

**CAMBRIDGE RINDGE AND LATIN SCHOOL SPORTS
PRE-PARTICIPATION MEDICAL SCREENING FORM**

(Please check off the name of the sport or sports you will be participating in this year.)

SPORT (S): Fall Sports: Football___ Soccer___ Girls Volleyball___ Cross Country___
Golf___ Learn to Row___ Learn to Sail___ Cheerleading___

Winter Sports: Basketball___ Wrestling___ Swimming___ Indoor Track___
Gymnastics___ Hockey___ Basketball Cheerleading___ Hockey Cheerleading___

Spring Sports: Tennis___ Baseball___ Softball___ Lacrosse___
Outdoor Track___ Boys Volleyball___ Crew___ Sailing___ Rugby___

PART A. TO BE COMPLETED BY PARTICIPANT

NAME: _____ M/F _____ GRADE _____
Last, First

DATE OF BIRTH _____ STUDENT I.D. _____

ADDRESS _____

1. MOTHER'S NAME _____

PHONE: (H) _____ (W) _____

2. FATHER'S NAME _____

PHONE: (H) _____ (W) _____

3. FAMILY PHYSICIAN _____

ADDRESS _____ PHONE _____

LAST MEDICAL EXAM _____ **LAST TETANUS BOOSTER SHOT** _____

1. DOES/HAS THE STUDENT HAVE/HAD A DISEASE (S) THAT AFFECTS THE FUNCTION OF ANY PAIRED ORGAN? (CIRCLE) EYE, EAR, TESTICLE, KIDNEY, OR LUNG?
IF SO, PLEASE EXPLAIN _____

2. LIST THE DATE OF ANY OPERATIONS, FRACTURES, SPRAINS, OR BONE DISLOCATIONS (INDICATE LEFT OR RIGHT). _____

3. HAS THE STUDENT HAD ANY OF THE FOLLOWING (CIRCLE Y FOR YES, N FOR NO)?

FAINTING	Y	N	DIABETES	Y	N
ALLERGIES, TO:	Y	N	MONONUCLEOSIS	Y	N
RHEUMATIC FEVER	Y	N	HEPATITIS	Y	N
HEAT STROKE	Y	N	BRONCHITIS	Y	N
ARTHRITIS/JOINT REDNESS	Y	N	HEAD INJURY/CONCUSSION	Y	N
MENSTRUAL PROBLEMS	Y	N	BLOOD DISORDERS	Y	N
SEIZURES/CONVULSIONS	Y	N	TUMORS/CANCER	Y	N
HEART MURMUR	Y	N	ASTHMA	Y	N

OTHER: _____

PLEASE EXPLAIN ABOVE _____

4. DOES THE STUDENT TAKE ANY MEDICATION-INCLUDING INHALERS-REGULARLY? LIST MED AND DOSAGE?

5. DOES THE STUDENT WEAR GLASSES, CONTACT LENSES, DENTURES, BRIDGEWORK, DENTAL BRACES, OR FALSE TEETH? **Y/N**, IF YES PLEASE CIRCLE ABOVE.

6. IS THERE A FAMILY HISTORY OF HEART DISEASE OR SUDDEN DEATH IN PERSON'S LESS THAN 50 YEARS?
Y/N

7. IS THERE ANY REASON FOR THIS STUDENT NOT TO PARTICIPATE IN ANY SPORTS? **Y/N** PLEASE CIRCLE EXPLAIN _____

(over)

I CERTIFY THAT THIS FORM HAS BEEN COMPLETED ACCURATELY. I UNDERSTAND THAT THE PROVISION OF MISLEADING INFORMATION NOW OR AT ANY TIME DURING THE SEASON RELEASES THE CAMBRIDGE PUBLIC SCHOOL SYSTEM FROM LIABILITY AND MAY RESULT IN THE STUDENT NO LONGER BEING ELIGIBLE TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS AT CAMBRIDGE RINDGE AND LATIN SCHOOL. I UNDERSTAND THAT THE INFORMATION CONTAINED ON THIS FORM WILL BE HELD IN STRICT CONFIDENCE.

SIGNATURE OF PARENT/GUARDIAN

If you have a physical form, please make a copy and attach it to this form. Physical must be current.

PART B. TO BE COMPLETED BY A PHYSICIAN

NAME _____ DATE OF BIRTH _____

1. PHYSICAL EXAMINATION CHECK MARK INDICATES NORMAL

HT. _____ WT. _____ IBS _____ P _____ BP _____

PUBERTAL MATURITY _____
BODY HABITUDES _____
SKIN _____
HEAD _____
EYE/GLASSES _____
NOSE/THROAT _____
EARS _____
DENTAL APPLIANCE _____
NECK _____
CERVICAL/FEMORAL NODES _____
CHEST _____
HEART/RHYTHM _____
ABDOMEN _____
GENITALIA _____
SCOLIOSIS _____
JOINT DEFORMITY/INJURY _____
EXTREMITIES/SPASTICITY _____
PATELLAR REFLEX _____

2. LABORATORY (OPTIONAL)

URINE: PH _____ PROTEIN _____ BLOOD _____
GLUCOSE _____ LEUKOCYTES _____ BLOOD HCT _____

3. ASSESSMENT: BASED ON MEDICAL HISTORY AND PHYSICAL EXAMINATION, THIS STUDENT:

- A. _____ IS FIT TO PARTICIPATE IN ANY CONTACT OR NON CONTACT SPORT. CONTACT INCLUDING (FOOTBALL, SOCCER, BASKETBALL, BASEBALL, ICE HOCKEY, VOLLEYBALL, WRESTLING, AND SOFTBALL) FOR THE 2010-11 SCHOOL YEAR.
- B. _____ IS FIT TO PARTICIPATE IN **NON-CONTACT SPORTS ONLY** FOR THE 2010-11 SCHOOL YEAR.
- C. _____ SHOULD BE RE-EXAMINED. REASON _____
- D. _____ IS REFERRED TO DR _____ FOR EVALUATION BEFORE SPORTS PARTICIPATION.

SIGNATURE OF PHYSICIAN _____ DATE _____

(NOTE: ALL SPORTS PHYSICALS ARE VALID UP TO THIRTEEN MONTHS AFTER THE DATE SIGNED BY THE PHYSICIAN.) If giving the athletic department a separate physical form, please fill out this form and attached the physical form to it. This is important information that the Athletic Trainer's need on file.

Please return by mail or drop off to the Athletic Office by Friday, March 11th

Maryann C. Cappello
Athletic Director/Athletic Dept.
CRLS
459 Broadway
Cambridge, Mass. 02138

Revised 1-28-11