses (inc. Femoral)	❑	
Lungs	❑	
Abdomen	❑	
Skin	❑	
Pubertal Changes	❑	
MUSCULOSKELETAL		
Neck	❑	
Spine	❑	
Shoulder/arm	❑	
Wrist/hand	❑	
Elbow/forearm	❑	
Hip/thigh	❑	
Knee	❑	
Leg/ankle	❑	
Foot	❑	
Evidence of Hernia	❑ No	❑ Yes
Stigmata of Marfan's Syndrome	❑ No	❑ Yes

Significant findings/Chronic Health Problems (please review health history) _____

Required medication on a daily or episodic routine _____

Please check classification

❑ Regular: Student may participate in the regular program of physical education, recreation, intramurals, athletics or related activities without undue risk or injury.

❑ Adapted: Student has a condition which might risk sustaining injury from participation in the regular program or needs a special adapted program as indicated by the consulting physician. Reexamine each year.

❑ Exempt: Student has a severe handicap which might risk sustaining injury from participation in the regular or adapted programs. These students should be re-examined for possible reclassification at the end of the exemption period.

Please check certification

❑ Certified: Student has passed the physical examination successfully and is physically able to participate in interscholastic athletics. Activities student should **not** participate in

Recommendations: _____

Your signature below indicates completion of physical exam and review of health history.

Date _____ Signed _____
Examining Provider (Signature Required)

Clinic/Practice Name *(please print)* _____

Return to School Health Office

PHYSICAL EXAMINATION REQUIREMENTS

(Preparticipation Medical History)
Health Services Department
Lincoln Public Schools

The Lincoln Public Schools' Medical Advisory Committee recommends that every student participating in interscholastic athletics complete a medical questionnaire to reduce the risk of serious injury in young athletes. In addition to physical examination by a qualified health professional, completion of the following questions will aid the identification of any health concerns related to athletic participation.

Parent or Guardian: Please complete and sign below if your child is interested in interscholastic sports participation.

Name _____ School _____ Grade _____

Address _____ Zip _____ DOB _____ Sex ❑ M ❑ F

Sport _____

LEAVE BLANK IF ANSWER IS UNKNOWN. EXPLAIN "YES" ANSWERS BELOW.

		YES	NO
1	Has there been a medical illness or injury since the last checkup or sports physical?	❑	❑
2	Has the student ever been hospitalized overnight?	❑	❑
	Has the student ever had surgery?	❑	❑
3	Is the student currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	❑	❑
	Any supplements or vitamins to help weight gain/weight loss or improve athletic performance?	❑	❑
4	Does the student have any allergies (for example, to pollen, medicine, food or stinging insects)?	❑	❑
	Has the student ever had a rash or hives develop during or after exercise?	❑	❑
5	Has the student ever passed out during or after exercise?	❑	❑
	Has the student ever been dizzy during or after exercise?	❑	❑
	Has the student ever had chest pain during or after exercise?	❑	❑
	Does the student get tired more quickly than friends do during exercise?	❑	❑
	Has the student ever had racing of their heart or skipped heartbeats?	❑	❑
	Has the student ever had high blood pressure or cholesterol?	❑	❑
	Has the student ever been told he/she has a heart murmur?	❑	❑
	Has any family member or relative died of heart problems or of sudden death before age 50?	❑	❑
	Has any family member or relative been diagnosed with cardiomyopathy (thick heart), long QT Syndrome or Marfan Syndrome?	❑	❑
	Has the student had a severe viral infection (for example myocarditis or mononucleosis) within the past month?	❑	❑
	Has a physician ever denied or restricted participation in sports for any heart problems?	❑	❑
6	Does the student have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?	❑	❑
7	Has the student ever had a head injury or concussion?	❑	❑
	Has the student ever been knocked out, become unconscious or lost their memory?	❑	❑
	Has the student ever had a seizure?	❑	❑
	Does the student have frequent or severe headaches?	❑	❑
	Does the student ever have numbness or tingling in arms, hands, legs or feet?	❑	❑
	Has the student ever had a stinger, burner or pinched nerve?	❑	❑
8	Has the student ever become ill from exercising in the heat?	❑	❑
9	Does the student cough, wheeze or have trouble breathing during or after activity?	❑	❑
	Does the student have asthma?	❑	❑
	Does the student have seasonal allergies that require medical treatment?	❑	❑
10	Does the student use any special protective or corrective equipment or devices that aren't usually used for their sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on their teeth or hearing aid)?	❑	❑
11	Has the student had any problems with their eyes or vision?	❑	❑
12	Has the student ever had a sprain, strain or swelling after injury?	❑	❑
	Has the student broken or fractured any bones or dislocated any joints?	❑	❑
	Has the student had any other problems with pain or swelling in muscles, tendons, bones or joints? (Check which apply.) ❑ Head ❑ Elbow ❑ Thigh ❑ Neck ❑ Forearm ❑ Knee ❑ Back ❑ Wrist ❑ Shin/Calf ❑ Chest ❑ Hand ❑ Ankle ❑ Shoulder ❑ Finger ❑ Foot ❑ Upper arm ❑ Hip If yes, check appropriate box and explain below.	❑	❑
13	Does the student want to weigh more or less than at present?	❑	❑
	Does the student lose weight regularly to meet weight requirements for sport?	❑	❑
14	Does the student complain of feeling stressed out?	❑	❑
15	Has the student started pubertal changes?	❑	❑

Explain Yes Answers Here:

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. The information provided here may be shared with other school personnel as needed to promote your child's safety and educational success at school.

Signature of Athlete _____ Signature of parent/guardian _____ Date _____