

2022 - 2023 School & Sports Qualifying Screening Evaluation
Please Complete in Ink

Student Name _____
 Address: _____
 City/Zip: _____ Telephone: _____
 Date of Birth: _____ Age: _____ Male _____ Female _____
 Grade: _____ School: _____

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?
- *2. Has anyone in your family died suddenly?
 Before age 35? _____ Before age 50 _____
 Cause _____
- *3. Have you ever had a concussion, loss of consciousness,
 been knocked out or had a head injury?
 If yes, how many times? _____
- *4. Have you ever had heat stroke or heat exhaustion?
- *5. Do you wheeze or cough during or after exercise?
 Do you have any history of asthma?
- *6. Do you have any allergies? (medications, bee sting,
 pollens, etc.) _____
- *7. Any injuries since last exam?
 If yes, list injuries: _____
- *8. Do you take any medication? (include vitamins and
 nonprescription drugs) _____
- *9. Have you ever taken any supplements or vitamins to help
 you gain or lose weight or improve your performance?
- 10. Have you ever been hospitalized?
 Have you ever had surgery?
 If yes, explain _____
- 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 _____	

I have had none of the above problems.
- 15. Do you use seat belts on a regular basis?
- 16. Do you use tobacco or alcohol
- 17. Are there any concerns you would like to discuss?

(Nutrition, weight training, tobacco, pregnancy,
 birth control, AIDS, alcohol, steroids, other)

* Must be answered for participation in athletics
 Additional Comments: _____

Student's Signature _____ Date _____ School/Clinic: _____

Roncalli Catholic High School
 Address: 6401 Sorensen Parkway

Phone: 402-571-7670 Fax 402-571-3216

Revised 5 /22

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: 2022 –2023 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