

La Pietra – Hawai'i School for Girls  
Student's Health Record

Student Information

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ Sex:  M  F Student Address Label

Parent/Legal Guardian Names: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Entry dates:  
Pre-K: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Elem.: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Int./Middle: \_\_\_\_/\_\_\_\_/\_\_\_\_  
High: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Conditions

Allergies  Asthma  Chronic Cough/Wheezing  Hearing Problems  Seizures  Other

Bees  Blood Disorders  Diabetes Type I  Heart Condition  Skin Problems

Food  Bone/Joint Disorders  Diabetes Type II  High Blood Pressure  Vision Problems

Medication  Cancer/Leukemia  Genetic Condition  Metabolic Disorder

Physical Examination (N - Normal, A - Abnormal, R - Receiving Care)

Date	Height	Weight	BMI	*Blood Lead	Blood Pressure	Eyes	Ears	Nose	Throat	Teeth	Heart	Lungs	Abdomen	Nervous System	Skin	Scoliosis	Extremities	Nutrition	Provider's Signature	Printed Name	
____/____/____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____
____/____/____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____

Tuberculosis Evaluation

Check appropriate box Date

Negative TB Risk Assessment \_\_\_\_/\_\_\_\_/\_\_\_\_

Negative test for TB infection \_\_\_\_/\_\_\_\_/\_\_\_\_

Positive test & negative chest x-ray \_\_\_\_/\_\_\_\_/\_\_\_\_

Dental Examination

Dental Check-Up \_\_\_\_/\_\_\_\_/\_\_\_\_

Dental Check-Up \_\_\_\_/\_\_\_\_/\_\_\_\_

Vision and Hearing

Visual Acuity  Color Vision Deficient

R 20 / \_\_\_\_ L 20 / \_\_\_\_

Corrected  Corrected \_\_\_\_/\_\_\_\_/\_\_\_\_

Hearing Thresholds

500 1000 2000 4000

R \_\_\_\_/\_\_\_\_/\_\_\_\_

L \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature or Stamp of Healthcare Provider or Clinic: \_\_\_\_\_

Immunizations

DTaP, DTP, DT or Td	Type	Date
____/____/____	____	____/____/____
____/____/____	____	____/____/____
Polio (IPV or OPV)	Type	Date
____/____/____	____	____/____/____
Hib (Haemophilus influenzae type b)	Type	Date
____/____/____	____	____/____/____
Pneumococcal Conjugate	Type	Date
____/____/____	____	____/____/____
Hepatitis B	Type	Date
____/____/____	____	____/____/____
Hepatitis A	Type	Date
____/____/____	____	____/____/____
MMR	Type	Date
____/____/____	____	____/____/____
HPV	Type	Date
____/____/____	____	____/____/____
Other	Type	Date
____/____/____	____	____/____/____

Varicella immunity secondary to disease (date) \_\_\_\_/\_\_\_\_/\_\_\_\_

Varicella Date \_\_\_\_/\_\_\_\_/\_\_\_\_

MCV Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Tdap Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Health History Comments:** Include referrals and reports. Recommendation for significant findings. (Please print)

Date	Comments	Signature & Title	Date	Comments	Signature & Title



## Student Athletic Physical Exam Form 2024-2025

**Instructions to Parent:** An annual physical exam is required each school year for all student-athlete. Please schedule an annual physical exam and ask your doctor to complete:

1. Student Health Form 14 and
2. 2024-2025 Student Athletic Physical Exam Form

Student Last Name

Student First Name

Grade

### Athletic Participation List

The following sports are offered at La Pietra – Hawaii School for Girls:

Air Riflery	Cheerleading	Judo	Swimming	Water Polo
Archery	Cross Country	Kayaking	Tennis	Wrestling
Basketball	Diving	Soccer	Track & Field	Other:
Canoe Paddling	Golf	Softball	Volleyball	

### Physician Certification

1. Date of exam:
2. This student:
  - MAY participate fully in school PE and athletic activities as listed above.
  - MAY NOT participate in school PE and athletic activities.
  - Has RESTRICTIONS to participate in school PE and athletic activities. Please note restrictions:

Physician Name (print)

Physician Signature

Date



## School Year 2024-2025

### Student / Parent Acknowledgement

We, \_\_\_\_\_ and \_\_\_\_\_  
(student-athlete name) (parent/guardian name)

acknowledge that we have read the 2024 - 2025 Athletic Handbook for Parents and Students and the La Pietra - Hawaii School for Girls Spectator Policy. We agree to follow all safety protocols and requirements stated for student-athletes and parents in these documents during the sports seasons.

We understand that failure to follow the parent and student-athlete guidelines in these documents will result in removal of the student from participation on the La Pietra or PAC-5 athletic team.

.....  
(student-athlete signature)

.....  
(date)

.....  
(parent/guardian signature)

.....  
(date)

### Athletic Participation Agreement

I hereby request permission to compete in interscholastic athletics for La Pietra School. I have read the Athletic and School handbook pertaining to Sports and will adhere to those rules. I understand that an infraction of school/athletic rules will result in disciplinary actions. I also understand that I must return all school issued uniforms and pay for any damages that I may have done to uniforms or equipment. I will conduct myself in an appropriate manner at all athletic events and show my La Pietra School Pride at all times. I understand that if I quit or am dropped from a team because of disciplinary actions, grades, or absences, I'm ineligible to participate in any La Pietra Sports for one year to the date. I have not violated any eligibility rules and regulations of the Interscholastic League of Honolulu.

