



**CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT
HEALTH STATUS FORM**

A PHYSICAL EXAM MUST BE COMPLETED AND THIS FORM SIGNED AND RETURNED (along with signed Concussion Form) TO SCHOOL BEFORE A STUDENT WILL BE PERMITTED TO PRACTICE. For athletics – a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, qualified doctor of chiropractic, advanced registered nurse practitioner, or physician’s assistant should complete this report.

Student Name _____ Birth Date _____
 School _____ Grade _____ Sex: M F
 Parent/Guardian _____ Home Phone _____

TO PARENTS/GUARDIANS:

A health examination by your healthcare provider is important to your child’s welfare and to the school in adapting its program to individual needs. Please have your child examined before entering school and periodically thereafter according to the recommendations of your healthcare provider and the school district. Please complete this section and have your healthcare provider complete the remainder.

List any significant medical or current health problems of family members that might affect the health or school performance of this child.

Would you consent to exchange of information between school nurse and your healthcare provider regarding the student’s health status? If so please sign here.
 _____ Date _____

TO BE COMPLETED BY HEALTHCARE PROVIDER

Date of Exam _____
SPORTS PHYSICAL IS VALID 12 MONTHS FROM THIS DATE

Ht. _____ Wt. _____ B.P. _____ Vision _____ Lead _____ BMI _____ BMI % _____

	<u>YES</u>	<u>NO</u>	<u>EXPLAIN</u>
1. Is there any significant health history-i.e. chronic illness, surgeries, injuries, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Is there any impairment of vision, hearing, or speech?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Is this student subject to any condition which may result in a classroom emergency or limit participation during the school day -i.e. diabetes, asthma, allergies, epilepsy, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Is there any emotional, mental, or physical condition for which this student should remain under periodic medical observation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Is there any medication or treatment prescribed for this student?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Is there any deficiency in immunizations?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Were any immunizations given today?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Does this student have <u>any restrictions for physical education classes or for competitive athletics based on your comprehensive history and exam?</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Did you recommend a referral or further evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	_____

HEALTHCARE PROVIDER PRINTED NAME _____

HEALTHCARE PROVIDER SIGNATURE _____

TODAY’S DATE _____

PARENT/GUARDIAN – REVIEW TRAINING RULES FOR INTERSCHOLASTIC ATHLETICS – OVERVIEW ON PAGE 2 AND SIGN HERE FOR ATHLETIC PARTICIPATION

_____ **IS GIVEN MY PERMISSION TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS.**
 I have read Page 2 of this form and am accountable for complete Code of Conduct Policy (410). Participation in athletics may result in injury. We’ll assume responsibilities related to such injuries.

ATHLETE’S SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

TRAINING RULES FOR INTERSCHOLASTIC ATHLETICS

A complete and detailed version of these rules are available in any high school activities office
The Cedar Rapids Community Schools and the Board of Education (Policy 410) have established certain minimum standards required of all athletic squads and squad members. To retain eligibility for participation in co-curricular, students must conduct themselves as good citizens in and out of school at all times. Students who represent the school in an activity are expected to serve as good role models to other students and to the members of the community. Any student who, after a hearing at which the student shall be confronted with the allegation, the basis of the allegation, and given an opportunity to tell the student's side, is found to have violated the school's Good Conduct Rule will be **deemed ineligible for a period of time**. A student may lose eligibility under the Good Conduct Rule for any of the following behaviors, or when a preponderance of the evidence indicates a policy violation:

- Possession, use or purchase of tobacco products, regardless of the student's age.
- Possession, use or purchase of alcoholic beverages, including beer and wine. ("Use" includes having the odor of alcohol on one's breath). This includes "near beer" labeled as non-alcoholic.
- Possession, use or purchase of illegal drugs or the unauthorized possession, use or purchase of otherwise lawful drugs.
- Engaging in any act that would be grounds for arrest or citation in the criminal or juvenile court system (excluding minor traffic offenses) regardless of whether the student was cited, arrested, convicted or adjudicated for the act(s).
- Inappropriate or offensive conduct such as fighting, insubordination (talking back or refusing to cooperate with authorities), hazing or harassment of others.
- If a student transfers in from another Iowa school district and the student had not yet completed a period of ineligibility for a violation of a Good Conduct Policy Rule in the previous school or school district, the student shall be ineligible if the administration determines that there is a general knowledge in our school district of the fact of the student's violation in the previous district.

If a parent of a student wants to contest the declared ineligibility of a student based on these rules, he/she may contact the Activities Office to begin the appeal procedure.

PHYSICAL – EXPIRATION DATE

Physical examinations are valid for 12 months from the date of the physical. Iowa law allows a grace period not to exceed 30 days for expired physicals.

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ATHLETE'S SIGNATURE AND DATE

PARENT/GUARDIAN SIGNATURE AND DATE