

KENT SCHOOL DISTRICT ATHLETIC DEPARTMENT
WARAYSIGA IYO BAADHISTA JIREED EE KA-QAYBQAADASHADA

Magaca: _____ Taariikhda Dhalashada: _____ Taariikhda Baadhista: _____ Fasalka: (2022-2023)

Cinwaan: _____ Magaalada: _____ Zip: _____

Taleefanka Aasaasiga ah: _____ Isboortiga: _____ #Aqoonsiga Ardayga KSD: _____

OGEYSIINTA BAADHAHA: Baadhitaankan waxaa loogu talagalay ka qaybgalka **dugsiga dhexe** (fasalada 7-8).

Baadhitaankan waxaa loogu talagalay ka qaybgalka **heerka sare** (fasalada 9 - 12).

Ciyaartoyga iyo Waalidka/Masuulka: Fadlan dibu-eeg su'aalaha oo dhan oo uga jawaab sida ugu fiican ee aad awoodo.

Dhakhtarka: Fadlan dib ula eeg ciyaartoyga tafaasiisha jawaabaha togan.

WARAYSI

- | | Haa | Maya |
|--------|--------------------------|---|
| 1. a. | <input type="checkbox"/> | <input type="checkbox"/> Dhawaanahan wax jirro/dhaawac ah ma kugu dhacday, mise hadda xanuun/dhaawac ma qabtaa? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> Ma leedahay dhibaato caafimaad, jirro, ama dhaawac tan iyo baaritaankii ugu dambeeyay? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> Ma qabtaa xanuun daba-dheeraaday ama soo noqnoqda? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> Weligaa ma isku aragtay xanuun soconaya wax ka badan toddobaad? |
| e. | <input type="checkbox"/> | <input type="checkbox"/> Weligaa cisbitaal ma lagu dhigay habeen? |
| f. | <input type="checkbox"/> | <input type="checkbox"/> Ma lagugu sameeyay qalliin aan ahayn qalliinka qumanka? |
| g. | <input type="checkbox"/> | <input type="checkbox"/> Weligaa ma ku soo gaadheen dhaawacyo u baahan daawayn dhakhtar? |
| h. | <input type="checkbox"/> | <input type="checkbox"/> Ma kaa maqan tahay xubin jidhka ka mid ah oo aan ahayn qumanka (qabsinka, indhaha, kelyaha, xiniinyaha, iwm.)? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> Hadda ma qaadataa wax daawo ah (oo ay ku jiraan kaniiniga ka hortagga uurka, fiitamiinada, asbirin, iwm.)? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> Ma qabtaa WAX xasaasiyad ah (daawooyinka, shinnida, cuntooyinka, ama waxyaabo kale)? |
| 4. a. | <input type="checkbox"/> | <input type="checkbox"/> Weligaa ma isku aragtay laab xanuun, dawakhaad, suuxdin, dhicid inta lagu jiro jimicsiga ama kadib? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> Miyaad u daashaa si ka fudud ama ka dhaqso badan saaxiibbadaa inta lagu jiro jimicsiga? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> Weligaa wax dhibaato ah ma kala kulantay cadaadiska dhiiggaaga ama wadnahaaga? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> Ma jiraan qaraabo kuu dhow oo qabay dhibaatooyin wadnaha ah, wadna xanuun ama geeri degdeg ah kahor da'da 50? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> Ma qabtaa wax dhibaatooyin maqaarka ah (fin doob, cuncun, finan yaryar, iwm.)? |
| 6. a. | <input type="checkbox"/> | <input type="checkbox"/> Weligaa ma yeelatay miyir beel, khalkhal, suuxdin, ama dawakhaad daran? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> Miyaad qabtaa madax-xanuun daran oo joogto ah? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> Weligaa ma isku aragtay "kaarid" ama "gubasho" ama "dareemaha qanjarufo"? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> Weligaa ma "lagu garaacay" ama "suuxday"? |
| e. | <input type="checkbox"/> | <input type="checkbox"/> Waligaa ma ku soo gaadhay dhaawac qoorta, madaxa ah ama miyir beel? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> Weligaa ma isku aragtay kuleyl daal leh, kulayl, xanuun kulayl ama dhibaatooyin la mid ah kulaylka? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> Miyaad qabtaa cudurka neefta, neefsashada oo dhib ah, ama qufac inta lagu jiro jimicsiga ama kadib? |
| 9. a. | <input type="checkbox"/> | <input type="checkbox"/> Ma xidhataa muraayadaha indhaha, lensiyada indhaha ama muraayadaha indhaha ilaaliya? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> Wax dhibaato ah ma kala kulantay indhahaaga ama araggaaga? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> Ma xidhataa wax qalab ilko ah sida biro, sadaf, saxanka, ama kaydiye? |
| 11. a. | <input type="checkbox"/> | <input type="checkbox"/> Weligaa ma ka dhaawacantay jilibka? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> Weligaa ma ka dhaawacantay canqowga? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> Weligaa ma ka dhaawacantay kalagoosyada kale (garabka, curcurka, faraha, iwm.)? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> Weligaa ma ku jabtay laf (jab)? |
| e. | <input type="checkbox"/> | <input type="checkbox"/> Weligaa ma laguugu kabay nuurad, splint ama ma isticmaashay biraha lagu boodo? |
| f. | <input type="checkbox"/> | <input type="checkbox"/> Miyay tahay inaad u isticmaasho qalab gaar ah tartanka (faashad, birta ilkaha, duubka qoorta, iwm)? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> Miyay ka badan tahay 5 sano inta ka soo wareegtay tallaalkaagii ugu dambeeyay ee teetanada? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> Miyaad ka welwelsan tahay miisaankaaga? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> DUMARKA: Ma leedahay wax dhibaato ah oo caadada ah? |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> Miyaad wax welwel caafimaad ah ka qabtay ka qaybqaadashadaada ciyaaraha? |

