



**CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT  
HEALTH STATUS FORM**

**A PHYSICAL EXAM MUST BE COMPLETED AND THIS FORM SIGNED AND RETURNED TO SCHOOL BEFORE A STUDENT WILL BE PERMITTED TO PRACTICE.** For athletics - a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, qualified doctor of chiropractic, advanced registered nurse practitioner, or physician's assistant should complete this report.

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Sex: M F  
 Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

**TO PARENTS/GUARDIANS:**

A health examination by your healthcare provider is important to your child's welfare and to the school in adapting its program to individual needs. Please have your child examined before entering school and periodically thereafter according to the recommendations of your healthcare provider and the school district. Please complete this section and have your healthcare provider complete the remainder.

List any significant medical or current health problems of family members that might affect the health or school performance of this child.

Would you consent to exchange of information between school nurse and your healthcare provider regarding this student's health status? If so please sign here.  
 \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY HEALTHCARE PROVIDER**

Date of Exam \_\_\_\_\_  
**THIS PHYSICAL IS VALID 12 MONTHS FROM THIS DATE**

Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ B.P. \_\_\_\_\_ Vision \_\_\_\_\_ Lead \_\_\_\_\_ BMI \_\_\_\_\_ BMI % \_\_\_\_\_

	<u>YES</u>	<u>NO</u>	<u>EXPLAIN</u>
1. Is there any significant health history- i.e. chronic illness, surgeries, injuries, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Is there any impairment of vision, hearing, or speech?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Is this student subject to any condition which may result in a classroom emergency - i.e. diabetes, asthma, allergies, epilepsy, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Is there any emotional, mental, or physical condition for which this student should remain under periodic medical observation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Is there any medication or treatment prescribed for this student?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Is there any deficiency in immunizations?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Were any immunizations given today?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Is this student subject to any conditions that limit participation during the school day?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Does this student have <u>any restrictions for physical education classes or for competitive athletics?</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Did you recommend a referral or further evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	_____

HEALTHCARE PROVIDER PRINTED NAME \_\_\_\_\_

HEALTHCARE PROVIDER SIGNATURE \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

**PARENT/GUARDIAN – REVIEW REVERSE SIDE AND SIGN HERE FOR ATHLETIC PARTICIPATION**

\_\_\_\_\_ IS GIVEN MY PERMISSION TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS. I have READ THE BACK of this form and am accountable for complete Code Of Conduct Policy (410). Participation in athletics may result in injury. We/I assume responsibilities related to such injuries.

ATHLETE'S SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

# TRAINING RULES FOR INTERSCHOLASTIC ATHLETICS – OVERVIEW

A complete and detailed version of these rules is available in any high school Activities Office.

The Cedar Rapids Community Schools and the Board of Education (Policy 410) have established certain minimum standards required of all athletic squads and squad members. To retain eligibility for participation in co-curricular, students must conduct themselves as good citizens in and out of school at all times. Students who represent the school in an activity are expected to serve as good role models to other students and to the members of the community.

Any student who, after a hearing at which the student shall be confronted with the allegation, the basis of the allegation, and given an opportunity to tell the student's side, is found to have violated the school's Good Conduct Rule will be **deemed ineligible for a period of time**. A student may lose eligibility under the Good Conduct Rule for any of the following behaviors, or when a preponderance of the evidence indicates a policy violation:

- Possession, use or purchase of tobacco products, regardless of the student's age.
- Possession, use or purchase of alcoholic beverages, including beer and wine. ("Use" includes having the odor of alcohol on one's breath) This includes "near beer" labeled as non-alcoholic.
- Possession, use or purchase of illegal drugs or the unauthorized possession, use or purchase of otherwise lawful drugs.
- Engaging in any act that would be grounds for arrest or citation in the criminal or juvenile court system (excluding minor traffic offenses) regardless of whether the student was cited, arrested, convicted or adjudicated for the act(s).
- Inappropriate or offensive conduct such as fighting, insubordination (talking back or refusing to cooperate with authorities), hazing or harassment of others
- IF a student transfers in from another Iowa school district and the student had not yet completed a period of ineligibility for a violation of a Good Conduct Policy Rule in the previous school or school district, the student shall be ineligible if the administration determines that there is a general knowledge in our school district of the fact of the student's violation in the previous district.

If a parent of a student wants to contest the declared ineligibility of a student based on these rules, he/she may contact the Activities Office to begin the appeal procedure.

## PENALTIES

Any student who, after a hearing before administration, is found to have violated the Good Conduct Rule during the school year or in the summer shall be subject to a loss of eligibility as follows.

**First Offense within a student's high school career.** Athletic: Up to one-third of a season of ineligibility. Non-athletic: Up to four weeks or longer if necessary to include a minimum of one public performance.

**Second Offense within a student's high school career.** Athletic: Up to one-half of a season of ineligibility. Non-athletic: Up to six weeks or longer if necessary to include a minimum of two public performances. Additionally, the student will need professional evaluation and/or treatment prior to reinstatement.

**Third Offense within a student's high school career.** Athletic: Up to one year of ineligibility. Non-athletic: Up to one year of ineligibility. Additionally, the student will need professional evaluation and/or treatment prior to reinstatement.

The period of ineligibility attaches immediately upon finding of a violation if the student is currently engaged in an co-curricular activity and, if not completed during the current activity, it will be carried over to the time when the student seeks to go out for the next activity or contest. However, if the period of time between violation and an activity is 12 calendar months or more, the student shall not serve an ineligibility period for the violation. An ineligible student shall attend all practices or rehearsals, but may neither "suit up" nor perform/participate. If a student drops out of an activity prior to completion of the period of ineligibility, then the penalty or remainder of the penalty will attach when the student next seeks to go out for an activity, subject to the 12-month limitation above.

## VOLUNTARY ADMISSION

The voluntary admission provision is in place to allow students to seek help with substance abuse. It is designed for students and parents as a tool for treatment without the penalty of losing eligibility. This admission is not intended as a loophole to avoid consequences for students found to have violated the Good Conduct Rule. This admission may prevent the loss of eligibility.

The purpose of the provision is to create honesty and openness when dealing with code of conduct violators. It is designed to help violators, not punish them. Violators, or their parents/guardians, must approach building administrators acknowledging the student offense. To remain eligible, the student must:

1. Be referred by the school to a substance abuse agency for evaluation.
2. Complete all appointments with the agency.
3. Fully cooperate with all recommendations made by the agency.

The agency will provide recommendations to the school as well as evidence of compliance and completion.

The voluntary admission provision does not apply to violations of the Good Conduct Rule when:

1. The violation occurs at school or a school sponsored event.
2. Law enforcement officials are involved.
3. Investigations into a specific incident of student violations have already begun.

## MINIMUM SCHOLASTIC REQUIREMENTS

All contestants shall be regular students of the school in good standing. They shall have made passing grades in a minimum of 20 credit hours in the preceding term, and shall be making passing grades in 20 credit hours at any progress reporting time(s) of the current term. Additionally, they shall be passing all courses at the end of each term in the past 12 months in order to have full eligibility. For specifics, refer to Board Policy 410.

## PHYSICAL - EXPIRATION DATE

Physical examinations are valid for 12 months from the date of the physical. Iowa law allows a grace period not to exceed 30 days for expired physicals.