



**United States Department of the Interior**  
**BUREAU OF INDIAN EDUCATION**

Office of Indian Education Programs

CHEMAWA INDIAN SCHOOL

3700 Chemawa Road, NE

Salem, Oregon 97305-1199

503-399-5721



# Application for Admission

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Dear Parents:

Thank you for selecting Chemawa Indian School as your choice to educate your child. This is a responsibility that Chemawa Faculty and Staff take very seriously.

Make sure **ALL** necessary copies of documents are attached. Incomplete applications will not be reviewed until all documents are present. Please note the check-off list on the next page that can be used as a guide for completing this application.

Complete applications will be forwarded to admissions committee for review. Early acceptances will start June 15th. Some students will be selected for online or telephone interviews with the admissions committee or administration. The Admissions Committee will review and notify each application by mail or by phone as to the status of his or her application once reviewed. Students will be notified by August 10 for final acceptance.

**Falsification or withholding any information in this application will be grounds for non-acceptance or revocation of your child's admission.**

Travel will be provided to the school for any student admitted, from their home address from the application only. **Any withdrawals or emergency travel during the school year will be the responsibility of the parent or guardian.**

Sincerely,

Amanda Ward  
School Superintendent

**Return Completed Applications**

By Mail:

Chemawa Indian School

Attn: Admissions

3700 Chemawa Road NE

Salem, OR 97305

By Email: [admissions@chemawa.bie.edu](mailto:admissions@chemawa.bie.edu)

***Please do not fax applications as they do not always come out readable.***

**Chemawa Indian School**  
**3700 Chemawa Road NE – Salem, Oregon 97305**

**Admission Application Check-List**  
**2025-2026 School Year**

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2	Check –List
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20-21	Indian Health Service Registration Form
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23	Health History Form
24-25	Oregon State Sports Physical Form – REQUIRED for any student participating in athletics

**CHEMAWA MUST HAVE A COPY THE FOLLOWING TO REVIEW THE APPLICATION:**

- ☐ CIB or Tribal Enrollment
- ☐ Copy of birth certificate
- ☐ Copy of social security card (for medical records)
- ☐ Transcripts from ALL high schools attended (unless applying for 9<sup>th</sup> grade, see below)
- ☐ Immunization Record (Most Current)
- ☐ 8<sup>th</sup> Grade Final Report Card – 9<sup>th</sup> Grade Only
- ☐ 8<sup>th</sup> Grade Promotion or Completion Record (certificate, letter or noted on report card) – 9<sup>th</sup> Grade Only

**Will need the following if these pertain to the student:**

- ☐ Current IEP for students requiring Special Education services
- ☐ Oregon State Sports Physical Form – only required If student is participating in sports
- ☐ Copy of medical insurance card (front and back) – if student is covered by private insurance
- ☐ Court documents for legal custody for parent or legal guardian
- ☐ PO Reports/Recommendation (if on probation)
- ☐ Treatment discharge summaries, aftercare, and counseling records or program plan

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED – ALL FORMS MUST BE FILLED OUT COMPLETELY**

**Bureau of Indian Education**  
**2025-2026 Student Enrollment Application**

**ENROLLMENT INFORMATION**

Name of School: <i>Chemawa Indian School</i> <i>3700 Chemawa Rd, Salem OR 97305</i>	Student will be a: Day Student <input type="checkbox"/> Dorm Student <input type="checkbox"/>
Trimester Applying For: Fall (Sept) <input type="checkbox"/> Winter (Nov) <input type="checkbox"/> Spring (Feb) <input type="checkbox"/>	Grade Applying For (final determination dependent on prior credit earned):

**STUDENT INFORMATION**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

MAILING Address: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Email Address: \_\_\_\_\_ Student Cell Phone: (      ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: (circle)    Male    Female

Do you live with: (circle)    Mother    Father    Legal Guardian    Other: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN INFORMATION**  
**(WHO STUDENT LIVES WITH OR IS AUTHORIZED TO HAVE INFORMATION)**

Father's Name: _____ Tribal Affiliation: _____ Work Phone: (      ) _____ Cell Phone: (      ) _____ Email: _____ Has legal custody of student:    Yes <input type="checkbox"/> No <input type="checkbox"/> Lives with student:                Yes <input type="checkbox"/> No <input type="checkbox"/> Enrollment, grade, behavior and attendance can be discussed with this person:    Yes <input type="checkbox"/> No <input type="checkbox"/>	Mother's Name: _____ Tribal Affiliation: _____ Work Phone: (      ) _____ Cell Phone: (      ) _____ Email: _____ Has legal custody of student:    Yes <input type="checkbox"/> No <input type="checkbox"/> Lives with student:                Yes <input type="checkbox"/> No <input type="checkbox"/> Enrollment, grade, behavior and attendance can be discussed with this person:    Yes <input type="checkbox"/> No <input type="checkbox"/>
Legal Guardian (if not parent listed above):  <p><i>If you are the court appointed custodial parent, you must attach appropriate documentation. If the student does not live with either parent or is a ward of the court, attach documentation and provide information on the person(s) responsible for the applicant who will be the primary contact person. <u>A student may not list himself/herself as guardian even if he/she is 18 years of age or older.</u></i></p>	
Address: _____ Phone: _____	

