<u>COPY</u> this Clearance Form for the player to return to NORD. <u>KEEP</u> the complete document in the player's file.

## 2018-2019 NORD ATHLETICS QUALIFYING PHYSICAL EXAMINATION CLEARANCE FORM New Orleans Recreation Development Commission

Child Name: Address:			Birth Date:	Age:	Gender: M / F		
			Mobile Telephone				
(1) Particip	oate in all NORD oate in any activi	een medically evaluate athletics without rest ty not crossed out be	rictions.	e physically fit to: (	Check Only One Box)		
Sport Classification Based on Contact  Collision Contact Limited Contact			Sport Classification Based on Intensity & Strenuousness:				
Sports  Basketball Cheerleading Football Soccer Boxing Flag Football	Sports  Baseball Field Events:  High Jump  Pole Vault Softball Volleyball	Non-contact Sports  Cross Country Running Dance Team Field Events: Discus Shot Put Swimming Tennis Track Cheerleading	This classification is based on peak static and dynar components achieved during competition. It should be note however, that higher values may be reached during training. The increasing dynamic component is defined in terms of the estimated percent of maximal oxygen uptake (MaxO <sub>2</sub> ) achieve and results in an increasing cardiac output. The increasing static component is related to the estimated percent of maximal voluntary contraction (MVC) reached and results in increasing blood pressure load. The lowest total cardiovasculars achieves the component of the comp				
recomm Addition parents	nendation can be nal recommendation:  ared for: All S	ons for the school or	lightest shading a graduated shading and high moderate bodily collision. †I with permission fi Conference: eligibi	and the highest in g in between depicts I e total cardiovascula Increased risk if syntom: Maron BJ, Zip illity recommendations	pressure) are shown in darkest shading. The ow moderate, moderate, ar demands. *Danger of cope occurs. Reprinted les DP. 36th Bethesda s for competitive athletes Am Coll Cardiol. 2005;		
have examined the abo	ove named player and nd can be made availa	completed the Sports Qualify ble to NORD at the request of	of the parents.	·			
Attending Provider Print Provider Nam				Date of Exam_			
Office/Clinic Name							
City, State, Zip Cod Office Telephone: _		E-Mail Add	lress:				
EMERGENCY INFO							
Telephone: (H)							
			Office Teleph				

## 2018-2019 NORD ATHLETICS QUALIFYING PHYSICAL HISTORY FORM

## New Orleans Recreation Development Commission

Control Countrol Number   Ord questions for which the answers is unknown.   Control Visio Visio on North   Ord Visio on North   Or	Child Name:	Birth Date:	Date of Exam:
GENERAL QUESTIONS  1. Has a dottor ever demand or nestricted your participation in sports for any reason or told you to give up sports?  2. Do you have an onpoint gradical controlline (like daubtets, sethme, nemans. Indectorar)?  3. A Do you have an engaging medical controlline (like daubtets, sethme, nemans. Indectorar)?  4. Do you have a silergees to made in a hospital?  4. Do you have a silergees to made in a hospital?  5. Have you up expect to might in a hospital?  5. Have you up expect to might in a hospital?  7. Y. N.  8. Have you up the placed out of relating beased out A FER exercise.  7. Y. N.  8. Have you up the placed out of relating beased out A FER exercise.  7. Y. N.  8. Have you up the placed out of relating beased out A FER exercise.  7. Y. N.  8. Have you up the placed out of relating beased out A FER exercise.  9. Y. N.  8. Have you up the placed out of relating beased out A FER exercise.  9. Y. N.  9. Do been you there in our shall be self-relating to the self-relating secretion?  9. Y. N.  10. Does you there are one shall be self-religiate beased query exercises.  11. Has a a docume ever took you did you have? (pricing a secretion?  12. Have you go the control and self-relating the secretic of the secretic part of the self-relating secretion?  13. Do you got lighthreaded or less though the self-relating secretion?  14. Have you use me for shall be self-relating the self-relating secretion?  15. Have you use the an unresplated section of breast than expected during secretions?  17. N.  18. Have you use the an unresplated section and the self-relation and unresplated section and unresplated sections and unresplated sections and unresplated sections and unresplated sections and unresplated sections.  18. Have you use that an unresplated section and unresplated sections and unresplated sections.  19. Have you use that an unresplated section self-relating the section of the sections and unresplated sections.  19. Have you use that an unresplated section self-relating the sections and unresplated		History	
1. Is as a doctor ever dended or mestinently you participation in sports for any meason or tole you to give up epoth?  2. Do you have an open greated proteining file addisets.  3. Also you currently beling any prescription or nonpescription (over-the-counter) medicines or pills?  3. Also you currently beling any prescription or nonpescription (over-the-counter) medicines or pills?  4. Do you have alleges to medicines, policies, books, or disigning insects?  5. This you over sport the night in a hospital?  5. This you over possed out or many prescription (over-the-counter) medicines?  7. N. Harden HEALTH QUESTIONS ABOUT OUT  7. This you over possed out or many prescription (over-the-counter) medicines?  9. Y. N. 1. The counter of the properties of the policy of the policy of the you have a counter of the policy of the you have the policy of the you have the (locale).  10. Does you heart race or skip beats (imregular beats) during exercise?  12. Has a doctor ever ordinate at set for your hearth of for example, EXCOENCE, cancinating for the policy of the your hearth of the example, EXCOENCE, cancinating for the policy of the your hearth of the example, EXCOENCE, cancinating for the policy of the your hearth of the example, EXCOENCE, cancinating for the policy of the your hearth of the example, EXCOENCE, cancinating exercise?  12. Has a doctor ever ordinate at set for your hearth of the example, EXCOENCE, cancinating exercise?  13. Do you get lightened or letter make greated during exercise?  14. When you ever that an unequitated set set of your hearth of the example, EXCOENCE, cancinating exercise?  15. The your properties and an investment of the example, EXCOENCE, cancinating exercise?  16. Has any family member or solative died of the heart problems or he had a unexpected our unexplained southern death of the example of the exercise of th	Circle Question Number (1.) of questions for which the answer is unknown		Circle Y for Yes or N for No
