

REDEEMER CLASSICAL CHRISTIAN SCHOOL
 6415 Mt Vista Rd. Kingsville, Md. 21087
PART 1 - MEDICAL EVALUATION OF STUDENT FOR PARTICIPATION IN INTERSCHOOL SPORTS

To be completed by Parent or Guardian and submitted to the examining physician *before* the student is examined.

Name of Student _____ Date of Birth ____/____/____ Grade _____
Last First Middle initial

Parent _____ Home Address _____ Home Phone _____

PERSONAL HEALTH OF STUDENT (Check correct reply)

	YES	NO
1 Has had injuries or accidents requiring medical attention	<input type="checkbox"/>	<input type="checkbox"/>
2 Has had a surgical operation	<input type="checkbox"/>	<input type="checkbox"/>
3 Has been in a hospital	<input type="checkbox"/>	<input type="checkbox"/>
4 Has had sickness lasting longer than one week	<input type="checkbox"/>	<input type="checkbox"/>
5 Takes medicine now or regularly	<input type="checkbox"/>	<input type="checkbox"/>
6 Has a condition now under a physician's care	<input type="checkbox"/>	<input type="checkbox"/>
7 Has a defect in hearing or eyesight (wears glasses, contact lenses)	<input type="checkbox"/>	<input type="checkbox"/>
8 Is there any reason this student should not take part in any sport?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
9 Has had completed poliomyelitis immunization by injections (Salk) or vaccine by mouth (Sabin)	<input type="checkbox"/>	<input type="checkbox"/>
10 Has had tetanus toxoid and booster inoculation	<input type="checkbox"/>	<input type="checkbox"/>
Date of last booster ____/____/____		
11 Has seen a dentist within the past 6 months	<input type="checkbox"/>	<input type="checkbox"/>
12 To my knowledge the paired organs that follow are present and healthy:		
Eyes	<input type="checkbox"/>	<input type="checkbox"/>
Ears	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Kidneys	<input type="checkbox"/>	<input type="checkbox"/>
Testicles or ovaries	<input type="checkbox"/>	<input type="checkbox"/>
Arms/legs.....	<input type="checkbox"/>	<input type="checkbox"/>
Fingers/toes.....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "YES" to any of the above questions, explain here with names and dates: _____

If you answered "YES" to any of the above questions, explain here with names and dates: _____

I hereby give my consent for the above secondary school student to engage in interschool sports activities as a representative of his school, except those activities crossed out by the examining physician on the reverse side of this form. I also give my consent for the above student to accompany the team as a member for its "away" games and contests.
I GIVE MY PERMISSION FOR THE PHYSICIAN TO COMPLETE PART II FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH AND EDUCATIONAL NEEDS IN SCHOOL

 Mother's signature Date

 Father's signature Date