LA PORTE COMMUNITY SCHOOL CORPORATION
STUDENT HEALTH RECORD AND EXAMINATION

NAME _____ SEX _____ DATE OF BIRTH _____

PARENTS _____ ADDRESS _____

SCHOOL _____ GRADE _____ PHONE(for emer.)_____

TO BE ANSWERED BY PARENT: Are there any significant factors in your child's health history that could affect his/her mental or physical learning disability? Are there any allergies or other problems present of which the school health nurse should be aware? Is your child taking any medicine regularly? Please detail.

_____

_____

STATEMENT OF IMMUNIZATION HISTORY

Disease	Month & Year (or age when given)	Optional Tests/Results
Poliomyelitis	' ' ' '	Sickle Cell Anemia _____
Tetanus	' ' ' '	Lead Poisoning _____
Diphtheria	' ' ' '	
Pertussis	' ' ' '	Tuberculin Test: Type _____ Date _____
Rubeola (Measles)	_____ _____	Negative _____ If Positive, Size _____
Rubella (German Measles)	_____ _____	Chest X-Ray (if indicated) _____
Mumps	_____ _____	

PHYSICAL EXAMINATION

Height _____ Weight _____ Urinalysis _____

Please record any abnormal physical or developmental findings _____

_____

_____

Should physical activities be restricted? _____

Comments and recommendations _____

_____

STATEMENT OF PHYSICIAN

This child has been adequately immunized _____.

This child requires further immunizations which will be completed by me within 30 days _____ within 60 days _____. This child requires further immunizations which should be completed by the school or health department _____.

Signed _____ Date _____

Note: If student plans to participate in any school sports during the school year please fill in the form on the reverse side.

HLTH 6

PART II - STUDENT MEDICAL HISTORY (To be completed by parent or doctor)

Nameof Student _____

Parent's Name _____ Phone _____

(Circle One)

Yes - No 1. Has had injuries requiring medical attention.

Yes - No 2. Has had illness lasting more than a week.

Yes - No 3. Is under physician's care now.

Yes - No 4. Takes medication now.

Yes - No 5. Wears glasses. Contact lenses Yes - No

Yes - No 6. Has had surgical operation.

Yes - No 7. Has been in the hospital (except for tonsillectomy)

Yes - No 8. Do you know of any reason why the individual should not participate in all sports?

Please explain any "Yes" answers to above questions.

_____

Yes - No 9. Has had complete poliomyelitis immunization.

Yes - No 10. Has had a dental check-up within the past 6 months.

11. Most recent tetanus toxoid immunization date. _____

PART III - PARENT AND STUDENT CONSENT (To be completed and signed by parent or guardian and student) In accordance with rules of the IHSAA, I hereby give my consent for the above named student to participate in the following interschool sports NOT MARKED OUT:

Boys Sports - Baseball, Basketball, Cross Country, Football, Golf, Swimming, Tennis, Track, Wrestling. **Girls Sports** - Basketball, Cross Country, Golf, Gymnastics, Softball, Swimming, Tennis, Track, Volleyball

I understand that participation may necessitate travel and early dismissal from classes. Please check appropriate space: He/She has school student accident insurance ( ); has football insurance through the school ( ); has adequate family insurance coverage ( ).

Date _____; Parent-Guardian Signature _____

Student Signature _____

PART IV - PHYSICIAN'S CERTIFICATE (To be completed annually by physician holding unlimited license to practice medicine.) (Cooperatively Prepared by the National Federation of State High School Associations & the Committee on Medical Aspects of Sports of the AMA-IMA)

Name of Student _____ School _____

Significant past illness or injury _____

Grade _____; Age _____; Height _____; Weight _____ Blood Pressure _____

Examined	Satis.	Unsatis.	Not Exam.	Examination	S.	U.	N.E.
Vision				Muscoloskeletal			
Hearing				Skin			
Respiratory				Neurological			
Cardiovascular				Lab Tests/Urinalysis			
Liver,Spleen, Kidney				Other			
Hernia, Genitalia							

I certify that I have on this date examined this student as indicated and find him/her physically able to compete in supervised athletics NOT MARKED OUT BELOW.

Boys Sports - Baseball, Basketball, Cross Country, Football, Golf, Swimming, Tennis, Track, *Wrestling. **Girls Sports** - Basketball, Cross Country, Golf, Gymnastics, Softball, Swimming, Tennis, Track, Volleyball.

*Weight loss permitted to make lower weight class in Wrestling? Yes _____; No _____;

If yes may lose _____ pounds.

Date of Examination _____ Signed _____ M.D.