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Open

Bemidji state university sports physical form

Indiana State University Athletics
Basketball On-Campus Evaluation Form
DUUE: 48 HRS IN ADVANCE:

Student Name _____	Residence _____
Date of Birth _____	Residence (City) _____
Time Tryout Begins _____	Residence (State) _____
Time Tryout Ends _____	Residence (Zip) _____
Name of High School/College/1 Year School _____	
Indiana ID# _____	

PHYSICAL EXAMINATION REQUIRED

HIGH SCHOOL RECRUIT: ATTACH PHYSICAL EXAMINATION COMPLETED BY A PHYSICIAN WITHIN 5 MONTHS PRIOR TO HIGH SCHOOL PARTICIPATION IN HIGH SCHOOL PRACTICE, COMPETITION OR OUT OF SEASON CONDITIONING ACTIVITIES DURING THEIR SENIOR YEAR IN HIGH SCHOOL, AND IT WAS ACCEPTED BY THEIR HIGH SCHOOL.

JUNIOR COLLEGE/1 YEAR TRANSFER: ATTACH PHYSICAL EXAMINATION COMPLETED BY A PHYSICIAN WITHIN 5 MONTHS PRIOR TO THE DATE OF THE OCE (ACT OR REPRESENTED ABOVE).

PHYSICAL EXAMINATION COMPLETED BY ISU TEAM PHYSICIAN (NOT ATHLETIC TRAINER) ATTACHED:

HOLE CELL SOLUBILITY TEST INCLUDED IN PHYSICAL EXAMINATION OF RECRUIT? (check one) YES NO

If ANSWER TO SCOLEL CELL TEST ABOVE IS "NO," WAIVER OF MOBILE CELL TEST IS ATTACHED:

ELIGIBILITY REQUIREMENTS

Recruit has not participated in an OCE with Indiana State University previously (Only one recruit allowed per year)

HIGH SCHOOL RECRUIT: Tryout will occur after the conclusion of the recruit's high school playing season and after his/her last-attended high school or prep school eligibility in basketball. Provide relevant dates in box at right.

JUNIOR COLLEGE RECRUIT: Tryout will occur after the conclusion of the recruit's current/junior 1 year school playing season and after his/her last-attended high school or prep school eligibility in basketball. Provide relevant dates in box at right.

4-4 TRANSFER RECRUIT: Tryout will occur after the conclusion of the recruit's current/junior 4 year school playing season. Provide relevant dates in box at right.

CURRENT STUDENT ATHLETE PARTICIPATION

Will any currently enrolled student athlete be participating in this OCE? (circle one) YES NO

If answer to above question is "Yes," list players here: _____

Coach's Signature _____ Date _____

COMPLIANCE APPROVAL

All items listed above Physical Approval Mobile Cell Test/Waiver
 Transcript/Proof of Status/Eligibility 4-6 Permission to Contact on File Eligible/Evaluated/Season Out
 OCE Waiver (Parent Signs) < 18 yrs old

Compliance Signature _____ Date _____

Distribution: Original-Compliance, Copy-District

Rev. 07/2011

Physical Examination

Height _____	Weight _____	Blood Pressure _____
Resting _____	10 hops _____	after 2 minutes resting _____
Neural Assess: Eyes (R) 20' _____	Wt glasses _____	(L) 20' _____ w/glasses _____
Other Testing	Normal	Abnormal Findings
1. General		
2. Skin		
3. HEENT		
4. Neck		
5. Lungs		
6. Heart (Sit and Stand)		
7. Abdomen		
8. Genitalia		
9. Musculoskeletal		
10. Neck		
11. Shoulder/Arm		
12. Elbow/Forearm		
13. Wrist/Hand		
14. Back		
15. Hip/Thigh		
16. Knee		
17. Shin/Calf		
18. Ankle/leg		
19. Foot		
20. General Pulses		
21. Neurologic		
22. Mental Status		
23. Marfan Screen		

Other Tests (optional):
 Audiometry UV EKG
 Body Fat Drug Screen Chest X-Ray
 Hgb/Hct SMAc Tanner Stage

In the best of the examination on this day, I approve this child's participation in interscholastic sports for one year.
 _____ No. _____ Limited _____

Additional Comments: _____

Evaluation Date: _____ Physician's Signature: _____
Physician's Assistant Signature: _____
Advanced Nurse Practitioner's Signature: _____

Effective January 2001, the ISU Board of Directors approved a recommendation, consistent with Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign on physicals.

Student's Name _____ School _____

Consent Form to Self-Administer
(just needed if current form is already signed)

Parent Consent:

I, _____, do hereby give my son/daughter _____ permission to self-administer his/her asthma medication as directed by his/her physician.

Physician Consent:

As a patient under my care, _____ following asthma medication.

