Students

Health Examinations for Interscholastic Athletic Participation

It is the intent of the Thomaston Board of Education that each student participating in interscholastic sports has his/her physical examination record on file in a timely manner. To this end, all school athletes are required to have an annual physical examination done. This examination is to be done by a legally qualified practitioner of medicine, an advanced practice registered nurse (APRN) licensed pursuant to chapter 378 or physicians assistant (PA) licensed pursuant to chapter 370, records on the approved physical form, and will include: family health history, height, weight, blood pressure, hemoglobin, urinalysis, musculoskeletal assessment, cardiovascular assessment, and other assessments as deemed necessary by the examining physician.

Emergency medical forms must also be filled out by the parent/guardian and handed into the coach before student is eligible to play.

Legal Reference:	Connecticut General Statutes					
	10-204a Required immunizations					
	10-205(d) Appointment of school medical advisor					
	10-206(b) Health assessments					
	10-206a Free health assessments					
	10-208 Exemption from examination or treatment					
	10-214 Vision, audiometric and postural screening: When required; notification of parents re defects; record of results					
	10-241b Compliance report by local or regional board of education					

THOMASTON PUBLIC SCHOOLS Thomaston, Connecticut

ATHLETIC DEPARTMENT COACHES' CHECKLIST

Sport: _____

Coach: _____

IMPORTANT INFORMATION: It is MANDATORY that a copy of this list be turned in to the Athletic Director or the Assistant Athletic Director by NO later than THREE weeks prior to the first official practice date. It is your responsibility to ensure that all aspects of the authorization for sports participation are carried out.

		Authorizati	on for Sports	s Participation]		
Student (Alphabetize by Grade)	Grade	Parent's	Phys.	Medical	Medical	Date of	Academic
Last First		Permission	Exam	Clearance	Information	Birth	Eligibility

Date: _____