2. Doysu have an ongoing medical concilion (like diabetes, astirms, anemia, intectional?)  4. Do you have allergies to medicines, pollens, foots, or singing intected?  4. Do you have allergies to medicines, pollens, foots, or singing intected?  4. No.  5. Heave you were passed out or nearly passed out DURNNG exercise?  4. No.  6. Heave you were passed out or nearly passed out DURNNG exercise?  4. No.  6. Heave you were passed out or nearly passed out DURNNG exercise?  4. No.  6. Heave you were passed out or nearly passed out DURNNG exercise?  4. No.  6. Heave you were passed out or nearly passed out DURNNG exercise?  4. No.  7. Heave you were passed out or nearly passed out DURNNG exercise?  5. Do Does you have passed out or nearly passed out DURNNG exercise?  6. Heave you were passed out or nearly passed out DURNNG exercise?  7. No.  8. Heave you were passed out has you have you you get lighthheaded or feel more short of howelf me as easily have your friends during ownerse?  7. No.  8. Do you get not were had on unexplained sealure?  7. No.  8. Do you get not your family have a heart problems or had an unexpected or unexplained sudden death before age 50 (including unexplained or unexplained sudden death before age 50 (including unexplained or unexplained sudden death before age 50 (including unexplained or unexplained sudden you have you have you have you have have you have have you have have you hav		f	V (N
3. Amy jour currently laking any prescription or nonprescription (over-the-counter) medicines or pills?  4. Divyo, him we larging to medicines, policy, 6006, or Seniging insects?  5. Have you ever spend the right in a longstat?  7. N.  5. Have you ever short discription and DURNO suscribs?  7. N.  8. Have you ever bed description in senigration of the senior of the			
Late: 4. Do you were had surgery? 4. Do you were had surgery? 4. Do you were had surgery? 4. No. 6. Here you were had surgery? 4. No. 7. No. 9. Here you were had surgery had you were had surgery had you were had surgery had you were sent of beent ham expected during exercise? 4. No. 3. Do you get lightended or feel men see fron of breath ham expected during exercise? 4. No. 1. No.	Are you currently taking any prescription or nonprescription (over-	the-counter) medicines or pills?	Y/N
5. Here you ever sport the night in a hospital?  7. Here you ever passed out or really passed out DURNO exercise?  7. In the you ever passed out or really passed out DURNO exercise?  9. YN  9. Here you ever passed out or really passed out DURNO exercise?  9. YN  9. Here you ever had disconfort, pain, lightness, or pressure in your freeled during exercise?  9. YN  9. Here you ever had disconfort, pain, lightness, or pressure in your freeled during exercise?  9. YN  9. Here you ever had disconfort, pain, lightness, or pressure in your freeled during exercise?  9. YN  10. Does you have reason do not really passed out AFTER exercises?  11. YN  12. He you get lightnesdoid or feel more short of breath them expected during exercise?  12. He as a dottor ever ordered a test for breath them expected during exercise?  13. Do you get injettlesedoid or feel more short of breath them expected during exercise?  14. YN  15. Do you get lightnesdoid or feel more short of breath them expected during exercise?  15. Do you get lightnesdoid or feel more short of breath them expected during exercise?  17. YN  18. HEART HEALTH QUESTIONS ABOUT YOUR FAMILY  18. He say any tearly member or relative to add or heart procisions or had an unexpected or unexplained during exercise?  17. YN  18. Dose snycer in your family have a heart procision, pacemasker, or implanted defibrillator?  18. He say to your part of your family have a heart procision, pacemasker, or implanted exercise grain veneration or your part of your family have a heart procision, pacemasker, or implanted and exceptional part of your family have a heart procision, pacemasker, or implanted and exceptional part of your family have a heart procision. Family have a feature or an exercise or your family have a grain, muscle or ingained defibrillator?  17. YN  18. Does snycer in your family have a grain, muscle or ingained defibrillator?  18. He you were head an injury, like a sprain, muscle or ingained defibrillator?  19. He you were head an injury, like a sprain, muscle or injuri	List:		
6. Here you were had suggery?  Y.N.  Here you were passed out or restly passed out AFTER seecister?  Y.N.  Here you were passed out or restly passed out AFTER seecister?  Y.N.  Do be your heart nace or salp beats (irregular beats) during exerciser?  Y.N.  Do be your heart nace or salp beats (irregular beats) during exerciser?  Y.N.  Do be your heart nace or salp beats (irregular beats) during exerciser?  Y.N.  Do be your heart nace or salp beats (irregular beats) during exerciser?  Y.N.  Do by you get planted of cell and your heart of the sample. ECGEKG, orbicardiogram, stress test)  Y.N.  Do by you get planted of cell and your beat of beats it many experted furing exerciser?  Y.N.  Here you ever that sharp an experted furing your friends during exerciser?  Y.N.  HERAT HEALTH QUESTIONS ADOUT YOUR FAMILY  To be you get planted or for include did of heart problems or head an unexpected of unexplained usuden death before age 50 (including unexplained downing)  The Heart HEALTH QUESTIONS ADOUT YOUR FAMILY  Y.N.  B. Hear you ever that sharp your friends during exercise?  Y.N.  B. Hear you great planted for exercised for the properties cardiomyophyth. Mean synthems arrivphanted are accidently?  Y.N.  So bear suprised to a suckery.  Y.N.  Do see suprised your furity have a partial problems properties. Cardiomyophyth. Mean synthems arrivphanted are accidently?  Y.N.  So bear suprised your family have a partial problems properties. A partial problems problems properties. A partial problems properties. A partial problems problems problems problems problems problems			
