

**CARMEL CENTRAL SCHOOL DISTRICT HEALTH/ATHLETIC APPRAISAL FORM**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**TO BE FILLED OUT BY PHYSICIAN**

B.M.I. _____ PERCENTILE _____ %	H.E.E.N.T. _____
HEIGHT _____ WEIGHT _____	HEART _____
BLOOD PRESSURE _____ PULSE _____	LUNGS _____
POSTURE-EVIDENCE OF SCOLIOSIS _____	HERNIA _____
OTHER STRUCTURE _____	GENITO-HERNIA _____
NERVOUS SYSTEM _____	SKIN _____
TANNER MATURATION LEVEL <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	VISION _____
	HEARING _____

TEETH \_\_\_\_\_ (teeth injuries will not be paid if teeth are defective) BRIDGE/FALSE TEETH \_\_\_\_\_ CHIPPED TEETH \_\_\_\_\_

\*PLEASE ATTACH IMMUNIZATION RECORD\*

SPECIFIC ILLNESS/INJURIES DURING LAST 12 MONTHS \_\_\_\_\_

SIGNIFICANT MEDICAL/SURGICAL HISTORY, EXPLAIN \_\_\_\_\_

SPECIFY CURRENT DISEASES: ASTHMA    DIABETES TYPE 1 OR 2    SEIZURE DISORDER    CARDIAC    OTHER \_\_\_\_\_

CONTACT/ COLLISION	LIMITED CONTACT/ IMPACT	STRENUOUS NON-CONTACT	NON-STRENUOUS NON-CONTACT
FIELD HOCKEY	BASEBALL	CROSS-COUNTRY	BOWLING
FOOTBALL	BASKETBALL	TRACK & FIELD	GOLF
LACROSSE	SOFTBALL	TENNIS	
SOCCER	GYMNASTICS		
WRESTLING	CHEERLEADING		
ICE HOCKEY	VOLLEYBALL		
	SKIING		

DOES STUDENT NEED AN INHALER FOR SPORTS? YES \_\_\_\_\_ NO \_\_\_\_\_

DOES STUDENT NEED AN EPI-PEN FOR BEE/INSECT ALLERGIES? YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YOU ANSWERED YES TO EITHER OR BOTH OF THE ABOVE, A CURRENT MEDICATION PERMISSION SLIP AND SELF MEDICATION FORM MUST BE ON FILE IN THE NURSE'S OFFICE BEFORE A STUDENT IS ALLOWED TO TRY OUT OR PRACTICE SPORTS**

THE ABOVE NAMED STUDENT HAS (CIRCLE ONE) FOR SPORTS: UNRESTRICTED APPROVAL    SELECTIVE APPROVAL

DISQUALIFIED                  REASON \_\_\_\_\_

SCHOOL PHYSICIAN \_\_\_\_\_ DATE OF EXAM \_\_\_\_\_

PRIVATE PHYSICIAN \_\_\_\_\_ DATE OF EXAM \_\_\_\_\_

PLEASE STAMP-VOID IF NOT STAMPED

PHYSICIANS NAME

ADDRESS

**ATTACHMENTS WILL NOT BE ACCEPTED**