Medication: _____

Purpose: _____

Dosage: _____

Time/Special Circumstances: _____

Physician's Signature: _____

ISU Steroid Testing Policy Consent
(This section for high school athletes)

In January 2008, the Illinois High School Association's Board of Directors approved a resolution to implement random drug testing for steroid use. The resolution was passed by the IHSA Sports Medicine Advisory Committee to implement performance-enhancing substances.

Beginning with the 2008-09 school term, any student-athletes from the association's banned drug classes, without exception, to treat a medical condition, violates IHSA By-Laws. It is the responsibility of the coach, athletic director, and selected individuals and leaders that participate in state activities to inform parents and students of this policy.

The results of all tests shall be considered confidential and held in strict confidence by the coach, athletic director, or his/her school.

By signing below, we consent to random testing in accordance with the above resolution. If a student or the student's team parent(s) may be tested for banned substances.

No student-athletes may participate in IHSA state series competition until their parent(s) consent to random testing.

A complete list of the current IHSA banned drugs can be found at <http://www.ihsa.org/divisions/sportsmedicine/>

Signature of student-athlete: _____

Signature of parent/guardian: _____

Signature of parent/guardian: _____

PREPARTICIPATION PHYSICAL EVALUATION - MEDICAL HISTORY					
No Medical History Form must be completed annually by parent, (or guardian) and student in order for the student to participate in athletic activities.			Athletic activities are designed to determine if the student has developed any condition which would make it hazardous to participate in athletic events.		
Student's Name (print)		Date	Age	Gender	Date of Birth
Address		School		Phone	
Primary Physician				Phone	
Name of emergency contact:		Relationship		Phone (5)	
Please list below those items that you have checked off in the past year. Check questions you don't know the answers to. Any answer to questions 1, 2, 3, 4, 5, or 6 requires further evaluation which may include a physician's examination. (Withers clearance from a physician, physician's statement, chartabstract, or name of physician is required before any participation in P.E., practice, games or meets.)					
<p>Have you had a medical illness or injury since your last check up/sports physical?</p> <p>Have you been hospitalized overnight in the past year?</p> <p>Have you ever had a seizure?</p> <p>Have you ever passed out during sleep or after exercise?</p> <p>Have you ever had a headache or after exercise?</p> <p>Do you get more tired than your friends do during exercise?</p> <p>Has anyone had surgery on your heart or deep abdominal area?</p> <p>Have you had high blood pressure or high cholesterol?</p> <p>Have you ever had or still carry a faint heart?</p> <p>Has any family member or relative died of heart problems or of sudden unexpected deaths before age 50?</p> <p>Do you have a history of asthma, hay fever, sinusitis, or allergies?</p> <p>Do you have a history of hypertension, heartburn, lung or GI conditions or other risk characteristics (diabetes mellitus, and/or, Medicare syndrome, or abnormal heart rhythm)?</p> <p>Have you had a serious viral infection (for example, mononucleosis, hepatitis, chicken pox, etc.)?</p> <p>Has a physician ever denied or restricted your participation in sports for any health problem?</p> <p>Have you ever had a head injury or concussion?</p> <p>Has your physician been involved in, because unnecessary, in any medical treatment for you?</p> <p>If yes, how many? _____ When was the last treatment?</p> <p>How severe was each one? (Explain below)</p> <p>Has anyone had a seizure?</p> <p>Have you ever fainted or been "knocked out"?</p> <p>Has anyone had a headache or tingling in your arms, hands, legs, feet, or face?</p> <p>Has anyone ever had a ringing, hum, or pulsing noise?</p> <p>Are you missing any fingers or toes?</p> <p>Do you wear a hearing aid?</p> <p>Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using inhalers?</p> <p>Do you have any allergies (for example, to pollen, medicine, food, or pets)?</p> <p>Do you ever have hives during or after exercise?</p> <p>Do you have any cold symptoms (for example, itches, runny nose, nasal stuffiness, allergies)?</p> <p>Have you ever had trouble breathing in the heat?</p> <p>Are you currently taking any medications with your eyes or nose?</p> <p>In addition to the above, do you have any respiratory symptoms as noted by the doctor, (or healthcare provider), the possibility of an infection still remains. (See the following section)</p> <p>In the judgment of any representative of the school, the athlete should avoid immediately any and/or all forms of exercise until cleared by a physician, athletic trainer, coach or school nurse because the school and any school or hospital representative from any state by any person on account of health-care and insurance purposes.</p> <p>I increase the date and the beginning of the athletic competition, any illness or injury classifications that may limit this student's participation. I agree to modify the schedule of the student to accommodate the illness or injury.</p> <p>I release the state and the beginning of the athletic competition, any illness or injury classifications that may limit this student's participation. I agree to provide modified responses to the student in question to guidelines determined by the UIL.</p>					
<p>Parent Signature _____ Date _____</p> <p><i>Parental permission is received prior to participation in any practice, competition, intramural or contest before, during or after school, or School Day.</i></p>					



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