7. Have you ever passed out or nearly passed out DURING exercise?  9. Have you ever had decorated, pass, lightness, or pressure in your chest during exercise?  9. Have you ever had decorated, pass, lightness, or pressure in your chest during exercise?  9. YN  9. Have you ever had decorated.  11. Has a doctor ever tod you that you have? (critical)  12. Has a doctor ever tod you that you have? (critical)  13. Do you get lightnesded or foel more short of breath than expected during exercise?  9. YN  13. Do you get lightnesded or foel more short of breath than expected during exercise?  9. YN  14. Box 20 you get lightnesded or foel more short of breath than expected during exercise?  9. YN  15. Do you get lightnesded or foel more short of breath than expected during exercise?  9. YN  16. Do you get lightnesded or foel more short of breath than expected during exercise?  9. YN  17. NO  18. Has a you ever the during which the present in the guide has a present that the present of the present of the present of the present present present of the present present of the present presen			
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11. Has a doctor ever fold you that you have? (circle): High blood pressure. A heart murm. High chickesterd. A heast infection. Rhournatic fever. Kawasah's Disease  13. In a doctor ever conduct a rest for your heart? (or example, ECOEKC, seriocardogram, stress test). 14. Have you ever he do unexpolation distura? 15. Do you get more tired or short of breath more quickly than your friends during exercise? 16. The MINE COMMENT OF THE COMMEN			
12. Has a doctor ever ordered a test for your heart? for example, EGGFKG, echoardingrims, stress test).  13. Do you get lightneaded or feel more short of breath than expected adving exercise?  14. Have you ever had an unsoplared seture?  15. The property of the property	11. Has a doctor ever told you that you have? (circle):		
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unexplained car accident?  1. Does anynor in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  1. Does anynore in your family have a heart problem, pacemaker, or implanted delibrilianty.  1. Does anynore in your family have a heart problem, pacemaker, or implanted delibrilianty.  1. Have you had any broken or fractured bornes or dislocated joints?  2. Have you ever had an injury, like a syrain, muscles or iligenation tear or tendentis that caused you to miss a practice or game?  3. Have you ever had an sirred required x rays, MIK, CT scan, injections, therapy, a brace, a cast, or crutches?  4. Have you ever had a sirred required x rays, MIK, CT scan, injections, therapy, a brace, a cast, or crutches?  5. Do you regularly use a brace, enflortic or other assistive device?  7. YN  7.			
17. Does anyone in your family have hypertophic cardiomyopathy, Marfan syndrome, aritythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome in your family have a heast problem, pacemaker, or implanted delibrillator?  Y. N. 18. Dises anyone in your family have a heast problem, pacemaker, or implanted delibrillator?  Y. N. 19. Has surprise in your family have a heast problem, pacemaker, or implanted delibrillator?  Y. N. 19. Has surprise in your family have a heast problem, pacemaker, or implanted delibrillator?  Y. N. 19. Has surprise in your family have a heast problem, pacemaker, or implanted delibrillator?  Y. N. 19. Has very have a problem in the pacemaker of the pacemaker of the your have been an injury that required x-rays. RIRI, CT scan, injections, therapy, a brace, a cast, or crutches?  Y. N. 21. Have you ever had a stress facture?  Y. N. 23. Have you ever had a stress facture?  Y. N. 24. Have you ever beat on the pacemaker of the your have on the very have a heast problem.  Y. N. 25. Do you registed you se a brace, or otherics or other assistive device?  Y. N. 26. Do you registed you see a brace, or other assistive device?  Y. N. 27. Do any of your joints become painful, evolein, feel warm, or look red?  28. Do you have any history of Juvenile arthritis or connective tissue disease?  WEEVICAL OUESTIONS  29. Has a doctor over told you that you have asthma or allergies?  Y. N. 30. Do you cough, wheeze, experience chest tightness, or have difficulty breathing during or after exercise?  Y. N. 31. So these anymore in your family who has a saftmar?  Y. N. 32. Do you they are have any or have a saftmar or allergies?  Y. N. 33. Do you develop a rash or hives when you exercise?  Y. N. 34. Were you be now in your family who has a saftmar?  Y. N. 35. So your develop a rash or hives when you exercise?  Y. N. 36. Have you have grinn pain or a painful bulge or hernia in the grinn area?  Y. N. 37. Do you have any sheart your youn insign at kinder, an eye, a testicle (males), or any other org			
syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  Y/N 18. Does anyone in your family had unexplained familing, unexplained electures, or near drowning?  Not any one or in your family had unexplained familing, unexplained electures, or near drowning?  Y/N 20. Have you ever had an injury, like a sprain, muscle or figament lear or tendonials that caused you to miss a practice or game?  Y/N 21. Have you ever had an injury had supplied to see or dislocated icinits?  Y/N 22. Have you ever had an injury had required x-rays, MRI. CT scan, injections, therapy, a brace, a cast, or crutches?  Y/N 23. Have you ever had a site site facture?  Y/N 24. Have you ever had a site you have or have you had an x-ray for neck instability or allantoaxial instability? (Down syndrome or dwarfism)  Y/N 25. Do you regularly use a brace, ortholics or other assistive device?  Y/N 26. Do you regularly use a brace, ortholics or other assistive device?  Y/N 27. Do any of your joints become painful, swollen, feel warm, or look ref?  Y/N 28. Have you ever be ment of the province artificial cornocarble issue discisce?  Y/N 29. Has a doctor ever told you that you have ashma or allergies?  Y/N 29. Has a doctor ever told you that you have ashma or allergies?  Y/N 30. Do you cough, wheeze, experience chest tightness, or have difficulty breathing during or after exercise?  Y/N 31. Is there anyone in your family who has ashtma?  Y/N 32. Have you are used an inhelies, or have difficulty breathing during or after exercise?  Y/N 33. Do you develop a rash or hives when you exercise?  Y/N 34. Have you that infections mononucleosis (mono) within the last month?  Y/N 36. Have you had a herpes or MRSA skin infection?  Y/N 37. Do you have any rashes, presenue sors, or or dever skin problems?  Y/N 38. Have you that a hirth problems withing the skin problems?  Y/N 39. Have you ever had a hirth problem skin problems?  Y/N 40. Have you ever had a hirth problem skin problems?  Y/N 41. Have you ever had a mentious discover one ski			
19. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? 20. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonlist hat caused you to miss a practice or game? 21. Have you had any broken or fractured bones or dislocated joints? 22. Have you ever had as in injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 23. Have you ever had as the schicture? 24. Have you ever had as the rest facture? 25. How you were that as a testing the rest had been some that the property of the rest had been some that the rest had been some that the property of the property of the rest had been some that the property of the rest had been some that the property of the rest had been some that the property of the rest had been some that the property of the property of the rest had been some that the property of the rest had been some that the property of the rest had been some that the property of the rest had been some that the property of the property of the rest had been some that the property of the rest had been some that the property of the rest had been some that	syndrome, Brugada syndrome, or catecholaminergic polymorphic	ventricular tachycardia?	Y/N
BONE AND JOINT GUESTIONS  20. Have you be rid and injury, like a sprain, muscle or ligament tear or tendonlist that caused you to miss a practice or game?  7/ N  21. Have you be ver had an injury, like a sprain, muscle or ligament tear or tendonlist that caused you to miss a practice or game?  7/ N  22. Have you ever had an injury, that required x-rays, MR, CT scan, injections, therapy, a brace, a cast, or crutches?  7/ N  23. Have you ever had a sites stracture?  7/ N  24. Have you ever be not of that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or awarfism)  7/ N  25. Do you begularly use a brace, curricutes or other assistive device?  7/ N  26. Do you bear a brace, muscle, or print injury that bothers you?  27. V  28. Do you have any history of juvenile arthritis or connective tissue disease?  8/ N  29. Has a doctor ever told you that you have ashma or allergies?  9/ N  20. Have you ever used an inhelien these, or have difficulty breathing during or after exercise?  9/ N  21. Is there anyone in your family who has a sathma?  22. Have you ever used an inhelien or taken asthma medicine?  9/ N  23. Do you develop a rash or hives when you exercise?  9/ N  24. Have you ever used an inhelien or taken asthma medicine?  9/ N  25. Do you have groin pain or a paintul bulge or hernia in the groin area?  9/ N  26. Have you or will do not will not on the sathma medicine?  9/ N  27. Do you have groin pain or a paintul bulge or hernia in the groin area?  9/ N  28. Have you over had a his or blow of the head that caused confusion prolonged headache, or memory problems?  9/ N  29. Have you ever had a his or blow to the head that caused confusion prolonged headache, or memory problems?  9/ N  20. Do you have headaches with exercise?  9/ N  21. Do you have headaches with exercise?  9/ N  22. Do you have head and his problems with your eyes or vision?  29. Have you ever had a his or blow to the head that caused confusion prolonged headache, or memory problems?  9/ N  21. Do			
20. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonite that caused you to miss a practice or game?.  Y/N 21. Have you ever had an injury that required x-rays, MRI. CT scan, injections, therspy, a brace, a cast, or crutches?.  Y/N 23. Have you ever had a instear facture?  Y/N 24. Have you ever had an injury that required x-rays, MRI. CT scan, injections, therspy, a brace, a cast, or crutches?.  Y/N 24. Have you ever had a ninjury that required x-rays, MRI. CT scan, injections, therspy, a brace, a cast, or crutches?.  Y/N 24. Have you ever had a teste a facture?  Y/N 25. Do you regulatly use a brace, crithoctes or other assistive device?  Y/N 27. Do any of your joints become painful, swollen, feel warm, or look red?  28. Do you have any history of juvenile arthritis or connective tissue disease?  MEDICAL QUESTIONS  WEDICAL QUESTIONS  Y/N 30. Do you cough, wheeze, experience chest tighnitess, or have difficulty breathing during or after exercise?  Y/N 31. Is there anyone in your family who has asthma?  Y/N 32. Have you ever used an inhaler or taken asthma medicine?  Y/N 34. Were you born without or are you missing a kidney, an eye, a testicle (males), or any other organ?  Y/N 35. Do you develop a rash or hives when you exercise?  Y/N 36. Have you than infectious monoruclosics (mono) within the last month?  Y/N 37. Do you have any risehes, pressure sores, or other skin problems?  Y/N 38. Have you ever had a head injury or concussion?  Y/N 39. Have you ever had a head injury or concussion?  Y/N 40. Have you ever had a head injury or concussion?  Y/N 41. Do you have a history of seizure disorder?  Y/N 43. Have you have had along the every disored.  Y/N 44. Have you are had a head injury or concussion?  Y/N 45. Have you are had a head injury or concussion?  Y/N 46. Do you have a history of seizure disorder?  Y/N 47. How you over had a head injury or concussion?  Y/N 48. Have you have had along the present family have sickled cell trait or disease?  Y/N 48. Have you have had any experience		seizures, or near drowning?	Y/N
21. Have you wer had an injury broken or fractured bones or dislocated joints?  22. Have you wer had a stress fracture?  33. Have you ever had a stress fracture?  34. Have you ever had a stress fracture?  35. De you have the bent of this fractured to have you had an x-ray for neck instability or atlantosxial instability? (Down syndrome or dwarfism).  36. De you have a bone, muscle, or joint injury that others you?  37. De you are a bone, muscle, or joint injury that others you?  38. De you have a bone, muscle, or joint injury that others you?  39. De you are a bone, muscle, or joint injury that others you?  39. De you goodly, wheeze, experience chest injuries, or owner or were the young that you have a sthma or allergies?  39. De you goodly, wheeze, experience chest injuries, or have difficulty breathing during or after exercise?  30. De you goodly, wheeze, experience chest injuries, or have difficulty breathing during or after exercise?  31. Is there anyone in your family who has asthma?  32. Have you ever used an inhalter or taken asthma medicine?  33. De you develop a rash or hives when you exercise?  34. Were you born without or are you missing a kidney, an eye, a testicle (males), or any other organ?  35. De you have groin pain or a painful bulge or hermia in the groin area?  36. Have you and a interious monouncleosis (monouncleosis (monouncleosis) (monouncleosis		r or tendonitis that caused you to miss a practice of	or game? Y / N
