DAVENPORT COMMUNITY SCHOOL DISTRICT ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

The certificate of physical examination is valid for the purpose of this rule for one calendar year. A grace period not to exceed thirty days is allowed for expired certifications of physical examination.

N N. 677				-	DATE OF DIE	NOTE I	CD A DE		
NAME									
HOME AD	DRES	S				_ PHON	NE #		
PARENT'S	S NAM	Ξ	FAMILY PHYSICIAN						
WORK#_		EN	MERG	ENCY CO	ONTACT #				
EMERGE	NCY CO	ONTACT PERSON							
above by the	e license		appro n for t	ved athletic	activities as a repr		we of his/her school, except those indicated other qualified personnel to give first aid		
Pı	inted N	ame of Parent or Guardian			Sign	ature of	f Parent or Guardian		
		STORY (Student Athlete or	Par	ent/Gua	_				
1		Has This Student Had Any? Chronic or recurrent illness? Hospitalizations? Surgery, other than tonsillectomy' Missing organs (eye, kidney, testi Allergy to medications? Problems with heart or blood pres Chest pain with exercise? Dizziness or fainting with exercise Frequent headaches, convulsions, dizziness or fainting? Concussion or unconsciousness? Heat exhaustion, heat stroke, or other heat problems? Any illness lasting over a week? Rheumatic fever? Further History: Is there any history of family or g Has any family member died sudd Has any family member had a hea Are you uncomfortably short of b ations you are presently taking and	eneticelenly a	at less than ick at less t after runnin	than 55 years of a ng 1/2 mile (2 tir	No			
A.									
В. С.									
	s the mo	ost and the least you have weighed i	n the i	nast vear?	Most		Least		
FOR V	VOMI were y	EN ONLY: ou when you had your first menstry what is the longest time you have	rual p	eriod? _	menstrual period				

PHYSICAL EXAMINATION RECORD (To Be Filled Out by Licensed Professional)

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

Name		Height	Weight	
Pulse Blood Pressu	re			
	Normal		Abnormal Findings	Initials
1. Eyes				
2. Ears, Nose and Throat				
3. Mouth and Teeth				
4. Neck				
5. Cardiovascular				
6. Chest and Lungs				
7. Abdomen				
8. Skin				
9. Musculoskeletal: ROM,				
strength, etc.				
10. Neurological				
Comments or Abnormal Findings:				
Participation Recommendations				
Full and Unlimited Participation				
Clearance Pending Documented Fo	•			
No Athletic Participation Due To				
-				
Licensed Professional's Name (Printed)			Date	
Signature			Phone	

INSURANCE NOTICE

The school district does **NOT** purchase an insurance policy for athletes. School time insurance is offered at a nominal fee and partially covers all sports **EXCEPT** football. Football players who purchase school time insurance may also purchase a policy for football at their own additional expense. It is agreed that the cost of any and all treatment for injury or injuries sustained by my son/daughter shall be the responsibility of the parent (guardians) and that all such costs will be paid by us, thus releasing the schools from all financial obligations. Participation in athletic competition may result in serious or fatal injuries.

YES (circle)

We plan to participate in the insurance program offered by the school district, as outlined in the insurance letter available at registration in August. We are aware this insurance is not in effect until the form and payment have been received by the school.

NO (circle)

We do **NOT** wish to participate in the school district insurance Program, as we have our own insurance and/or will assume Responsibility and costs for injuries.