



HRA Physical Examination and Health/Consent Forms

****All forms must be completed and signed****

Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30 of the current school year.

Name _____ DOB _____ Grade _____
Last First MI

Home Address _____
 City/Zip Code _____
 Emergency Contact _____ Phone Number _____

Certification of Immunization- Part I

To be completed by a physician or designee, registered nurse, or health department official. A copy of the immunization record stamped or signed by a physician or designee, registered nurse or health department official indicating the dates of administration of the required vaccines is acceptable in lieu of recording the dates on this form as long as the record is attached to this form. Only vaccines marked with an asterisk are currently required for school entry.

Student's Name: _____ Date of Birth: _____
Last First Middle Mo. Day Yr.

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
	1	2	3	4	5
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)					
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)					
*Tdap booster (6 th grade entry)					
*Poliomyelitis (IPV, OPV)					
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age					
*Pneumococcal (PCV conjugate) *only for children <60 months of age					
Measles, Mumps, Rubella (MMR vaccine)					
*Measles (Rubeola)			Serological Confirmation of Measles Immunity:		
*Rubella			Serological Confirmation of Rubella Immunity:		
*Mumps					
*Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used					
*Varicella Vaccine			Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine					
Meningococcal Vaccine					
Human Papillomavirus Vaccine					
Other					
Other					

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Reference Section III).

➔ Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.): ____/____/____

PART III- PHYSICAL EXAMINATION

(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30 of the current school year)**

NAME _____ DATE OF BIRTH _____ SCHOOL _____

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP /	Resting pulse	Vision R 20/	L 20/
		Corrected <input type="checkbox"/> Yes	<input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata: kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)		
Eyes/ears/nose/throat (Pupils equal, hearing)		
Lymph nodes		
Heart (Murmurs: auscultation standing, supine, +/- Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional (i.e. Double leg squat, single leg squat, box drop or step drop test)		
Emergency medications required on-site: <input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine <input type="checkbox"/> Glucagon <input type="checkbox"/> Other:		
COMMENTS:		

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

- MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION
- MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF: _____
- MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS: _____
Reason: _____
- NOT MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF: _____
- NOT MEDICALLY ELIGIBLE FOR ANY SPORTS

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II- Medical History.

→ PRACTITIONER SIGNATURE: _____ (MD, DO, NP or PA)+ DATE**: _____

EXAMINER'S NAME AND DEGREE (PRINT): _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.

Rule 28B-1 (3) Physical Examination Rule/Transfer Student (10-90)- When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.

PART IV -- CONSENT TO TREAT

*****To be completed for all students*****

Hampton Roads Academy provides students basic emergency care and/or athletic training services.

I give my permission for (child/ward) _____ to receive appropriate first aid and/or athletic training services by the medical staff (ie. school nurse, athletic trainer) at Hampton Roads Academy (HRA). I have listed all medications and/or conditions on this form that could adversely affect my child/ward.

I give consent to the HRA medical staff to use and disclose my child’s protected health information as needed to carry out healthcare treatments. I give permission to the medical staff to release to the school faculty/staff any of the same information on a need-to-know basis.

Any medical emergency that requires advanced care or transport to a local hospital will be provided by the local Emergency Medical Services.

In the event that I cannot be reached in an emergency, I hereby give permission to the employees/ medical staff of Hampton Roads Academy to hospitalize and secure proper advanced medical treatment to include orders for injections and/or anesthesia and/or surgery for the person named above.

I release HRA from any liability arising from any situation related to the existence of a medical or psychological condition that was not disclosed to the school. I agree to notify the HRA medical staff of any condition, treatment, and/or medication that could affect any first-aid or health care treatment that may arise while my child is enrolled at the school.

➡ **Parent/Guardian Signature:** _____ **Date:** _____

PART V – ATHLETIC ACKNOWLEDGEMENT OF RISK AND ATHLETIC PARTICIPATION

*****Athletes only*****

I give permission for (child/ward) _____ to participate in interscholastic athletics at Hampton Roads Academy (HRA).

By signing this section of this document I understand:

1. I will abide by the HRA athletic policies; the coaches team rules, and the rules of the Tidewater Conference of Independent Schools as well as the policies of the Virginia Independent School Athletic Association.
2. I will conduct myself in an exemplary manner at all times.
3. I will be responsible for all athletic equipment issued to me throughout the season, will return such equipment at the conclusion of the season, and agree to pay the current replacement cost for the equipment.
4. I have reviewed the individual athletic eligibility rules and I am aware that with the participation in sports comes the risk of injury. I acknowledge that this includes, but is not limited to the risk of sprains, fractures, and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of limbs. I am aware that there is a risk for concussions, brain damage, paralysis, or even death. I also understand that the degree of danger and seriousness of risk varies significantly from one sport to the other with contact sports carrying a higher risk. I have had the opportunity to ask coaches and athletic administrators questions regarding the risks associated with sports. In addition, I am aware that participation in sports will involve travel with the team. Having been so cautioned and warned, it is still my desire for my child to participate in sports and do so with full knowledge and understanding of the risk of injury. I acknowledge and accept the risks of sports and travel with the team. He/she is insured to my satisfaction.
5. I, along with my parents certify that I have read and understand all of the Hampton Roads Academy Athletic Policies and in order to be eligible for participation I must comply with all requirements listed.

➡ **Parent/Guardian Signature:** _____ **Date:** _____

➡ **Athlete’s Signature:** _____ **Date:** _____