

BISHOP KEARNEY HIGH SCHOOL

SPORT PHYSICAL RECERTIFICATION

To all Student-Athletes and Parent/Guardians:

New York State requires that a high school athlete must have a physical examination each 12 months to be eligible to participate in athletics. They also require the physical to be reviewed prior to the start of each (fall, winter, spring) sport season. Please complete and sign the questionnaire below. It must be returned to the nurse's office prior to the beginning of each sport season or the athlete may not participate.

Athlete's Name _____ Date of Birth _____
 Grade _____ Sport _____ Date of last Tetanus Booster _____

HISTORY SINCE LAST MEDICAL EXAMINATION

	YES	NO
1. Any injuries requiring medical attention?		
2. Any illness lasting more than five days?		
3. Is or has been under a physician's care?		
4. Presently taking medication?		
5. Glasses/contacts?		
6. An operation or fracture?		
7. Treated in a hospital or emergency room?		
8. Allergies/asthma?		
9. Any chronic disease?		
10. Any reason why this student can't participate in any sport?		

If you marked "YES" to any of the above, please explain:

I understand that in case of injury or illness lasting more than five days, a written medical release must be obtained from my child's attending physician before he/she may resume the sport.

I release and hold harmless Bishop Kearney High School, the Board of Trustees and the Congregation of Christian Brothers of any liability associated with our son/daughter's participation on a Bishop Kearney Athletic Team.

Signature of Parent/Guardian

Date

This form cannot be signed until thirty (30) days before the start of the sport season.

BISHOP KEARNEY HIGH SCHOOL

SPORT PHYSICAL RECERTIFICATION

To all Student-Athletes and Parent/Guardians:

New York State requires that a high school athlete must have a physical examination each 12 months to be eligible to participate in athletics. They also require the physical to be reviewed prior to the start of each (fall, winter, spring) sport season. Please complete and sign the questionnaire below. It must be returned to the nurse's office prior to the beginning of each sport season or the athlete may not participate.

Athlete's Name _____ Date of Birth _____
 Grade _____ Sport _____ Date of last Tetanus Booster _____

HISTORY SINCE LAST MEDICAL EXAMINATION

	YES	NO
1. Any injuries requiring medical attention?		
2. Any illness lasting more than five days?		
3. Is or has been under a physician's care?		
4. Presently taking medication?		
5. Glasses/contacts?		
6. An operation or fracture?		
7. Treated in a hospital or emergency room?		
8. Allergies/asthma?		
9. Any chronic disease?		
10. Any reason why this student can't participate in any sport?		

If you marked "YES" to any of the above, please explain:

I understand that in case of injury or illness lasting more than five days, a written medical release must be obtained from my child's attending physician before he/she may resume the sport.

I release and hold harmless Bishop Kearney High School, the Board of Trustees and the Congregation of Christian Brothers of any liability associated with our son/daughter's participation on a Bishop Kearney Athletic Team.

Signature of Parent/Guardian

Date

This form cannot be signed until thirty (30) days before the start of the sport season.