23. Have you ever head a stress fracture?	21. Have you had any broken or fractured bones or dislocated joints?	, , , , , , , , , , , , , , , , , , , ,	Y/N
24. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism).  Y N Do any of you prior become, or ploint in your that bothers you?  Y N Do any of your joins become painful, swollen, feel warm, or look red?  Y N N 26. Do you have any history of juvenile arthritis or connective tissue disease?  Y N N 27. Do any of your joins become painful, swollen, feel warm, or look red?  Y N N 28. Do you have any history of juvenile arthritis or connective tissue disease?  Y N N 29. Has a doctor ever told you that you have asthma or allergies?  Y N N 30. Do you coupt, wheeze, experience chest tightness, or have difficulty breathing during or after exercise?  Y N N 31. Is there anyone in your family who has asthma?  Y N 31. She you develop a rash or hives when you exercise?  Y N N 34. Where you born without or are you missing a kidney, an eye, a testicle (males), or any other organ?  Y N N 35. Do you have groin pain or a painful bulge or herrain in the groin area?  Y N N 36. Have you had infectious mononucleosis (mono) within the last month?  Y N D you have any rashes, pressure sorse, or other skin problems?  Y N N 39. Have you ever had a had injury or concussion?  Y N N 39. Have you ever had a had injury or concussion?  Y N N 39. Have you ever had a hid or blow to the head that caused confusion prolonged headache, or memory problems?  Y N N 10. Do you have headaches with exercise?  Y N N 11. Do you have headaches with exercise?  Y N N 12. Do you have had a hid or blow to the head that caused confusion prolonged headache, or memory problems?  Y N N 14. Have you ever had a hid mile were the properties of the head?  Y N N 15. Have you ever had a hid mile were the properties of the head?  Y N N 16. Have you ever head a hid mile were the properties of the head?  Y N N 16. Have you have headaches with exercise?  Y N N 17. Have you ever head a neating describe?  Y N N 18. Have you had any problems with your eyes or vision?  Y N N 19. Have you ever hea			
25. Do you regularly use a brace, ortholics or other assistive device?  Y/N 27. Do any of your joints become painful, swollen, feel warm, or look ref?  Y/N 28. Do you have any history of juvenile arthrists connective tissue disease?  Y/N 29. Has a doctor ever fold you that you have asthma or allergies?  Y/N 30. Do you cough, wheeze, experience chest tightness, or have difficulty breathing during or after exercise?  Y/N 31. Is there anyone in your family who has asthma or allergies?  Y/N 32. Have you ever used an inhaler or taken asthma medicine?  Y/N 33. Do you develop a rash or hives when you exercise?  Y/N 34. Were you born without or are you missing a kidney, an eye, a testated (males), or any other organ?  Y/N 35. Do you they gring have a painful bulge or hermain in the groin area?  Y/N 36. Have you had infectious monorunuleses (mono) within the test month?  Y/N 37. Have you had infectious monorunuleses (mono) within the test month?  Y/N 38. Have you had infectious monorunuleses (mono) within the test month?  Y/N 39. Have you had infectious monorunuleses (mono) within the last month?  Y/N 30. Have you ever had a hard the first or concussion?  Y/N 40. Have you ever had a hard highly or concussion?  Y/N 41. Do you have a history of seizure disorder?  Y/N 42. Do you have had achieved that caused conflusion prolonged headache, or memory problems?  Y/N 43. Have you ever had a hir low to the head that caused conflusion prolonged headache, or memory problems?  Y/N 44. Have you ever had an into the work exercise?  Y/N 45. Do you have headaches with exercise?  Y/N 46. Do you give head and numbness. tingling, or weakness in your arms or legs after being hit or falling?  Y/N 47. Have you ever bear numble with exercise?  Y/N 48. Have you have headaches with exercise?  Y/N 49. Have you had any problems with your eyes or vision?  Y/N 40. Do you doe write many the your than the series in your arms or legs after being hit or falling?  Y/N 41. Have you ever be an anable with exercise?  Y/N 42. Do you have headaches with exe			
26. Do you have a bone, muscle, or joint injury that bothers you?  77. Do any of your joints become painful, swollen, feel warm, or look red?  78. Do you have any history of juvenile arthritis or connective tissue disease?  79. Whether the county of the properties			
28. Do you have any history of juvenile arthritis or connective tissue disease?  WHEDICAL QUESTIONS  29. Has a doctor ever told you that you have asthma or allergies?  97. N  30. Do you cough, wheeze, experience cheet tightness, or have difficulty breathing during or after exercise?  97. N  31. Is there anyone in your family who has asthma?  97. YN  32. Have you ever used an inhaler or taken asthma medicine?  97. YN  33. Do you develop a rash or hives when you exercise?  97. YN  34. Were you born without or are you missing a kidney, an eye, a testicle (males), or any other organ?  97. YN  98. Have you and infectious mononucleosis (mono) within the last month?  97. YN  98. Have you ever had a hard non MRSA skin indection?  97. YN  98. Have you ever had a hard or blow to the head that caused confusion prolonged headache, or memory problems?  97. YN  98. Have you ever had a hirt or blow to the head that caused confusion prolonged headache, or memory problems?  97. YN  98. Have you ever had a hirt or blow to the head that caused confusion prolonged headache, or memory problems?  97. YN  98. Have you ever had a hirt or blow to the heads.  97. YN  98. Have you ever had numbness, lingling, or weakness in your arms or legs after being hit or falling?  97. YN  98. Have you ever head numbness, lingling, or weakness in your arms or legs after being hit or falling?  97. YN  98. Have you ever bead numbness, lingling, or weakness in your arms or legs after being hit or falling?  97. YN  98. Have you ever bead numbness, lingling, or weakness in your arms or legs after being hit or falling?  97. YN  98. Have you ever bead numbness, lingling, or weakness in your arms or legs after being hit or falling?  97. YN  98. Do you wave pheadaches with exercise?  97. YN  98. Have you ever bead numbness, lingling, or weakness in your arms or legs after being hit or falling?  97. YN  98. Have you ever bead numbness, lingling, or weakness in your arms or legs after being hit or falling?  97. YN  98. Do you wave passed or connect line arms o			
MEDICAL OUESTIONS 29. Has a doctor ever told you that you have asthma or allergies?			
