

THE MARY LOUIS ACADEMY
176-21 WEXFORD TERRACE
JAMAICA ESTATES, NY 11432

TMLA JUNE 6, 2019

PHYSICAL EXAMINATION AND MEDICAL REPORT COMPLETED BY PHYSICIAN

Name _____ Date of Birth _____
 Address _____ Telephone _____

Medical History Please check all that apply

ADHD/ADD		Headaches/Migraines	
Allergy-Food/Med/Insect Sting (please circle)		Hearing Problem	
EPIPEN		Heart Disease/Murmur	
Allergy-Seasonal		Kidney Problem	
Anemia/Sickle Cell		Lung Disease/TB	
Arthritis		Orthopedic Problem	
Asthma		Psychological/Psychiatric	
Back/Neck Injury		Seizure Disorder	
Cancer		Speech Problem	
Concussion		Surgery	
Diabetes		Vision Problem	

Other problems or handicapping conditions? _____

PHYSICAL EXAMINATION - Completed by Physician

Height _____ Weight _____ Blood Pressure _____ BMI _____
 Vision Without Glasses R _____ L _____
 With Glasses R _____ L _____
 Hearing SWEEP TEST Pass _____ Fail _____
 Hemoglobin _____ or Hematocrit _____
 Urinalysis Sugar _____ Protein _____ Other _____
 Other Findings _____

Immunization: Please Attach Record

Recommendations for Physical Activity in School and Tryouts for Sports

- Free from contagions and physically qualified for all physical education, interscholastic sports, work and school activities, OR
 Restrictions and/or suspected disability _____

PRINT NAME OF PHYSICIAN _____

Signature of Physician _____ Date of Exam _____

Address _____ Telephone _____

SEE FOLLOWING PAGE

This form should be dated on or after June 1, 2019 and submitted to the school nurse prior to participating in any tryout for any school sport. It will remain on file for the 2019-2020 season.

Name _____ Date of Birth _____

Explain "YES" answers below.	YES	NO		YES	NO
Do you have any allergies?			Do you regularly use a brace, orthotics, or other assistive device?		
Has a doctor ever denied or restricted your participation in sports?			Do you cough, wheeze or have difficulty breathing during or after exercise?		
Do you have any ongoing medical problem?			Do you have any skin problems? (rashes, itching, etc)		
Have you ever been hospitalized?			Have you ever had a head injury or concussion?		
Have you ever passed out during or after exercise?			Have you ever become ill while exercising in the heat?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			Do you get frequent muscle cramps when exercising?		
Does your heart ever race or skip beats during exercise?			Have you had any problems with your eyes or vision?		
Has a doctor ever told you that you have heart problems?			Do you wear glasses, contacts, or protective eyewear?		
Have you ever had any broken or fractured bones or dislocated joints?			When was your first menstrual period?		

Explain "yes" answers. _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.
 Student _____ Parent _____ Date _____

Consent for Interscholastic Sports

Parent Permission Section

My daughter has permission to try-out for any sports team at The Mary Louis Academy. I am aware that a physical examination by a doctor is required before admission to TMLA and/or participation in any interscholastic athletics and/or try-outs. I understand that the physical exam must be dated, stamped, and is valid for the entire school year unless the student has had a significant injury or illness. In the case of a serious injury or illness, TMLA and its coaches reserve the right to request that the physician, who must state that the athlete can return to full physical activity, reexamine the athlete.

Parent/Guardian Signature _____

Authorization and Consent to Treat a Minor

The undersigned does hereby authorize Millenium Chiropractic and Physical Therapy, PLLC consent to examine (Baseline Concussion Testing, post-injury) and treat the above mentioned minor by employees of Millenium Chiropractic and Physical Therapy, PLLC without a Parent or Guardian present.

Parent/Guardian Signature _____

Transportation Release Section

In the event that The Mary Louis Academy does offer transportation for the team to practice and/or competition and a student athlete and/or her parent/guardian declines that offer by using other forms of transportation, it is necessary that parents and guardians grant their consent by signing this release form below for their daughter(s) to use other forms of transportation to and from practice and/or competition.

I do hereby give my approval to ride with a parent/guardian, fellow teammate(s), fellow parent/guardian and/or public transportation to and/or from a team practice and/or competition.

Parent/Guardian Signature _____ Date _____

Authorization and Consent to Treat a Minor

Date: ____ / ____ / ____

Patient Name: (print) _____

Patient Birthdate: ____ / ____ / ____

The undersigned does hereby authorize **NewYork-Presbyterian Medical Group Queens** consent to exam and treat the above mentioned minor by employees of **NewYork-Presbyterian Medical Group Queens** without a Parent or Guardian present.

Father or Guardian _____ (signature)

Mother or Guardian _____ (signature)

Witness _____ (signature)

PLEASE COMPLETE THE **HISTORY FORM** PROVIDED TO ENSURE THAT YOUR CHILD RECEIVES A PROPER MEDICAL SCREENING

IF YOUR CHILD WEARS PRESCRIPTION GLASSES OR CONTACT LENSES, *PLEASE ENSURE THAT YOUR CHILD ARRIVES WITH EITHER THE GLASSES OR CONTACT LENSES FOR THE EYE EXAM*

Thank You

NewYork-Presbyterian Medical Group Queens

Orthopedics & Rehabilitation

163-03 Horace Harding Expressway, 4th floor, Fresh Meadows, NY 11365 | 866-670-OUCH (6824)

72-06 Northern Blvd. 2nd Floor, Jackson Heights, NY 11372 | 866-670-OUCH (6824)

136-56 39th Avenue, 2nd Floor, Flushing, NY 11354 | 718-888-0066

47-01 Queens Blvd., Suite 403, Sunnyside, NY 11104 | 718-784-4747