

TYLER STREET CHRISTIAN ACADEMY
PHYSICAL EXAMINATION FOR ATHLETICS
 REQUIRED FOR ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC SPORTS

Student's Full Name _____ Male _____ Female _____ Date of Birth _____ Grade _____

Street Address _____ City, State, ZIP _____

Home Phone _____ Father's Name _____ Mother's Name _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Pager _____ Pager _____

Every student must have a physical examination by a licensed physician prior to participating in any form of athletics at Tyler Street Christian Academy, including physical conditioning, weight training, team practice, competitions, etc. whether in-season or out-of-season. The physical examination is valid for a period of 12 months only and must be completed annually as long as athletic participation is anticipated.

PHYSICAL EXAMINATION

Height _____ Weight _____ Blood Pressure _____ Vision: Right _____ Left _____

General body fluid _____ Skin _____ Hearing: Right _____ Left _____

Legend: N = Normal X = Abnormal NE = Not Examined

Eye _____ Ear _____ Nose _____ Throat _____ Teeth _____ Neck _____ Lungs _____

Heart _____ Chest _____ Liver _____ Spleen _____ Spine _____ Abdominal masses _____

Joint Functions: Neck _____ Shoulders _____ Elbows _____ Wrists _____ Hands _____

Hips _____ Knees _____ Ankles _____ Feet _____

Neurological _____ Hernia _____ Genitalia (male only) _____ Urinalysis _____

Explain any abnormal findings _____

Does student have any known communicable disease? _____ If yes, please list: _____

I certify that on this date I have examined the above student and recommended him/her as being physically able to participate in the supervised physical education and/or athletic activities as checked below:

Baseball Cross Country Golf Softball Tennis Volleyball
 Basketball Football Soccer Swimming Track and Field Wrestling

Other _____

Special instructions or limitations _____

Date of Examination	Printed Name of Physician
Physician's Phone	Physician's Address
Signature of Examining Physician	

Medical History -- Check "Yes" or "No" on all spaces

		Yes	No			Yes	No
HAS STUDENT EVER HAD AN ILLNESS THAT:				DOES STUDENT HAVE:			
a. required a stay in the hospital?				Allergies? (list below)			
b. lasted longer than a week?				Bleeding disorders?			
c. required missing 3 days of practice or a competition?				Bone or joint disease and/or injury?			
d. is related to allergies?				Chest pain?			
(i.e. hay fever, hives, asthma, insect stings)				Claustrophobia?			
e. required surgery?				Diabetes?			
f. is chronic? (i.e. asthma, diabetes, etc.)				Difficulty breathing?			
HAS STUDENT EVER HAD AN INJURY THAT:				Dizziness, fainting, or motion sickness?			
a. required an emergency room or doctor?				Ear or face pain when going to bottom of pool?			
b. required an overnight stay at the hospital?				Ear pain with change of altitude?			
c. required x-rays?				Ear trouble? (pain, drainage, ruptures)			
d. required missing 3 days of practice or a competition?				Frequent colds or sore throat?			
DOES STUDENT TAKE ANY MEDICATION?				Hay fever, asthma, or bronchitis?			
HAS ANY MEMBER OF STUDENT'S FAMILY HAD A HEART				Headaches?			
ATTACK, HEART PROBLEMS, OR DIED UNEXPECTEDLY							
BEFORE AGE 50?				Head injury?			
HAS STUDENT EVER:				Hearing loss?			
a. been dizzy or passed out during or after exercise?				Heart trouble or palpitations?			
b. been unconscious or had a concussion?				Hepatitis B Virus (HBV)?			
HAS STUDENT EVER HAD A HEART MURMUR, HIGH BLOOD				Human Immunodeficiency Virus? (HIV)?			
PRESSURE,							
OR A HEART ABNORMALITY?				Hypertension?			
HAS STUDENT EVER HAD EPILEPSY OR CONVULSIONS?				Liver disease?			
IS STUDENT UNABLE TO RUN 1/2 MILE WITHOUT STOPPING?				Mental or emotional problems?			
IS STUDENT MISSING ANY PAIRED ORGAN? (eye, kidney, etc.)				Panic attacks?			
DOES STUDENT:				Persistent cough?			
a. wear glasses or contact lenses?				Physical handicaps? (list below)			
b. wear dental bridges, plates, or braces?				Rejection from any activity for medical reasons?			
c. have any allergies to any medicines?				Rheumatic fever?			
IS STUDENT NOW UNDER A DOCTOR'S CARE?				Recent illness?			
PLEASE EXPLAIN ANY "YES" ANSWERS:				Shortness of breath?			
				Renal disease or injury?			
				Respiratory problems?			
				Sinus trouble?			
				Any other medical problems not listed?			

PARENT or GUARDIAN'S PERMIT

Required prior to student participation in the TSCA athletic program – must be completed and filed annually with TSCA

* This student is currently under my control and in my custody. I hereby give my consent for my student to compete in Tyler Street Christian Academy approved sports and to go with the coach or other authorized representative of the school on any trips pertaining to the athletic program. I herewith grant permission for said persons to secure medical services for the named student if necessary.

* I understand that Tyler Street Christian Academy does not assume any responsibility in case an accident occurs. In consideration of the above named student being permitted to make such trips and take part in any such activities, I hereby release Tyler Street Christian Academy, its Trustees, Superintendent, Faculty, and Employees together with all persons assisting with any phases of such trips and activities (excluding paid certificated carriers), from any and all liability and responsibility in connection with such trips and activities and hereby release all of said parties from all liability by reason of any accident or injury suffered by said student while on said trip or participating in such activities and I agree to indemnify and hold all of said parties harmless from all claims hereafter made by or asserted on behalf of the above named student.

* I, the undersigned, hereby agree to be responsible for the safe return of all athletic equipment issued by the school to the named student.

* I understand that TSCA policy requires that all student athletes carry accident insurance and must provide proof of it before they are allowed to play or practice any sport activity. Please check only one of the following:

_____ I hereby certify that I have personal accident insurance coverage that will cover this student in case of any injury. The insurance information is as follows:
 Name of Insurance Company: _____ Policy # _____
 Address for Claims: _____
 Phone Number for Verifications: _____

_____ I do not have personal accident insurance coverage for my student, and therefore, **have attached an application for my student. If my student will be playing football, I have also attached an application for the additional Interscholastic Tackle Football Accident Insurance.** I understand that coverage does not begin until I receive notification from the Underwriter. (Insurance applications are available from the Athletic Director.)

* **I HAVE THOROUGHLY READ AND HAVE COMPLETED THE ABOVE TO THE BEST OF MY KNOWLEDGE AND CERTIFY THAT I HAVE NOT WITHHELD ANY INFORMATION.**

Date _____ Signature of Parent or Guardian _____