29. Has a doctor ever rold you that you have asthma or allergies?  No. Do you cough, wheeze, experience chest iighness, or have difficulty breathing during or after exercise?  Y/N  15. Is there anyone in your family who has asthma?  Y/N  16. Do you develop a rash or hives when you exercise?  Y/N  17. No. You have a roll pain or a painful bulge or hernia in the groin area?  Y/N  18. Do you have groin pain or a painful bulge or hernia in the groin area?  Y/N  18. Have you had infectious mononucleosis (mono) within the last month?  Y/N  18. Have you ever had a hin finction?  Y/N  18. Have you ever had a hin fortion?  Y/N  19. Have you ever had a hin fortion?  Y/N  10. You have any rashes, pressure sores, or other skin problems?  Y/N  19. Have you ever had a hin fortion?  Y/N  10. You have any tarken you had a herpes or his fortion?  Y/N  10. You have any tarken you ever had a hin fortion?  Y/N  10. You have a history of seizure disorder?  Y/N  11. You you have a history of seizure disorder?  Y/N  12. Do you have a history of seizure disorder?  Y/N  13. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?  Y/N  14. Have you ever become ill while exercising in the heal?  Y/N  15. Do you were become ill while exercising in the heal?  Y/N  16. Do you were precurrent while or more your arms or legs after being hit or falling?  Y/N  17. You or someone in your family have sickle cell trail or disease?  Y/N  18. Have you ever become ill while exercising in the heal?  Y/N  19. Do you wear protective eyevear, such as goggles or a face shield?  Y/N  19. Do you wear protective eyevear, such as goggles or a face shield?  Y/N  19. Have you or a special diel or do you avoid certain types of foods?  Y/N  19. Have you or an appecial diel or do you avoid certain types of foods?  Y/N  19. Have you or an expecial diel or do you avoid certain types of foods?  Y/N  19. How many menstrual pendos have you had in the last year?  Y/N  19. How many menstrual pendos have you had in the last year?		isease?	Y/N
30. Do you cough, wheeze, experience chest tightness, or have difficulty breathing during or after exercise?			Y / N
31. Is there anyone in your family who has asthma?  21. Have you ever used an ininhaler or taken asthma medicine?  32. Have you ever used an ininhaler or taken stamma medicine?  33. Do you develop a rash or hives when you exercise?  34. Were you born without or are you missing a kidney, an eye, a testicle (males), or any other organ?  35. Do you have groin pain or a painful bulge or hernia in the groin area?  36. Have you had infectious mononucleosis (mono) within the last month?  37. Do you have any rashes, pressure sores, or other skin problems?  38. Have you ever had a hin infection?  39. Have you ever had a head injury or concussion?  40. Have you ever had a hin infection?  41. Do you have any infection or head that caused confusion prolonged headache, or memory problems?  41. Vin Male you ever had a hin or blow to the head that caused confusion prolonged headache, or memory problems?  41. Vin Male you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?  42. Do you have a history of seizure disorder?  43. Have you ever become ill while exercising in the heart?  44. Have you ever become ill while exercising in the heart?  45. Do you be get frequent muscle carmaps when exercising?  47. Vin Male Do you get frequent muscle carmaps when exercising?  47. Vin Male Do you get frequent muscle carmaps when exercising?  47. Vin Male Do you wear places or contact lenses?  47. Vin Male Male you had any eye injuries?  47. Vin Male Male you had any eye injuries?  47. Vin Male Male you had any eye injuries?  47. Vin Male Male you had any eye injuries?  47. Vin Male Male you had any eye injuries?  47. Vin Male Male you had any eye injuries?  47. Vin Male Male you had any eye injuries?  47. Vin Male Male you had any eye injuries?  47. Vin Male Male you had any eye injuries?  47. Vin Male Male you had any eye injuries?  47. Vin Male Male you had any eye injuries?  47. Vin Male Male You was a place being hit or disease?  47. Vin Male Male You was a place being hit or disease?  47. Vin Male	30. Do you cough, wheeze, experience chest tightness, or have difficu	ulty breathing during or after exercise?	Y/N
33. Do you develop a rash or hives when you exercise?  4. Were you born without or are you missing a kidney, an eye, a testicle (males), or any other organ?  5. Do you have groin pain or a painful bulge or hernia in the groin area?  7. YN  7. Bo you have groin pain or a painful bulge or hernia in the groin area?  7. YN  7. Bo you have any rashes, pressure sores, or other skin problems?  7. YN  7. Bo you have any rashes, pressure sores, or other skin problems?  7. YN  7. Bo you have any rashes, pressure sores, or other skin problems?  7. YN  7. Have you ever had a head injury or concussion?  7. YN  7. Have you ever had a head injury or concussion?  7. YN  7. Bo you have headaches with exercise?  7. YN  7. Bo you have headaches with exercise?  7. YN  7. Bo you ever had a hint or blow to the head that caused confusion prolonged headache, or memory problems?  7. YN  7. Bo you have headaches with exercise?  7. YN  7. Bo you ever had numbness, lingling, or weakness in your arms or legs after being hit or falling?  7. YN  7. Have you ever been unable to move your arms or legs after being hit or falling?  7. YN  7. Bo you over been unable to move your arms or legs after being hit or falling?  7. YN  7. Do you over been unable to move your arms or legs after being hit or falling?  7. YN  7. Bo you over been unable to move your arms or legs after being hit or falling?  7. YN  7. Do you over been unable to move your arms or legs after being hit or falling?  7. YN  7. Do you over been unable to move your arms or legs after being hit or falling?  7. YN  7. Do you over been unable to move your arms or legs after being hit or falling?  7. YN  7. Do you over been unable to move your arms or legs after being hit or falling?  7. YN  7. Do you over been unable to move your arms or legs after being hit or falling?  7. YN  7. Do you user plasses or contact lenses?  7. YN  7. Do you user plasses or contact lenses?  7. YN  7. Do you user plasses or contact lenses?  7. YN  7. Do you user plasses or contact lenses?  7. YN  7. Do you on	31. Is there anyone in your family who has asthma?		Y/N
