NJCAA MEDICAL EVALUATION FORM – PART I

To be completed by student and submitted to the examining physician before he examines the student.

Student_____Parent_____
Last First Middle

Date of Birth_____Address_____
Street City Zip

School_____Phone_____ Soc. Sec. #_____

Sport _____

PERSONAL HEALTH OF STUDENT Circle correct reply:

1. Has had injuries or accident requiring medical attention YES NO
2. Has had a surgical operation YES NO
3. Has been in a hospital YES NO
4. Has had a sickness lasting longer than one week YES NO
5. Takes medicine now or regularly YES NO
6. Has a condition now under a physician's care YES NO
7. Any defect of hearing or eyesight? Wear glasses, contact lenses. YES NO
8. Any reason this student should not take part in any sport? YES NO
9. **"YES"** to any question, explain here with names and dates: _____
   _____
   _____
10. Has had complete poliomyelitis immunization by injections (Salk) or vaccine by mouth (Sabin) YES NO
11. Has had tetanus toxoid and booster inoculation within past 3 years. YES NO
12. Has seen a dentist within the past 6 months YES NO
13. To my knowledge the paired organs that follow are present and healthy:
    - Eyes YES NO
    - Ears (hearing) YES NO
    - Lungs YES NO
    - Kidneys YES NO
    - Testicles or ovaries YES NO
    - Arms/legs YES NO
    - Fingers/toes YES NO

If "NO" to any of these questions, explain here with names and dates_____

_____

If a tetanus booster is indicated I give my permission for such an inoculation to be administered by examining physician_____

NJCAA MEDICAL EVALUATION – PART II
(TO BE COMPLETED BY PHYSICIAN)

Name of
Student_____Age_____Sex_____
Last First Middle

Significant past illness or injury_____

_____

Physician's examination: (Check abnormal findings and explain below)

_____Height _____ Weight_____Blood Pressure _____Pulse Rate_____
_____Eyes_____Visual Acuity R____/_____; L_____/_____
_____Ears_____Hearing R____/_____; L_____/_____
_____Nose _ (deformities)_____
_____Oropharnyx_____
_____Teeth (caries, dentures, braces)_____
_____
_____Respiratory_____
_____Breasts_____
_____Cardiovascular (Pedal pulses)_____
_____Abdomen (hernia, spleen, liver)_____
_____Genitalia and anus_____
_____Neuromuscular_____
Skin_____
_____Spine (cervical, thoracic, lumber)_____
_____Extremities (special attention knees, ankles)_____

Laboratory:
Urinalysis: Protein_____
Sugar_____
Other_____
Tuberculin Test_____
Chest X-Ray (Result/Date)
_____
If ordered by physician

Physician's explanation of abnormal findings:_____
_____
_____

I have on this date personally examined this pupil, reviewed the history and other data recorded on both sides of this form and find this pupil physically able to compete in supervised activities listed here **NOT CROSSED OUT:**

Basketball	Golf	Swimming	Wrestling
Baseball	Gymnastics	Tennis	Minimum Weight____
Cross Country	Lacrosse	Track	
Football	Soccer	Volleyball	

_____, M.D. _____
Physician's signature Physician's address

_____, M.D. _____ _____
Physician's name typed Date of exam Physician's Phone Number