Sacred Heart Academy
47 Cathedral Avenue
Hempstead, New York 11550

## INSTRUCTIONS FOR COMPLETING STUDENT HEALTH EXAMINATION FORM

- All freshman, sophomores, new students must submit a physical form from her physician to the school nurse on or before **September 3, 2014**. In addition, any freshman, sophomore, new student, junior or senior trying out for an athletic team must submit a physical form to the School Nurse on or before **August 15, 2014**. **Please review instructions below regarding athletes.**

  ***According to NYS Education Law, physicals are valid for 365 days from the date they were performed. FOR EX: If a student had a physical on Nov. 15, 2013, it is valid until Nov. 15, 2014. The student must submit a new physical form dated Nov. 17, 2014 or before to the school nurse in the Medical Office in order to continue attending school. There are no exceptions to this regulation.***

- A completed **ORIGINAL Physical Form**, signed by a physician with his/her stamp and date, is required before any student can try out for an interscholastic athletic team. **All perspective athletes must bring the original physical form ( keep a copy for your records) dated, completed, signed, and stamped by the physician (No cross-outs or wite-out may be on the form – NO FAXES WILL BE ACCEPTED) to the nurse on the following times and dates:**

  | | |
  |---|---|
  | **Thursday, August 14th** | **8 AM – 12 Noon** |
  | **Friday, August 15th** | **8 AM – 12 Noon** |

  **These are the only dates and times when you will be given a clearance to tryout for a fall sport. You will be issued a medical clearance card to present to the coach at the first tryout. COACHES WILL NOT ACCEPT ANY PHYSICAL FORMS IN PLACE OF AN OFFICIAL MEDICAL CLEARANCE CARD.** ***THERE WILL BE NO EXCEPTIONS TO THIS POLICY: NO MEDICAL CLEARANCE CARD – NO TRYOUT.***

- PHYSICAL FORMS should be sent to following address:

  **SCHOOL NURSE/PHYSICAL FORM**
  **Sacred Heart Academy**
  **47 Cathedral Avenue**
  **Hempstead, New York 11550**

**PHYSICAL FORM IS ON THE REVERSE SIDE OF THIS PAGE.**

**RETURN TO: SCHOOL NURSE/PHYSICAL FORM**
**SACRED HEART ACADEMY**
**47 CATHEDRAL AVENUE**
**HEMPSTEAD, NY 11550**

***SACRED HEART ACADEMY***
***GRADES 9 – 12***
***STUDENT HEALTH EXAMINATION***

***PARENTS MUST FILL-OUT***
***TOP PORTION OF FORM***
***RETURN ON OR BEFORE 9-3-2014***
**THIS FORM MUST BE FILLED IN, SIGNED, AND DATED**

| | | | | | | |
|---|---|---|---|---|---|---|
| **TO BE COMPLETED BY THE PARENT OR GUARDIAN** | | **BIRTHDAY** | | | | **GRADE** |
| **STUDENT LAST NAME** | | **MONTH** | **DAY** | **YEAR** | | |
| FIRST NAME | **FEMALE** | | | | **Sacred Heart Academy** | |
| **LAST NAME** **FIRST NAME** | **STUDENT ADDRESS** | | | | **TELEPHONE** | |
| **O PARENT** | | | | | **HOME** | |
| **O GUARDIAN** | | | | | **WORK** | |

## PAST HEALTH HISTORY

| Date | Date | Date | Date |
|---|---|---|---|
| **Chicken Pox** | **Pneumonia** | **Diabetes** | **Asthma** |
| **Diphtheria** | **Polio** | **Seizures** | **Ear Condition** |
| **Rubella** | **Rheumatic Fever** | **Heart Disease** | **Frequent Colds** |
| **Measles** | **Scarlet Fever** | **Scoliosis** | **Urinary Condition** |
| **Mumps** | **Whooping Cough** | **Allergy** | **Mononucleosis** |

**Operation with dates:** _____
**Serious Injury with Date:** _____
**Other:** _____

**Immunization Record - List all Dates**

DPT: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

DPT BOOSTER (REQUIRED): _____

Tdap (REQUIRED): _____

Measles: 1. _____ 2. _____

Mumps: _____

Rubella: _____

MENACTRA: 1. _____ 2. _____

POLIO: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

CHICKEN POX (REQUIRED): _____ CHICKEN POX BOOSTER(REQUIRED): _____

**HEPATITIS B:(Required)** 1. _____ 2. _____ 3. _____

**HEPATITIS A:** 1. _____ 2. _____ 3. _____

**MMR:** 1. _____ 2. _____

Haemophilius Influenza Type B (Hib): _____

Tuberculin Tests (Required to be administered within 12 mos. Before entry date):_DATE:_____RESULTS:_____

Other tests: _____

*Body Mass Index (BMI):_____

*Height _____ *Weight _____ *Blood Pressure _____ *Pulse _____

Eyes Test Results _____ *Urinalysis: Protein _____ Glucose _____

Ears Test Results _____ Hernia _____

Nose & Throat _____ Orthopedic: Scoliosis _____

Mouth & Teeth _____ Posture _____

Skin _____ Feet _____

Nutrition _____ Other _____

Heart _____

Lungs _____

***Actual Reading Required**

Physical Education Participation: Full:_____ Limited:_____ None:_____

Please explain: _____

Does this child take medication on regular basis? If so, explain: _____

**FOR INTERSCHOLASTIC COMPETITIVE ATHLETIC ACTIVITIES ONLY:** ***TO BE COMPLETED BY PHYSICIAN***

This certifies that the above-named student is physically qualified to participate in the following categories of competition this school year.

| MAY PARTICIPATE IN ALL SPORTS | Contact/ Collision | Limited Contact/ Impact | Strenuous/ Non-contact | Nonstrenous/ Non-contact |
|---|---|---|---|---|
| ____ **YES** | ____ **YES** | ____ **YES** | ____ **YES** | ____ **YES** |
| ____ **No** | ____ **No** | ____ **No** | ____ **No** | ____ **No** |
| | Lacrosse | Basketball | Badminton | Golf |
| | Soccer | Softball | Cross Country | Bowling |
| | | Volleyball | Track & Field | |
| | | | Swimming | |
| | | | Tennis | |

**Date of Physical**: _____ **Physician's Signature:**_____ **Physician's Stamp:**