34. Were you born without or are you missing a kidney, an eye, a testicle (males), or any other organ?  5. Do you have groin pain or a painful bulge or hemia in the groin area?  7. Y/N  36. Have you had infectious mononucleosis (mono) within the last month?  7. Y/N  37. Do you have any rashes, pressure sores, or other skin problems?  7. Y/N  38. Have you had a herpes or MRSA skin infection?  7. Y/N  39. Have you ever had a hist or blow to the head that caused confusion prolonged headache, or memory problems?  7. Y/N  40. Have you ever had a hist or blow to the head that caused confusion prolonged headache, or memory problems?  7. Y/N  41. Do you have leadaches with exercise?  7. Y/N  43. Have you ever had numbness, ingling, or weakness in your arms or legs after being hit or falling?  44. Have you ever beacone ill while exercising in the heat?  45. Do you up ever become ill while exercising in the heat?  46. Do you go terequent numsele cramps when exercising?  7. Y/N  47. Do you or someone in your family have sickle cell trait or disease?  7. Y/N  48. Have you had any problems with your eyes or vision?  49. Have you had any problems with your eyes or vision?  40. Have you had any problems with your gives or vision?  7. Y/N  50. Do you wear protective eyewear, such as goggles or a face shield?  7. Y/N  51. Do you wear protective eyewear, such as goggles or a face shield?  7. Y/N  52. Do you have any concerns that you would like to discuss with a doctor?  7. Have you ever had an eating disorder?  7. Y/N  53. Are you trying to or has anyone recommended that you gain or lose weight?  54. Have you ever had a menstrual period?  75. Have you ever had a menstrual period?  76. Have you ever had a menstrual period?  77. Have you ever had a menstrual period? have you had in the last year?  1. How many menstrual periods have you had in the last year?  1. How many menstrual periods have you had in the last year?			
35. Do you have groin pain or a painful bulge or hernia in the groin area?  Y/N 36. Have you had infectious mononucleosis (mono) within the last month?  Y/N 37. Do you have any rashes, pressure sores, or other skin problems?  Y/N 38. Have you had a herge or MRSA skin infection?  Y/N 39. Have you ever had a hit or blow to the head that caused confusion prolonged headache, or memory problems?  Y/N 40. Have you ever had a hit or blow to the head that caused confusion prolonged headache, or memory problems?  Y/N 41. Do you have history of seizure disorder?  Y/N 42. Do you have headaches with exercise?  Y/N 43. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?  Y/N 44. Have you ever been unable to move your arms or legs after being hit or falling?  Y/N 45. How you ever been unable to move your arms or legs after being hit or falling?  Y/N 46. Do you get frequent muscle cramps when exercising?  Y/N 47. Do you or someone in your family have sickle cell trait or disease?  Y/N 48. Have you had any problems with your eyes or vision?  Y/N 49. Have you had any problems with your eyes or vision?  Y/N 50. Do you wear plasses or contact lenses?  Y/N 51. Do you wear protective eyewear, such as googles or a face shield?  Y/N 52. Do you worry about your weight?  Y/N 53. Are you trying to or has anyone recommended that you gain or lose weight?  Y/N 54. Have you ever had an eating disorder?  Y/N 55. Have you ever had an eating disorder?  Y/N 56. Do you have any oncerns that you would like to discuss with a doctor?  Y/N 58. How old were you when you had any eye in a call period?  S7. Have you ever had an eating disorder?  Y/N 59. How many menstrual period? have you had any eye had a menstrual period?  S7. Have you ever had an eating disorder?  Y/N 59. How many menstrual periods have you had in the last year?  Ido not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and acc			
37. Do you have any rashes, pressure sores, or other skin problems?  38. Have you had a herges or MRSA skin infection?  39. Have you ever had a hid or blow to the head that caused confusion prolonged headache, or memory problems?  40. Have you ever had a hid or blow to the head that caused confusion prolonged headache, or memory problems?  41. Do you have history of seizure disorder?  42. Do you have headaches with exercise?  43. Have you ever head numbness, tingling, or weakness in your arms or legs after being hit or falling?  43. Have you ever been unable to move your arms or legs after being hit or falling?  44. Have you ever been unable to move your arms or legs after being hit or falling?  45. Have you ever been unable to move your arms or legs after being hit or falling?  47. No you or someone in your family have sickle cell trait or disease?  47. You had any problems with your eyes or vision?  48. Have you had any problems with your eyes or vision?  49. Have you had any problems with your eyes or vision?  40. Do you wear glasses or contact lenses?  47. You have you had any problems with your eyes or vision?  47. You you wear glasses or contact lenses?  47. You you were you had any problems with your weigh or you were your your your your your your your your			
38. Have you had a herpes or MRSA skin infection?  39. Have you ever had a head injury or concussion?  47. N  40. Have you ever had a hit or blow to the head that caused confusion prolonged headache, or memory problems?  47. N  41. Do you have a history of seizure disorder?  47. N  42. Do you have headachese with exercise?  47. N  43. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?  47. N  44. Have you ever bean unable to move your arms or legs after being hit or falling?  47. N  46. Do you get frequent muscle cramps when exercising?  47. N  47. Do you or someone in your family have sickle cell trait or disease?  47. N  48. Have you had any eye injuries?  47. N  49. Have you had any eye injuries?  47. N  50. Do you wear glasses or contact lenses?  51. Do you wear glasses or contact lenses?  52. Y/N  53. Are you trying to or has anyone recommended that you gain or lose weight?  54. Are you on as special distor of you avoid certain types of foods?  55. Have you ever had an eating disorder?  56. Do you have any concerns that you would like to discuss with a doctor?  57. Have you ever had an eating disorder?  58. How old were you when you had in the last year?  59. How many menstrual periods have you had in the last year?  59. How many menstrual periods have you had in the last year?  59. How many menstrual periods have you had in the last year?  50. How old were you when you had of provided that you gain or lose weight?  50. How old were you when you had your first menstrual period?  50. How only ever had an eating disorder?  50. How many menstrual periods have you had in the last year?  50. How only ever had an eating disorder?  51. How only ever had an eating disorder?  52. How only ever had an eating disorder?  53. How old were you when you had your first menstrual period?  54. Have you ever had an eating disorder?  55. How only ever had an eating disorder?  56. How only ever had an eating disorder?  57. How pure ever had an eating disorder?  58. How old were y			
