

2010-2011

Entry into Kellenberg Memorial is prohibited unless this certificate is on file, signed and stamped by M.D.

All sections must be complete. All physicals must be dated after June 1, 2010.

Name: _____
 Address: _____

 Home Telephone () _____
 Date of Birth: ___/___/___
 Father's Name: _____
 Father's Business Tel. # () _____
 Father's Cell Phone # () _____
 Mother's Name: _____
 Mother's Business Tel. # () _____
 Mother's Cell Phone # () _____
 Emergency Contact # () _____
 (other than parents)

General Appearance: _____
 Eyes: _____ Ears: _____
 Gums: _____
 Nose: _____ Teeth: _____
 Tonsils: _____ Throat: _____
 Glands: Cervical _____ Thyroid: _____
 Abdomen: _____ Hernia: _____
 GI: _____ Actual or potential: _____
 GU: _____
 Orthopedic: _____ Scoliosis: _____
 Neuro: _____ Seizure Disorder: _____
 Immunization Update: _____ Heart: _____
 PPD/Mantoux: _____
 Height: _____ Weight: _____ Blood Pressure: _____
 Normal Heart Rate: _____
 Rate after exercise (25 hops on one foot): _____
 Resting Rate: _____
 URINE glucose _____ protein _____ ph _____

PARENTAL STATEMENT - It is important that we have up-to-date medical information in order to protect the health and safety of our students.

Please answer the following questions:

- Is there a history of:
1. Heart Disease? Y ___ N ___
 Congenital? ___ Acquired? ___
 2. Hernia? Y ___ N ___
 3. Blood Dyscrasia (bleeder)? Y ___ N ___
 4. Lung Disease? Y ___ N ___
 5. Kidney Disease? Y ___ N ___
 6. Congenital Defects? Y ___ N ___
 7. Seizure Disorder? Y ___ N ___
 8. Sickle Cell Anemia? Y ___ N ___
 9. Asthma History or Condition? Y ___ N ___
 10. Allergy? Y ___ N ___ Antibiotics? ___ Pollens? ___ Drugs? ___
 11. Has the child had any injuries requiring medical attention such as fractures, concussions or joint injuries? Y ___ N ___
 12. Has the child had an illness lasting more than one week? Y ___ N ___
 13. Is the child currently under a physician's care? Y ___ N ___
 14. Does the child take medication now? Y ___ N ___
 15. Does the child wear glasses? Y ___ N ___ Contacts? Y ___ N ___
 16. Does the child have a hearing impediment? Y ___ N ___
 17. Has the child had a surgical operation? Y ___ N ___
 18. Has the child been in a hospital? Y ___ N ___
 19. Has the child been excused from physical education? Y ___ N ___
 20. Do you know any reason why your child should not participate in any sport? Y ___ N ___

Please explain any "yes" answers to the above questions.

Date of Exam: _____

Signature of M.D.: _____

Address: _____

Telephone: () _____

M.D.'s Stamp:

Recommendation: _____

The above name student may participate in intramurals and interscholastic sports including the following unless so named:

Contact/ Collision	Limited Contact/Impact	Strenuous Noncontact	Nonstrenuous Noncontact
Football	Baseball	Badminton	Bowling
Lacrosse	Basketball	Cheerleading	Golf
Soccer	Blue/Gold	Cross Country	
Wrestling	Diving	Horseback Riding	
	Gymnastics	Karate	
	Softball	Kickline	
	Volleyball	Power Lifting	
		Swimming	
		Tennis	
		Track	

Reason for Disqualification _____

This certificate is void if the student is absent for five or more days because of illness or because of a significant injury. A certificate must be issued before he or she is allowed to participate.

I understand the above statements to be true and consent is hereby given that _____ the child or ward of the undersigned may participate in intramural and interscholastic athletics. If I wish to withdraw permission at any time, I agree to communicate such withdrawal to the Principal of the School in writing.



(Parent or Guardian Signature)

