



New Student Application Checklist

In order to complete the application process, please provide the checklist items listed below. Forms can be picked up and turned into the front office.

☐ Applicant's Birth Certificate

Required health forms:

☐ Immunization Record

☐ Current TDAP shot

☐ Physical Examination form

☐ T.B. Screen test report

Health Information

Student Health Requirements (All new students)

For unconditional first admission to Notre Dame High School, the parents of all first time students are required by law to present to the school upon entrance a signed certificate stating that the child has received the mandated health assessment (physical, immunizations, TB screening). **Notre Dame High School students must have the health assessment completed and the official documents of this assessment submitted prior to attending school or participating in any Notre Dame High School sports practice or activity.**

This legislated program entitled The Child Health and Disability Prevention Program (CH&DP) is implemented by the health department of each county.

Schools are required to assist implementation in the following ways:

- Distribute program information to the parents of Kindergarten students or first grade registrants.
- Report the collection of certificates and Waivers.
- Retain the certificate/waiver in the pupil's records.

Current immunization requirements and tables are included in the California Immunization Handbook, available through the Immunization Assistance Project of the local county health department.

Exemptions for personal or medical reasons are permissible but the claim must be in writing. A written statement from a physician to the effect that the immunizations are not considered safe or beneficial to the child or a letter from the parents stating that compliance would be contrary to their personal beliefs is necessary.

Annually schools are required to file reports with CH&DP documenting compliance with immunization and health assessment laws. The forms are distributed to each school by the local health department. They must be completed and submitted by the designated due date.

Condition of Admission	Current Physical Exam	Current TB Screening	Immunizations*
First time High School Students, and all Transfers into any grade.	Dated for current year, and prior to high school registration date	Current PPD/Mantoux and results dated within last 3 years, prior to high school registration	4 Polio (OPV or IPV) 5 DTP/DTaP/DT/Td 2 MMR 3 Hepatitis B Tdap after 10th birthday

**Official Documents showing immunizations are your child's Immunization Record (Yellow Card) or the California School Immunization Record that your child's school should have for your child.*

Notre Dame High School Physical Evaluation Form

Name _____ Age _____ Grade _____ Sex _____ DOB: ____/____/____

Address _____ Phone _____

Sports student is interested in playing _____ Height _____ Weight _____

Personal Physician _____ Physician's Phone _____

----- Complete this form, including signatures before the time of your examination. -----

YES NO

- ☐ 1. ☐ Are you currently under a doctor's care for any reason?
- ☐ 2. ☐ Have you ever been hospitalized?
- ☐ 3. ☐ Have you ever had surgery?
- ☐ 4. ☐ Are you currently taking any medications?
- ☐ 5. ☐ Do you have any allergies (medication/other)?
- ☐ 6. ☐ Have you ever been dizzy or passed out during or after exercise?
- ☐ 7. ☐ Have you ever had chest pain during or after exercise?
- ☐ 8. ☐ Have you ever had high blood pressure?
- ☐ 9. ☐ Have you ever been told that you have a heart murmur?
- ☐ 10. ☐ Have you ever been knocked out or unconscious?
- ☐ 11. ☐ Have you ever had a head injury?
- ☐ 12. ☐ Have you ever had a racing of your heart or skipped beats?
- ☐ 13. ☐ Have you ever had a seizure?
- ☐ 14. ☐ Have you ever had stinger, burner or pinched nerve?
- ☐ 15. ☐ Have you ever been dizzy or passed out in the heat?
- ☐ 16. ☐ Do you have trouble breathing or cough during or after exercise?
- ☐ 17. ☐ Do you have any skin problems (rash/itching etc.)?
- ☐ 18. ☐ Have you ever had any problems with your eyes/vision?
- ☐ 19. ☐ Do you wear glasses, contacts or protective eye wear?
- ☐ 20. ☐ Do you use any special equipment (splints, neck rolls, mouth guards, etc.)?

YES NO

- ☐ 21. ☐ Has anyone in your family died of heart problems or sudden death before the age of 50?
- ☐ 22. ☐ Do you only have one working organ of usually paired organs? (i.e. kidney)
- ☐ 23. ☐ Have you ever sprained, broken, or had repeated swelling or pain of any bones or joints?
☐ Head ☐ Neck ☐ Chest ☐ Shoulder ☐ Back
☐ Hand ☐ Wrist ☐ Elbow ☐ Forearm ☐ Hip
☐ Thigh ☐ Knee ☐ Ankle ☐ Shin/Calf ☐ Foot
- ☐ 24. ☐ Are any of these bothering you now?
- ☐ 25. ☐ Have you had any medical problems (Asthma, Diabetes, Mono, etc.)?
- ☐ 26. ☐ Have you had any medical problems since your last exam?
- ☐ 27. ☐ Any special instructions/precautions?
- ☐ 28. ☐ When was your last Tetanus Shot? _____
- ☐ 29. ☐ **Women only**
When was your first menstrual cycle? _____
When was your last menstrual cycle? _____
What was the longest time between cycles? _____

Explain all "YES" answers by question number and indicate dates of each item. Include any special instructions:

I/we hereby state that, to the best of my knowledge, the answers to the above questions are correct. I/we understand that by performing the examination, the undersigned physician does not assume responsibility for the medical care of this individual.

Signature of Athlete _____ Date _____

Signature of Parent or Guardian (if athlete is under 18) _____ Date _____

----- ATHLETE/PARENT DO NOT WRITE BELOW THIS LINE -----

HEENT	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal (Findings) _____	Initials _____
Skin	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal (Findings) _____	Initials _____
Heart	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal (Findings) _____	Initials _____
Lung	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal (Findings) _____	Initials _____
Abdomen	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal (Findings) _____	Initials _____
Orthopedic	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal (Findings) _____	Initials _____
Flexibility/Strength	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal (Findings) _____	Initials _____

While this does not constitute a complete physical examination or replace the need for periodic health evaluations by a family physician, this individual appears to be physically capable of participating in interscholastic sports as of this date, except as indicated below.

☐ Cleared for sports without restriction ☐ Cleared with the following restrictions _____ ☐ Cleared after completing evaluation/rehabilitation for (list below).

Recommendations: _____ ☐ NOT CLEARED

Physicians Name _____

Physicians Signature _____

Date _____