

2009-2010

**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, 2009.**

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:
- Heart Disease? Y ___ N ___
Congenital? ___ Acquired? ___
 - Hernia? Y ___ N ___
 - Blood Dyscrasia (bleeder)? Y ___ N ___
 - Lung Disease? Y ___ N ___
 - Kidney Disease? Y ___ N ___
 - Congenital Defects? Y ___ N ___
 - Seizure Disorder? Y ___ N ___
 - Sickle Cell Anemia? Y ___ N ___
 - Asthma History or Condition? Y ___ N ___
 - Allergy? Y ___ N ___ Antibiotics? ___ Pollens? ___ Drugs? ___
 - Has the child had any injuries requiring medical attention such as fractures, concussions or joint injuries? Y ___ N ___
 - Has the child had an illness lasting more than one week? Y ___ N ___
 - Is the child currently under a physician's care? Y ___ N ___
 - Does the child take medication now? Y ___ N ___
 - Does the child wear glasses? Y ___ N ___ Contacts? Y ___ N ___
 - Does the child have a hearing impediment? Y ___ N ___
 - Has the child had a surgical operation? Y ___ N ___
 - Has the child been in a hospital? Y ___ N ___
 - Has the child been excused from physical education? Y ___ N ___
 - 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.

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.

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.

→ (Parent or Guardian Signature) ←