

2017-2018

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 on or after June 1, 2017 and handed in at sports sign-ups or the first day of school.

PARENT MUST COMPLETE THIS ENTIRE SIDE

PHYSICIAN MUST COMPLETE THIS ENTIRE SIDE

NAME: _____
 (First) (Last)
 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: Name _____
 (other than parents)# () _____

General Appearance: _____
 Eyes: ___ Gums: ___ Nose: ___ Tonsils: ___ Teeth: ___ Throat: ___
 Glands: Cervical: ___ Thyroid: ___
 Abdomen: ___ Kidney: ___
 Hernia: ___ Lungs: ___
 GI: ___ Heart: ___
 GU: ___ Hernia (acute or potential): ___
 Orthopedic: ___ Scoliosis: ___
 Neurological: ___ Seizure Disorder: ___
 Immunization Update: _____
Height: ___ Weight: ___ BMI: ___ 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 all questions: (this is asking for the child's individual history)

- Does the child have 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? Y ___ N ___
 - Allergy? Y ___ N ___ Food? ___ Antibiotics? ___ Pollens? ___ Drugs? ___
 - Has your child had any injuries requiring medical attention such as fractures, concussions or joint injuries? Y ___ N ___
 - Has your child had an illness lasting over one week? Y ___ N ___
 - Is your child currently under a physician's care? Y ___ N ___
 - Does your child take medication now? Y ___ N ___
 - Does your child wear glasses? Y ___ N ___ Contacts? Y ___ N ___
 - Does your child have a hearing impediment? Y ___ N ___
 - Has your child had a surgical operation? Y ___ N ___
 - Has your child been in a hospital? Y ___ N ___
 - Has your 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 below.

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

 Parent or Guardian Name (Please print)

Date of Exam: _____
 Signature of M.D.: _____
 Address: _____

Telephone: () _____
 M.D.'s Stamp: _____
 Recommendation: _____

The above named 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	Cheerleading	Bowling
Soccer	Basketball	Cross Country	Golf
Wrestling	Blue/Gold	Dance Team	
Lacrosse	Diving	Equestrian Club	
	Softball	Fitness Club	
	Volleyball	Swimming	
		Tae Kwon Do Club	
		Tennis	
		Track	
		Weight Lifting	

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.

NY IMMUNIZATION REQUIREMENT:
AS OF SEPTEMBER 1, 2016, ALL STUDENTS ENTERING 7TH AND 12TH GRADE MUST BE IMMUNIZED AGAINST MENINGOCOCCAL DISEASE STRAINS A, C, W and Y. THIS IMMUNIZATION MUST BE PROVIDED BY THE STUDENT'S PEDIATRICIAN OR PRIMARY CARE PHYSICIAN. THE SCHOOL PHYSICIAN CANNOT ADMINISTER IMMUNIZATIONS. UPDATED IMMUNIZATIONS MUST BE PROVIDED ON OR BEFORE THE FIRST DAY OF SCHOOL.