39. Have you ever had a head injury or concussion? 40. Have you ever had a hit or blow to the head that caused confusion prolonged headache, or memory problems? 41. Do you have a history of seizure disorder? 42. Do you have headaches with exercise? 43. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? 43. Have you ever been unable to move your arms or legs after being hit or falling? 44. Have you ever been unable to move your arms or legs after being hit or falling? 45. Have you ever been unable to move your arms or legs after being hit or falling? 47. Do you get frequent muscle cramps when exercising or he heat? 47. Do you or someone in your family have sickle cell trait or disease? 47. Do you or someone in your family have sickle cell trait or disease? 47. Also you had any problems with your eyes or vision? 49. Have you had any problems with your eyes or vision? 49. Have you waer glasses or contact lenses? 47. No 50. Do you wear glasses or contact lenses? 47. You were greated the your weight? 51. Do you worry about your weight? 52. Do you worry about your weight? 53. Are you trying to or has anyone recommended that you gain or lose weight? 54. Are you on a special diet or do you avoid certain types of foods? 55. Have you ever had an eating disorder? 56. How off were you when you had your first menstrual period? 57. Have you ever had a menstrual period? 58. How old were you when you had your first menstrual period? 59. How many menstrual periods have you had in the last year? 59. How many menstrual periods have you had in the last year? 59. How many menstrual periods have you had in the last year? 59. How many menstrual periods have you had in the last year? 59. How many menstrual periods have you had in the last year? 50. How many menstrual periods have you had in the last year? 50. How many menstrual periods have you had in the last year? 50. How many menstrual periods have you had in the last year? 50. How many menstrual periods have you had in the last year?			
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43. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?  44. Have you ever been unable to move your arms or legs after being hit or falling?  55. Have you ever become ill while exercising in the heat?  76. Do you get frequent muscle cramps when exercising?  77. Do you or or someone in your family have sickle cell trait or disease?  78. Have you had any problems with your eyes or vision?  79. Will have you had any problems with your eyes or vision?  79. Do you wear glasses or contact lenses?  79. Do you wear protective eyewear, such as goggles or a face shield?  79. Do you worry about your weight?  79. Do you worry about your weight?  79. Are you on a special diet or do you avoid certain types of foods?  79. Have you ever had an eating disorder?  79. Have you ever had an eating disorder?  79. Have you ever had an enting disorder?  79. Have you ever had a menstrual period?  79. Have you ever had a menstrual period?  79. How north and an eating disorder?  79. How north and an eating disorder?  79. How many menstrual periods have you had in the last year?  10. Do you ever you ever had a menstrual period?  79. How many menstrual periods have you had in the last year?  10. Do you ever glasses or contact lenses?  11. do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I approve participation in athletic activities.	41. Do you have a history of seizure disorder?		Y/N
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48. Have you had any problems with your eyes or vision?	46. Do you get frequent muscle cramps when exercising?		Y/N
49. Have you had any eye injuries?			
50. Do you wear glasses or contact lenses?			
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Parent or Legal Guardian Signature Child Signature Date			
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	raient of Legal Guardian Signature (	Sniid Signature	Date

## 2018-2019 NORD ATHELTICS QUALIFYING PHYSICAL EXAMINATION FORM

New Orleans Recreation Development Commission

Child Name:	Birth Date:			Age:	Gender:	Gender: M / F			
Follow-Up Questions About More Sensitive Issues:  1. Do you feel stressed out or under a lot of pressure?  2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?  3. Do you feel safe?  4. Have you ever tried cigarette, cigar, or pipe smoking, even 1 or 2 puffs? Do you currently smoke?  5. During the past 30 days, did you use chewing tobacco, snuff, or dip?  6. During the past 30 days, have you had any alcohols, even just one?  7. Have you ever taken steroid pills or shots without a doctor's prescription?  8. Have you ever taken any medications or supplements to help you gain or lose weight or improve your performance?  9. Question "Risk Behaviors" like guns, seatbelts, unprotected sex, domestic violence, drugs, and others.  Notes About Follow-Up Questions:									
MEDICAL EXAM									
Height Weight Pulse	7	RP			/	1			
Height Weight Pulse Vision: R 20/ L 20/ Corrected: Y / I	N Contacts:	Y/N F	learing: R	_ L(	/ Audiogram or cor	nfrontation)			
Exam	Normal	Abnorma	l Notes			Initials*			
					-				
Appearance	Y/N								
No Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	Y/N								
HEENT	Y/N								
Eyes	Y/N								
Fundoscopic	Y/N								
Pupils	Equal / Unequal								
Hearing	Y/N								
Cardiovascular	Y/N								
No Murmurs (standing, supine, +/- Valsalva)	Y/N								
PMI location	V / NI								
Pulses (simultaneous femoral & radial)  Lungs	Y/N Y/N								
Abdomen	Y/N								
Tanner Staging (optional)	I II III IV V								
Skin (No HSV, MRSA, Tinea corporis)	Y/N								
Musculoskeletal	·								
Neck	Y/N								
Back	Y/N								
Shoulder/Arm	Y/N								
Elbow/Forearm	Y/N								
Wrist/Hand/Fingers Hip/Thigh	Y/N								
Knee	Y / N Y / N								
Leg/Ankle	Y/N								
Foot/Toes	Y/N								
Functional (Single Leg Hop or Squat, Box Drop)	Y/N								
				* Requir	red Only if Multiple	Examiners			
Notes:									
Assessment:	Restricted pa	rticipation (see	Clearance Form	)					
Dravidar Cignatura									
Provider Signature:				Date	•				