



DAIM NTAWV KUAJ IB CE RAU KEV UA KISLAS

FEEM 1 (QHOV NO YUAV TSUM TAU MUAJ UA KOM TIAV LOS NTAWM NIAMTXIV LOSSIS TUS SAIBXYUAS)

Table with columns: LUB XEEM, NPE, QIB KAWM, HNUB YUG, KISLAS THAUM LUB CAJ (FALL), KISLAS THAUM LUB CAJ NTUJ NO, KISLAS THAUM LUB CAJ (SPRING), TUB NTXHAIIS TUS LEJID#

FEEM 1 – KEEBKWM TXOG KEV NOJ QAB HAUS HUV (Yuav tsum tau muab qhov no ua kom tiav los ntawm Niamtxiv/Tus Saibxyuas Uantej Kuaj ib Ce)

- 1. Muaj No Has this student had: Chronic or recurrent illness?
2. Illness lasting over 1 week?
3. Hospitalizations or Surgeries?
... 29. Been seen by a physician on an emergency or urgent basis in the last 12-months?

Zaum kawg uas txhaj koob tshuaj tetanus (lockjaw):
Zaum kawg uas tau mus kuaj ib ce:
Ohia txhua qhov uas koj tau teb "YES". Ohia tej yam uas muaj tseeb uas yuav tsum tau qhia uantej kuaj ib ce (sau rau sab nraud daim ntawv no yog hais tias tsi txaus):

NIAMTXIV/TUS SAIBXYUAS KEV TSO CAI: Kuv tso cai rau kws khomob kuaj kuv tus tub ntXHais ib ce rau kev ua kislas. Cov kev qhia saum toj no yeej qhia tas tas thiab muaj tseeb. Kuv yeej tsi pom muaj dabtsi uas yuav los tabkaum tau tus tub ntXHais kev yuav ua cov kislas li tau muab teev tseg no. Kev kuaj ib cev rau kev ua kislas no tejzaum yuav raug kuaj los ntawm lub District cov neeg uas tuam yeem tuaj pab ua haujlwm pub dawb xwb, Kuv totaub hais tias kev kuaj tsuas yog kuaj xwb, kuv yuav tsum tau hais qhia tej kev txhawjxeeb txog mob nkees rau kuv tus tub ntXHais tus kws khomob.

Table with columns: SAU UA TEJ TUS NTSIAJ NTAWV NIAMTXIV LOSSIS TUS SAIBXYUAS NPE, NIAMTXIV LOSSIS TUS SAIBXYUAS XEES NPE, CHAW NYOB, XOVTUJ TOM HAULWM, XOVTUJ TOM TSEV, HNUB

REGULAR PHYSICIAN'S NAME OFFICE PHONE PROVIDER CLINIC OR ORGANIZATION

PART 2 – MEDICAL EVALUATION (TO BE COMPLETED BY THE EXAMINING HEALTH CARE PROVIDER)

This Evaluation Can Only be Performed by Medical Doctors (MDs), Doctors of Osteopathy (DOs), Physician's Assistants (P.A.s), and Nurse Practitioners (N.P.s)

Table with columns: NORMAL, ABNORMAL (Describe), (May be contained on Provider's Form). Rows include: Eyes/Ears/Nose/Throat, Heart, lungs, pulmonary function, Abdomen, genital/hernia (males), Skin and Musculoskeletal, Neurologic Screening Exam (NSE)/ Concussion Screening Evaluation

Recommendation:
Unlimited participation
Limited participation/specific sports, events or activities
Clearance withheld pending further testing/evaluation No athletic participation
One of the above MUST be checked.
Comments: PHYSICIAN STAMP

*Original to be held on file with the Athletic Director for a period of one (1) year after the end of the Academic Year.*