

# SCHENECTADY CITY SCHOOL DISTRICT

Name of School \_\_\_\_\_

This certifies that \_\_\_\_\_ is physically qualified to participate in the following categories of competition during school:

Contact/Collision Sports

Football  
Basketball  
Baseball  
Ice Hockey  
Wrestling  
Soccer  
Lacrosse  
Softball

Endurance Activities

Crew  
Track  
Swimming  
Tennis  
Cross Country  
Volleyball  
Cheerleading

Others Activities

Bowling  
Golf

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_

Vision-Right \_\_\_\_\_ Left \_\_\_\_\_ Both \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Corrective Lens \_\_\_\_\_ Hearing \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Other pertinent information (Immun. Status, Routine Meds., Recent Injuries, Chronic Disabilities, etc.)

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

Reason for Disqualification Pending Review by Committee on Health and Safety Aspects of PE and Athletics \_\_\_\_\_

\_\_\_\_\_

Response by Physical Education/Athletic

Department \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

(Physician)

This certificate is void if the pupil is absent from school for five or more days because of illness or because of a significant injury. A new certificate must be issued before he/she is allowed to participate.

## DISQUALIFYING CONDITION FOR SPORTS PARTICIPATION

CONDITIONS	CONTACT COLLISION	NONCONTACT ENDURANCE	OTHER
<b><u>GENERAL</u></b>			
<b>Acute Infections:</b>			
Respiratory, genitourinary, infectious mononucleosis, hepatitis, active rheumatic fever, active tuberculosis, boils, furuncles, impetigo	X	X	X
Obvious physical immaturity in comparison with other competitors. (Obvious growth retardation)	X	X	X
<b>Hemorrhagic disease:</b>			
Hemophilia, purpura, and other bleeding tendencies	X	X	X
Diabetes inadequately controlled	X	X	
Jaundice, whatever cause	X	X	X
<b><u>EYES</u></b>			
Absence or loss of function in one eye	X	X	X
<b><u>RESPIRATORY</u></b>			
Severe pulmonary insufficiency	X	X	X
<b><u>CARDIOVASCULAR</u></b>			
Mitral stenosis, aortic stenosis, aortic insufficiency, coarctation of aorta, cyanotic heart disease, recent carditis of any etiology	X	X	X
Uncontrolled hypertension	X	X	X
*Controlled hypertension			
* Previous heart surgery for congenital or acquired heart disease			
<b><u>LIVER</u></b>			
Enlarged liver	X	X	X
<b><u>SPLEEN</u></b>			
Enlarged spleen	X	X	X
<b><u>HERNIA</u></b>			
Inguinal or femoral hernia	X	X	X
<b><u>MUSCULOSKETAL</u></b>			
*Symptomatic abnormalities or inflammations	X	X	X
Functional inadequacy of the musculoskeletal system, congenital or acquired, incompatible with the contact or skill demands of the sport.	X	X	X
<b><u>NEUROLOGICAL</u></b>			
*History or symptoms of previous serious head trauma or repeated concussions	X	X	X
Convulsive disorder completely controlled by medication			
*Convulsive disorder not controlled by medication	X	X	X
* Previous surgery on head or spine	X	X	X
<b><u>RENAL</u></b>			
Absence of one kidney	X	X	X
*Renal disease	X	X	X
<b><u>GENITALIA</u></b>			
*Undescended testicle	X		
*Absence of one testicle	X		

\*\*\*These conditions should be evaluated by the Chief school physician on an individual basis, with specific information/details provided by the school nurse.