



2026-2027

School & Sports Physical Evaluation



PLEASE COMPLETE IN INK

Student Name: _____
Address: _____
City, Zip: _____ Telephone: _____
Grade: _____ School: _____

School: Marian High School
Address: 7400 Military Ave.
Phone: (402) 571-2618 FAX: (402) 572-8028

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?
*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 drug)
*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. When was your first menstrual period?
When was your most recent menstrual period?
12. In the last year, what was your
Lowest weight: Highest weight
What do you think is your ideal weight:
13. Immunizations: Last tetanus
Measles, Mumps, Rubella (MMR) (1) (2)
Hepatitis B (1) (2) (3)
14. Circle any of the following you have had:
Abdominal bleeding/bruising Anemia
Broken bones/stress fractures 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.)
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?)

EXAMINATION:

HT: _____ WT: _____ BP _____ / _____
PULSE: _____ VISION: R _____ L _____

Table with 4 columns: MEDICAL EXAM, Normal, Abnormal, Concerns. Rows include Eyes, Ears, Nose, Throat, Dental, Thyroid, Nodes, Lungs, Heart/Murmurs, Abdomen, Hernia, Skin, Neck, Upper Extremities, Back/Spine, Lower Extremities, Neuro.

Certification for Participation in Physical Education/Athlete Activities

I hereby 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: _____

I have had none of the above problems

Physician Signature: _____

Date: _____

I do not know of any existing physical conditions or health reasons that would preclude my daughter's participation in athletics. I certify that the answers to the above question are true and accurate. I approve her participation in athletic activities.

I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for the purpose of record retention with respect to participation in athletics and activities.

PARENT SIGNATURE: _____

Date: _____

* MUST BE ANSWERED FOR PARTICIPATION IN ATHLETICS
Additional Comments: _____

STUDENT SIGNATURE: _____

Date: _____



NSAA Athletic and Activities Student and Parent Consent Form

School Year:
Member High School:
Name of Student:
Date of Birth: Place of Birth:
Name of Parent(s), Guardian(s), or Person(s) in Charge:
Relationship to Student:
Address(es) of Student and Parent(s)/Guardian(s)/or Person(s) in Charge**:

Note: If Student and all Parents/Guardians do not live in the same household, please include all addresses and inform the Member School as this may impact eligibility.

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 and understand and agree that (a) by this Consent Form the NSAA has provided notice of the existence of potential dangers associated with athletic and activity participation; (b) participation in any activity may involve injury or illness of some type, including exposure to communicable diseases, and even catastrophic injury, paralyzation, and death; and (c) even the best supervision, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;

(2) Consent and agree to participation of the Student in NSAA activities subject to (a) all NSAA Bylaws and rules interpretations, including limitations on transfers and limitations on the use of the Student's name, image, and likeness when wearing school uniforms or engaging in commercial activity tied to the Student's participation in NSAA activities; and (b) the athletic and activities rules of the Member School;

(3) Consent and agree to the disclosure by the Member School to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student contained in the Member School's directory information or other similar policies, and any other records or documentation needed to determine the Student's eligibility and compliance necessary to participate in NSAA activities;

(4) Understand that (a) prior to athletic participation, a pre-participation release form signed by a health care professional must be signed and submitted to the Member School; and (b) for purposes of determining fitness to participate, injury, injury status, or emergency response, Parents may be asked to consent to the disclosure of confidential medical records or information. Records and information shared for this purpose will not be redisclosed to any entities outside of the health care provider(s), Member School, or NSAA;

(5) Consent and agree (a) to authorize licensed or trained individuals, including certified sports injury personnel, to evaluate and treat any injury or illness that occurs during the Student's participation in NSAA activities. This includes all reasonable and necessary care, treatment, and rehabilitation for these injuries that is made available by the Member school and/or the NSAA, including transportation of the Student to a medical facility if necessary; and (b) that Parents are obligated to pay for professional medical and/or related services; the NSAA and the Member School shall not be liable for payment of such services even if made available by the Member School or NSAA.

(6) Understand that the Student or Student's likeness being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests and that any such recording may be used for broadcast, sale, or display.

We, Parent(s) and Student, acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics and activities, and agree that Student may participate in NSAA activities.

Student Printed Name

Student Signature

Date of Signature

Parent(s) Printed Name(s)

Parent Signature(s)

Date of Signature(s)