



DAIM NTAUV KUAI IB CE RAU KEV UA KISLAS

FEEM 1 (QHOV NO YUAV TSUM TAU MUAI UA KOM TIAV LOS NTAWM NIAMTXIV LOSSIS TUS SAIBXYUAS)				
LUB XEEM		NPE		QIB KAWM
HNUB YUG	KISLAS THAUM LUB CAI (FALL)	KISLAS THAUM LUB CAI NTUJ NO	KISLAS THAUM LUB CAI (SPRING)	TUB NTXHAIIS TUS LEJID#

FEEM 1 – KEEBKWM TXOG KEV NOJ QAB HAUS HUV (Yuav tsum tau muab qhov no ua kom tiav los ntawm Niamtxiv/Tus)

Saibxyuas Uantej Kuaj ib Ce)

	Muaj	No	Has this student had:		Yes	No	
1.	☐	☐	Chronic or recurrent illness?	16.	☐	☐	Injuries requiring medical care or treatment?
2.	☐	☐	Illness lasting over 1 week?	17.	☐	☐	Neck or back pain or injury?
3.	☐	☐	Hospitalizations or Surgeries?	18.	☐	☐	Knee pain or injury?
4.	☐	☐	Nervous, psychiatric, or neurologic condition?	19.	☐	☐	Shoulder or elbow pain or injury?
5.	☐	☐	Loss or nonfunctioning of organs (eye, kidney, liver, testicle) or glands?	20.	☐	☐	Ankle pain or injury?
6.	☐	☐	Allergies (medicines, insect bites, food)?	21.	☐	☐	Other joint pain or injury?
7.	☐	☐	Problems with heart or blood pressure?	22.	☐	☐	Broken bones (fractures)?
8.	☐	☐	Chest pain or significant or severe shortness of breath during or after exercise?	23.	☐	☐	Does this student presently:
9.	☐	☐	Dizziness or fainting with exercise?	24.	☐	☐	Wear eyeglasses or contact lenses?
10.	☐	☐	Fainting, bad headaches or convulsions?	25.	☐	☐	Wear dental bridges, braces or plates?
11.	☐	☐	Potential concussion or loss of consciousness?	26.	☐	☐	Take any medications? (List below):
12.	☐	☐	Heat exhaustion, heatstroke, or other problems managing or responding to heat?	27.	☐	☐	Further history:
13.	☐	☐	Racing heartbeat, skipped or irregular heartbeats, or heart murmur?	28.	☐	☐	Birth defects (corrected or not)?
14.	☐	☐	Seizures or seizure disorders?	29.	☐	☐	Death of a parent or grandparent less than 40 years of age due to medical cause or condition?
15.	☐	☐	Severe or repeated instances of muscle cramps?				Parent or grandparent requiring treatment for heart condition less than 50 years of age?
							Been seen by a physician on an emergency or urgent basis in the last 12-months?

Zaum kawg uas txhaj koob tshuaj tetanus (lockjaw): _____

Zaum kawg uas tau mus kuaj ib ce: _____

Ohia txhua qhov uas koj tau teb "YES". Ohia tej yam uas muaj tseeb uas yuav tsum tau qhia uantej kuaj ib ce (sau rau sab nraud daim ntawv no yog hais tias tsi txaus):

NIAMTXIV/TUS SAIBXYUAS KEV TSO CAI: Kuv tso cai rau kws khomob kuaj kuv tus tub ntshais ib ce rau kev ua kislas. Cov kev qhia saum toj no yeej qhia tas tas thiab muaj tseeb. Kuv yeej tsi pom muaj dabtsi uas yuav los tabkaum tau tus tub ntshais kev yuav ua cov kislas li tau muab teev tseg no. Kev kuaj ib cev rau kev ua kislas no tejzaum yuav raug kuaj los ntawm lub District cov neeg uas tuam yeem tuaj pab ua haujlwm pub dawb xwb, Kuv totaub hais tias kev kuaj tsuas yog kuaj xwb, kuv yuav tsum tau hais tej kev txhawjxeeb txog mob nkees rau kuv tus tub ntshais tus kws khomob.

SAU UA TEJ TUS NTSIAJ NTAUV NIAMTXIV LOSSIS TUS SAIBXYUAS NPE	NIAMTXIV LOSSIS TUS SAIBXYUAS XEES NPE	
CHAW NYOB	XOVTOOJ TOM HAULWM	XOVTOOJ TOM TSEV HNUB

REGULAR PHYSICIAN'S NAME

OFFICE PHONE

PROVIDER CLINIC OR ORGANIZATION

PART 2 – MEDICAL EVALUATION (TO BE COMPLETED BY THE EXAMINING HEALTH CARE PROVIDER)

This Evaluation Can Only be Performed by Medical Doctors (MDs), Doctors of Osteopathy (DOs), Physician's Assistants (P.A.s), and Nurse Practitioners (N.P.s)

	NORMAL	ABNORMAL (Describe)	(May be contained on Provider's Form)
Eyes/Ears/Nose/Throat			Height: _____ Weight: _____
Heart, lungs, pulmonary function			Pulse: _____ After Ex: _____
Abdomen, genital/hernia (males)			BP: _____
Skin and Musculoskeletal:			☐ Recommendation:
a. Neck/Spine/Shoulders/Back			☐ Unlimited participation
b. Arms/Hands/Fingers			☐ Limited participation/specific sports, events or activities
c. Hips/Thighs/Knees/Legs			☐ Clearance withheld pending further testing/evaluation
d. Feet/Ankles			No athletic participation
Neurologic Screening Exam (NSE)/ Concussion Screening Evaluation (only if needed based on above info.)			One of the above MUST be checked.
Comments:			PHYSICIAN STAMP

PRINT NAME OF PHYSICIAN

PHYSICIAN'S SIGNATURE

DATE

Original to be held on file with the Athletic Director for a period of one (1) year after the end of the Academic Year.