

**INDIANOLA COMMUNITY SCHOOLS**  
**Physical Examination Form**

Grade \_\_\_\_\_  
Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth County/State \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Hospital Preference \_\_\_\_\_

**PERSONAL HISTORY TO BE FILLED OUT BY PARENT BEFORE PHYSICAL EXAMINATION.**  
**WRITE YES OR NO IN THE SPACE PROVIDED.**

1. Asthma \_\_\_\_\_
2. Allergies \_\_\_\_\_
3. Under a physician's care now \_\_\_\_\_
4. Taking medication now \_\_\_\_\_
5. Dental check-up within past year \_\_\_\_\_
6. Professional eye examination within past year \_\_\_\_\_  
Wears glasses \_\_\_\_\_ Contact lens \_\_\_\_\_
7. Has had a communicable disease within past year \_\_\_\_\_
8. Date of last tetanus booster \_\_\_\_\_ polio \_\_\_\_\_ other \_\_\_\_\_
9. Injury requiring hospitalization or surgery during past three (3) years \_\_\_\_\_

**EXPLAIN YES ANSWERS BELOW**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

**PHYSICAL EXAMINATION TO BE FILLED OUT BY PHYSICIAN**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Is weight appropriate for this student? \_\_\_\_\_  
Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Liver \_\_\_\_\_ Spleen \_\_\_\_\_ Hernia \_\_\_\_\_  
Feet \_\_\_\_\_ Cardiovascular \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
Heart (before exercise) \_\_\_\_\_ (after exercise) \_\_\_\_\_  
Laboratory: Urinalysis \_\_\_\_\_ Other \_\_\_\_\_  
Respiratory \_\_\_\_\_ Neurological \_\_\_\_\_ Musculoskeletal \_\_\_\_\_  
Complete Immunizations: Polio \_\_\_\_\_ (date) Tetanus \_\_\_\_\_ (date)  
Other \_\_\_\_\_ (date)

Are all immunizations up to date? \_\_\_\_\_  
TB test, if given: Kind \_\_\_\_\_ Date \_\_\_\_\_  
Results: (Please circle ) Negative Positive

Significant past history \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above named student was examined by me and found physically fit to engage in all activities of the Indianola Community Schools except those activities that I have listed above.

Date of Examination \_\_\_\_\_ Signature of Physician \_\_\_\_\_

**FOR THE PARENTS/GUARDIANS AND STUDENTS**

**By signing below, I state that I have read and understand the following:**

1. I hereby give my permission to an authorized school official to obtain medical attention for my child in case of injury or illness.
2. I give consent for my child to engage in State Association approved athletic activities as a representative of his/her school. In consenting to give permission for my child to participate, I understand that sports participation can involve many RISKS OF INJURY. I understand that dangers and risks of playing or practicing to play in athletics include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of my child's body, general health, and well-being. I also understand that the dangers and risk of playing or practicing to play may result not only in serious injury but also in a serious impairment of my child's abilities to earn a living, to engage in other business, social, and recreational activities and generally to enjoy life.
3. Because of such dangers, I recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, etc.

I HAVE READ AND UNDERSTAND THE FOREGOING WARNING, AGREEMENT TO OBEY INSTRUCTIONS, AND ASSUMPTION OF RISK.

Signature of Parent/Guardian	Signature of Student	Date
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**INSURANCE:** All participants in athletics must have some type of family health/accident insurance coverage or must purchase an alternate school policy. Persons not purchasing school insurance should understand that there is no school insurance to provide protection to their child during any phase of his/her participation in athletics. Insurance information is available in the athletic office.

- A. \_\_\_\_\_ My child is covered by a family health/accident insurance plan.
- B. \_\_\_\_\_ I will purchase the alternate health/accident policy available through the Indianola Community School.

Signature of Parent/Guardian	Date
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**INDIANOLA COMMUNITY SCHOOL ELIGIBILITY POLICY**

Parents and students must read and sign the attached Indianola Middle School Student Good Conduct Rule sheet to be eligible for extra-curricular activities. The attached sheet must be turned in before students are allowed to practice or compete in an extra-curricular activity.

**Good Conduct Rule (Ref. School Board Policy 503.4)**

Participation in school activities is a privilege. School activities provide the benefits of promoting additional interests and abilities in the students during their school years and for their lifetimes. Students who participate in extracurricular activities serve as ambassadors of the school district throughout the calendar year, whether away from school or at school. Students who wish to have the privilege of participating in extracurricular activities must conduct themselves in accordance with board policy and must refrain from activities which are illegal, immoral or unhealthy. Students who fail to abide by this policy and the administrative regulations supporting it may be subject to disciplinary measures. The building administrator will keep records of violations of the good conduct rule. It is the responsibility of the administration to develop rules and regulations for school activities. The administrative regulations are included in the student handbooks which are approved annually by the Board. Students wanting to participate in school activities must meet the requirements set out by the school district for participation in the activity.

Signature of Parent/Guardian	Signature of Student	Date
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