

PARKWAY SCHOOL DISTRICT

**REPORT OF PHYSICAL EXAMINATION
and/or MSHSSA PARTICIPATION CERTIFICATE
(Grades 9 – 12)**

Physical examinations are recommended upon entrance into school and at the beginning of the 3rd, 6th, and 9th grades. The Missouri State High School Activities Association requires a yearly physical examination prior to participation in inter-scholastic athletics in grades 9 through 12.

So much of your student's success and happiness in school and in life are dependent upon his/her physical and mental health that we are confident this information is vital in providing the best school life for your student. We shall appreciate your cooperation and help in this important matter.

*Robert Malito, Ph.D.
Superintendent*

School _____ Current Grade _____

Student's Name _____
(last) (first) (middle)

Date of Birth _____ Gender: Male Female

Father/Guardian _____

Mother/Guardian _____

Physician _____ Phone _____

Dentist _____ Phone _____

Orthodontist _____ Phone _____

1. HISTORY OF IMMUNIZATION

REQUIRED BY MISSOURI STATE LAW

Please attach a **COPY** of student's permanent immunization record from your health care provider, Health Department, or previous school. Month, day, and year must be provided for all immunizations received, including infant series.

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE

2. HISTORY OF ILLNESS

Enter the year(s) in which your student had the following:

ANEMIA _____	MUMPS _____
ASTHMA _____	PNEUMONIA _____
CHICKEN POX _____	RHEUMATIC FEVER _____
DIABETES _____	RUBELLA _____
HEPATITIS [JAUNDICE] _____	SCARLET FEVER _____
(Specify Type - A, B, C, D or E) _____	SEIZURE DISORDER _____
MEASLES _____	STREP THROAT _____
MENINGITIS _____	TUBERCULOSIS _____

3. HEALTH INFORMATION

Please list any allergies, injuries, operations, serious illnesses, heart conditions, vision problems, hearing loss, and any other health information you feel would be helpful:

Dental (dental bridges, false teeth, etc.)

Is your student on medication at home or school? Yes No

Specify name of medication(s), dosage, reason prescribed:

Is your student currently under medical care? Yes No

Specify:

MSHSAA PARTICIPATION CERTIFICATE - Parent/Student
(Missouri State High School Activities Association)

Section 1. Athlete's application and personal information

This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them. I also understand that if I do not meet the citizenship standard set by the school or if I am ejected from an interscholastic contest because of any unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I have completed and/or verified that part of this certificate, which requires me to list all previous injuries or additional conditions that are known to me, which may affect my performance in so representing my school, and I verify that it is correct and complete.

_____ Date _____

Signature of Student

Section 2. Parent permission and authorization for treatment

We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be en route to or from another school or during practice or an interscholastic contest, and we hereby agree to hold the school district of which this school is a part, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my student/ward in any activities related to the interscholastic program of his/her school.

If we cannot be reached and in the event of an emergency, we also give consent for the school to obtain through a physician or hospital of its choice such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities. We understand that the school may not provide transportation to all events, and **permit / do not permit** (circle one) my student to drive his/her vehicle in such a case.

We further state that we have completed that part of this certificate, which requires us to list all previous injuries, or additional conditions that are known to us which may affect this athlete's performance or treatment, and we certify that it is correct and complete.

The MSHSSA By-Laws provide that a student shall not be permitted to practice or compete for a school unit until it has verification that he/she has basic athletic insurance coverage. Our son/daughter is covered by basic accident insurance for the current school year with

_____ (Name of Insurance Company) _____ (Policy No.)

Signatures of Parents/Guardians (all parents or guardians must sign.)

_____ Date _____

_____ Date _____

NOTE: PHYSICIAN TO COMPLETE

4. PHYSICAL FINDINGS

Height _____	Weight _____
Pulse _____	Blood Pressure _____
Nutrition _____	Skin _____
Scalp _____	Teeth _____
Gums _____	Nose _____
Throat _____	Ears _____
Eyes _____	Heart _____
Lymph Glands _____	Lungs _____
Abdomen _____	Orthopedic _____
Scoliosis _____	Genitalia _____
Neurological _____	Urine _____
Hernia _____	

Significant Concerns: _____

Do immunizations comply with Missouri State Law? Yes No
 Can student carry a full program of schoolwork? Yes No
 Should physical activity at school be restricted? Yes No

If YES, please state to what extent and for how long. _____

FOR INTERSCHOLASTIC ATHLETICS ONLY

Based on the limited examination above, this student _____ may _____ may not participate in supervised athletics.

_____ Signature of Physician _____ Date of Examination _____