.....  
(student-athlete signature)

.....  
(date)

.....  
(parent/guardian signature)

.....  
(date)



School Year 2024-2025

Emergency Contacts & Emergency Medical Authorization

Student Last Name

Student First Name

Date of Birth

Parent Information

Table with 4 columns: Parent Role, First and last name, Cell Number, and Alternate Number. Rows for Father/Guardian and Mother/Guardian.

Emergency Contacts. In case parents are not reachable.

Table with 3 columns: First and last name, Cell Number, and Relationship. Includes a dashed line separator below the table.

€ Yes € No Does your daughter have Asthma?

€ Yes € No Can your daughter be given Tylenol for injuries?

€ Yes € No Is your daughter currently on medication? Specify reasons:

List past injuries or health concerns to be aware of:

Insurance name:

Policy number:

Emergency Medical Authorization. I hereby give consent for medical treatment deemed necessary by physicians designated by the coach(es) and/or transportation to a hospital emergency room for treatment for any illness or injury resulting from her participation. I understand this authorization will only be enforced when I cannot be contacted and immediate treatment is needed.

Parent's name (print)

Parent's signature

Date



## School Year 2024-2025

### ImPACT Concussion Management Program

It is mandatory for all student-athletes participating in the ILH sports on La Pietra and Pac-5 athletic teams, to complete the ImPACT Concussion Management Baseline Testing. This school year Baseline testing will only be required for sixth, seventh, ninth, and eleventh grade student-athletes (and new participants) participating in the ILH.

The ImPACT program baseline test that will be administered by the athletic department staff will assist us in evaluating and treating head injuries (e.g. concussions). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of the head injury and when the injury has fully healed.

After a concussive injury, the injured athlete is reassessed and the scores are compared to the baseline score. Athletes will only be considered to return to their activities if the post-injury scores are comparable to the baseline score. Although our goal is to test all athletes prior to the tryouts for each season, we may be administering the tests during the season due to limited resources of computer technology and human monitors and due to the challenge of testing a large number of athletes.

The non-invasive ImPACT test is set up in "video-game" type format and takes about 20-30 minutes to complete. It is simple, and many athletes enjoy the challenge of taking the test. Essentially, the ImPact test is an athletic physical exam of the brain. It tracks information such as memory, reaction time, speed, and concentration. It is not an IQ test.

If a concussion is suspected, the athlete will be required to retake the ImPACT tests. Both pre-injury and post-injury test results are evaluated by Pac-5 athletic trainers if they are on a Pac-5 team or your family physician who consults with a neuro-psychologist /neurologist as part of the evaluation process. The information gathered should also be shared with your family doctor. The test data will enable health professionals to determine when returning to play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all details. The information gathered from the ImPACT program may also be utilized in studies conducted by this school, the ILH, the University of Hawaii, local physicians, neuropsychologists, the State of Hawaii Department of Education and the National Athletic Trainers' Association. In order to ensure your child's anonymity, we have set up an anonymous data submission system. This data may anonymously be submitted for research purposes.

We wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. Please sign the bottom of this page with the appropriate signatures. For more information about concussions please visit [NFHSlern.com](http://NFHSlern.com) and take the free course *Concussion in Sports*. If you have further questions regarding this program please contact the Athletic Office (922-2744).

Student-athlete Name

Grade

(parent/guardian signature)

(date)



## Pre - ImPACT Concussion Worksheet

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: Female

Right     Left

Height (ft., inches) \_\_\_\_\_ Weight (lbs) \_\_\_\_\_ Handedness \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Languages: 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup> (if fluent): \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Years of education completed, excluding Kindergarten     Freshmen     Sophomore     Junior     Senior

In school, what type of student are you?     Below Average (C – D)     Average (B – C)     Above Average (A – B)

**Circle any of the following that apply to you:**

- Yes    No    Receive speech therapy
- Yes    No    Attended special education classes
- Yes    No    Repeated one or more years of school
- Yes    No    Diagnosed with a learning disability
- Yes    No    Diagnosed with attention deficit disorder (ADD) or hyperactivity (ADHD)

**Have you had experienced treatment for:**

- Yes    No    Headaches by physician
- Yes    No    Migraine headaches by physician
- Yes    No    Epilepsy or seizures
- Yes    No    Brain Surgery
- Yes    No    Meningitis
- Yes    No    Substance or Alcohol abuse
- Yes    No    Psychiatric Condition (depression or anxiety)

**Have you ever been diagnosed with any of the following conditions?**

- Yes    No    ADD / ADHD       Yes    No    Dyslexia       Yes    No    Autism
- Yes    No    Have you participated in any strenuous exercise or practice in the last 3 hours?

Yes    No    Are you currently on medications?  
Please list.

Hours of sleep last night: \_\_\_\_\_

Yes    No    Have you ever been diagnosed with a Concussion? If yes, answer the following questions:

Number of times diagnosed with a concussion, excluding current injury: \_\_\_\_\_

Total number of concussions that resulted in:

	Loss of consciousness		Difficulty with memory for events occurring immediately before injury
	Confusion		
	Difficulty with memory for events occurring immediately after injury		Total games missed as a direct result of all concussions combined

Month/year of 5 most recent concussions: \_\_\_\_\_

Current Sport(s):	Current position/weight class	Yrs of past High School Experience
1.	<input type="checkbox"/> Inter <input type="checkbox"/> JV <input type="checkbox"/> Vars	
2.	<input type="checkbox"/> Inter <input type="checkbox"/> JV <input type="checkbox"/> Vars	
3.	<input type="checkbox"/> Inter <input type="checkbox"/> JV <input type="checkbox"/> Vars	