***** CIYAARTOYGU WAA IN AANU KU QORIN WIXII KA HOOSEEYA *****

EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number):

KENT SCHOOL DISTRICT ATHLETIC DEPARTMENT

STUDENT NAME: _____

EXPIRATION DATE:
(SCHOOL USE ONLY)

PHYSICAL EXAMINATION

Age: _____ Weight: _____ Pulse: _____ Blood Pressure: _____

Height: _____ Visual Acuity: Left 20/_____

Right 20/_____

Normal

Abnormal

- | | | | | |
|--------------------------|-----|------------------------------|--------------------------|-------|
| <input type="checkbox"/> | 1. | Head | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 2. | Eyes (pupils), ENT | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 3. | Teeth | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 4. | Chest | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 5. | Lungs | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 6. | Heart | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 7. | Abdomen | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 8. | Neurologic | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 9. | Skin | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 10. | Physical Maturity | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 11. | Spine, Back | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 12. | Shoulders, Upper extremities | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 13. | Lower extremities | <input type="checkbox"/> | _____ |

PLEASE NOTE: THIS EXAMINATION IS FOR A PERIOD OF 24 MONTHS PER WIAA REGULATION, UNLESS OTHERWISE INDICATED. A NEW PHYSICAL EXAMINATION IS REQUIRED PRIOR TO INITIAL PARTICIPATION AT BOTH THE MIDDLE SCHOOL LEVEL (GRADES 7 – 8) AND SENIOR HIGH LEVEL (GRADES 9 – 12).

- Assessment: Full participation at the **senior high level** (grades 9 - 12).
 Full participation at the **middle school level** (grades 7 - 8).
 Limited participation (describe limitations, restrictions):
- } To be eligible to participate, an examiner must check one of these boxes.

Participation contraindicated (list reasons):

Recommendations (equipment, taping, rehabilitation, etc.):

EXAMINER'S SIGNATURE: _____

DATE: _____

PRINT EXAMINER'S NAME: _____ EXAMINER'S PHONE NUMBER: (____) _____