

STATE OF LOUISIANA

SCHOOL ENTRANCE & GENERAL HEALTH EXAM FORM/ LHSAA MEDICAL HISTORY EVALUATION

See instructions on page 4. LHSAA student athletes using this form for their 2nd, 3rd or 4th years of eligibility are only required to show changes on this form.

PART 1: PARENT OR LEGAL GUARDIAN TO COMPLETE. State law (R.S. 17:170) requires that all persons entering any school for the first time be up to date in their immunizations. <u>Important:</u> This form must be kept on file with the school and is subject to inspection by the LHSAA Rules Compliance Team. It is important to keep all contact information current at all times.				
Name of School:			Grade:	
Student's Name: Last		First		M.I.
Student's Date of Birth:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		State or Country of Birth:
Student's Mailing Address:		City:		State: Zip Code:
Student's Physical Address:		City:		State: Zip Code:
Name of Mother or Legal Guardian:	Home Phone: () ()	Work Phone: () ()	Cell Phone: () ()	Employer:
Name of Father or Legal Guardian:	Home Phone: () ()	Work Phone: () ()	Cell Phone: () ()	Employer:
Please check the type of health insurance your child has: <input type="checkbox"/> Private <input type="checkbox"/> Medicaid/LaCHIP <input type="checkbox"/> None				
If your child does not have health insurance, would you like information on no cost health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
In case of emergency—if parent or legal guardian cannot be contacted—contact the following: Name Complete Phone Number () () ()				
PART 2: PARENT OR LEGAL GUARDIAN TO COMPLETE. Below is an assessment of your child's health. To the best of your knowledge, has your child had any problems with the following? Please check yes or no.				
General Health Questions	Yes	No	Comments if "Yes" and date of last occurrence	
Had/have a medical problem or injury since last evaluation?				
Ever not been allowed to participate in sports for a medical reason?				
Have any missing organs? (eye, kidney, testicle, etc.)				
Been dizzy or passed out during or after exercise?				
Had/have chest pain during or after exercise?				
Tire more quickly than his/her friends during exercise?				
Have a family member that died of heart problems before age 50?				
Had/have a family member with sudden death before age 50?				
Ever been knocked out or unconscious?				
Ever had a stinger, burner or pinched nerve?				
Ever had heat cramps?				
Ever been dizzy or passed out in the heat?				
Have trouble with breathing or coughing during or after activity?				
Ever sprained/strained, dislocated, fractured bones or joints?				
Ever had repeated swelling of any bones or joints?				
Use any special equipment? (pads, braces, neck rolls, eye guards, kidney belt, etc.)				
Condition	Yes	No	Comments if "Yes" and date of last occurrence	
Anemia				
Allergies (food, insects, medications, latex)				
Allergies (seasonal)				
Asthma or breathing problems				
Attention-Deficit/Hyperactivity Disorder				
Behavioral problems				
Chicken Pox				
Developmental problems				
Bladder problem				
Bleeding problems				

Condition	Yes	No	Comments if "Yes" and date of last occurrence
Bowel problem			
Cerebral Palsy			
Cystic Fibrosis			
Dental problems			
Diabetes			
Head or spinal Injury			
Hearing problems or deafness			
Heart problems			
Racing of the heart or skipped heartbeats			
Hepatitis			
High blood pressure			
Hospitalizations (when, why)			
Lead poisoning			
Mononucleosis			
Muscular problems			
Rheumatic Fever			
Seizures			
Sickle Cell Disease (not trait)			
Skin problems			
Speech problems			
Surgery			
Tuberculosis			
Vision problems			
Other:			

List all prescription and over-the-counter medications your child takes regularly:

Describe any other important health-related information about your child (i.e., feeding tube, oxygen support, hearing aid, etc.):

Name of your child's pediatrician or primary care provider:

Names of medical specialists or special clinics caring for your child:

Has your child ever seen a dentist? Yes No

If yes, date of last appointment:

Name of your child's dentist:

For Parents/Legal Guardians of Students

The information on this form is current and correct to the best of my knowledge. I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her school nurse of the change immediately. In an emergency medical situation, I give permission for the school nurse or other school authority to share protected health information related to the emergency with the emergency contact.

For Parents/Legal Guardians of the Student Athlete Only

I give my permission for my child to be examined for school-related activities and for this information and the completed physical examination report to be shared with school personnel and those affiliated with the team on a need to know basis. If, in the judgment of a school representative, the named student athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care and exchange of information as may be deemed necessary. I recognize the evaluation to be done on my child is a standard pre-participation screening examination, and that no in-depth testing, x-rays, lab work, or cardiac testing will be performed unless deemed necessary by the health care examiner. I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school. I give my permission for the athletic trainer, head coach, athletic director/principal of his/her school to release information concerning my child's medical examination, injuries or medical conditions to any medical provider who treats my child for a school-related or athletic injury or who is treating my child at my selection for any condition.

By signing below, I am agreeing to the above.

Signature of Parent or Legal Guardian:

Date:

Signature of Interpreter (if applicable):

Date: