



DAIM NTAUV KUAJ IB CE RAU KEV UA KISLAS

FEEM 1 (QHOV NO YUAV TSUM TAU MUAJ UA KOM TIAV LOS NTAUV NIAMTXIV LOSSIS TUS SAIBXYUAS)

Table with columns: LUB XEEM, NPE, QIB KAWM, HNUB YUG, KISLAS THAUM LUB CAJ (FALL), KISLAS THAUM LUB CAJ NTUJ NO, KISLAS THAUM LUB CAJ (SPRING), TUB NTXHAIS TUS LEJ ID#

FEEM 1 – KEEBKWM TXOG KEV NOJ QAB HAUS HUV (Yuav tsum tau muab qhov no ua kom tiav los ntauv Niamtxiv/Tus)

Saibxyuas Uantej Kuaj ib Ce)

Table with 3 columns: Muaj, No, Has this student had: (15 items), 16-29. Items include chronic illness, hospitalizations, allergies, chest pain, dizziness, fainting, heat exhaustion, racing heartbeat, seizures, injuries requiring medical care, neck/back pain, knee pain, shoulder/elbow pain, ankle pain, other joint pain, broken bones, eyeglasses/contact lenses, dental bridges/braces/plates, medications, birth defects, death of parent/grandparent, heart condition treatment, physician visits.

Zaum kawg uas txhaj koob tshuaj tetanus (lockjaw): _____ Zaum kawg uas tau mus kuaj ib ce: _____
Qhia txhua qhov uas koj tau teb "YES". Qhia tej yam uas muaj tseeb uas yuav tsum tau qhia uantej kuaj ib ce (sau rau sab nraud daim ntauv no yog hais tias tsi txaus):

NIAMTXIV/TUS SAIBXYUAS KEV TSO CAI: Kuv tso cai rau kws khomob kuaj kuv tus tub ntxhais ib ce rau kev ua kislas. Cov kev qhia saum toj no yeej qhia tas tas thiab muaj tseeb. Kuv yeej tsi pom muaj dabtsi uas yuav los tabkaum tau tus tub ntxhais kev yuav ua cov kislas li tau muab teev tseg no. Kev kuaj ib cev rau kev ua kislas no tejzaum yuav raug kuaj los ntauv lub District cov neeg uas tuam yeem tuaj pab ua haujlwm pub dawb xwb, Kuv totaub hais tias kev kuaj tsuas yog kuaj xwb, kuv yuav tsum tau hais qhia tej kev txhawjxeeb txog mob nkees rau kuv tus

Table with columns: tub ntxhais tus kws khomob, SAU UA TEJ TUS NTSIAJ NTAUV NIAMTXIV LOSSIS TUS SAIBXYUAS NPE, NIAMTXIV LOSSIS TUS SAIBXYUAS XEES NPE, CHAW NYOB, XOVTUOJ TOM HAULWM, XOVTUOJ TOM TSEV, HNUB

REGULAR PHYSICIAN'S NAME OFFICE PHONE PROVIDER CLINIC OR ORGANIZATION

PART 2 – MEDICAL EVALUATION (TO BE COMPLETED BY THE EXAMINING HEALTH CARE PROVIDER)

This Evaluation Can Only be Performed by Medical Doctors (MDs), Doctors of Osteopathy (DOs), Physician's Assistants (P.A.s), and Nurse Practitioners (N.P.s)

Table with columns: Eyes/Ears/Nose/Throat, Heart, lungs, pulmonary function, Abdomen, genital/hernia (males), Skin and Musculoskeletal (a. Neck/Spine/Shoulders/Back, b. Arms/Hands/Fingers, c. Hips/Thighs/Knees/Legs, d. Feet/Ankles), NORMAL, ABNORMAL (Describe), (May be contained on Provider's Form), Height, Weight, Pulse, After Ex, BP, Recommendation (Unlimited participation, Limited participation/specific sports, events or activities, Clearance withheld pending further testing/evaluation No athletic participation)

Neurologic Screening Exam (NSE)/ Concussion Screening Evaluation (only if needed based on above info.) One of the above MUST be checked.

Comments: PHYSICIAN STAMP

Original to be held on file with the Athletic Director for a period of one (1) year after the end of the Academic Year.