**EMERGENCY CONTACT INFORMATION**  
**(someone student does not live with)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (        ) \_\_\_\_\_ Work Phone: (        ) \_\_\_\_\_

**LEGAL CUSTODY INFORMATION**

Do **BOTH** parents listed on page 1 have legal physical custody of the student? Yes ☐ No ☐

*If no, please provide divorce decree/parenting plan.*

Is the student currently a ward of the court or in state custody? Yes ☐ No ☐ *If yes, please provide documentation.*

Is there a restraining order in place? Yes ☐ No ☐ *If yes, please provide documentation.*

If yes, please give name of the person: \_\_\_\_\_

**SCHOOL PREVIOUSLY ATTENDED**

School Name: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Student Participated in Special Education Program: Yes ☐ No ☐

Student Participated in Gifted and Talented Program: Yes ☐ No ☐

Student Participated in AVID Program: Yes ☐ No ☐

Student was Suspended or Expelled: Yes ☐ No ☐

Student has attended additional schools in 9-12 grade: Yes ☐ No ☐

If yes, please list them, with location and dates of attendance : \_\_\_\_\_

**SIGNATURE**

**I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that the school may request additional information before the student is admitted.**

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***Failure to provide inclusive and accurate information may result in immediate dismissal from school.***

## ADMISSIONS AND CONTINUING ENROLLMENT CRITERIA

Admissions criteria and continuing enrollment information may be found in 25 CFR 32.4 (z) and the Parent Student Handbook (2025-2026 volume 24).

### Admissions Criteria:

- Enrolled in a Federally recognized tribe, with enrollment number, OR
- Show  $\frac{1}{4}$  blood quantum through Certificate of Indian Blood or as a descendant
- Completed 8<sup>th</sup> grade and eligible to register for 9<sup>th</sup> grade

### Continuing Enrollment Criteria:

- Must maintain 2.0 grade point average or higher throughout the school year. Students failing to maintain minimum weekly grade requirements (no F's) will be placed on restriction and assigned additional tutoring and study hours.
- At the progress report (5 weeks) and end of the trimester, grades will be evaluated and those students receiving 2.0 or lower will be placed on academic probation.
  - Students will be given until the end of the following trimester to bring their grades to 2.0 grade point average or higher.
  - Students that are unwilling to take advantage of additional tutoring and conditions of academic probation, or those that cannot maintain 2.0 GPA at the end of the following trimester will be asked to withdraw or will be dropped from enrollment.
- Follow Student Code of Conduct as it relates to major rule violations and above.
- Be an active partner in their education with staff, faculty and administration

Beginning the 2022-2023 school year, students were not socially promoted, but will be promoted according to their earned credit according to their official transcripts. Students have the opportunity to advance their grade mid-year if they earn the appropriate number of credits. Beginning 2022-2023, students will be placed in grade levels according to the following table:

Freshman	0-5 credits
Sophomore	6-11 credits
Junior	12-17 credit
Senior	18+ credits

***I fully understand the "Continuing Enrollment Criteria" and if accepted as a student at Chemawa Indian School, I agree to abide by the policy.***

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

***I, the parent/guardian, have read the Continuing Enrollment Criteria will encourage our child to achieve the stated classroom grade expectations. I also agree to support interventions put into place to help my child meet adequate academic progress.***

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

## STUDENT CODE OF CONDUCT

The following rules and regulations shall apply to all enrolled students of Chemawa Indian School and remain in effect during the academic year for the purpose of establishing and maintaining an orderly atmosphere conducive to an effective teaching – learning – living environment.

1. The use and/or possession of the following is prohibited: (a) alcoholic beverages; (b) illegal drugs (including marijuana), (c) inhalants; (d) over the counter medications (i.e. Tylenol, Advil, cold medications); (e) tobacco; or (f) vape products.
2. Unauthorized leave from the campus of the following types are not acceptable: (a) absent without leave (AWOL); (b) absence from classroom, assembly, or other school functions; (c) excessive tardiness; (d) excessive checkouts during the school day.
3. Failure to fulfill proper check-out and check-in procedures when leaving or returning to campus may result in loss of check-out privileges.
4. All students are required to perform assigned work details and abide by the dorm's rule of operations.
5. Possession or use of any instrument that is intended as a weapon for assault including but not limited to: explosives, firearms, knives, straight razors, clubs or fireworks are prohibited. Toy guns, water guns, or replicas of any weapons are not allowed, unless used during a sanctioned recreational activity.
6. None of the following will be tolerated and may lead to legal prosecution or restitution: (a) theft; (b) damage to private property; (c) unauthorized entry of government or personal property; (d) gambling; (e) being under the influence or possessing drugs or alcohol.
7. Disrespectful, violent or defiant actions are not permitted and will be documented on an incident report form and consequence according to the code of conduct.
8. Engaging in defacement or destruction of personal or government property is prohibited.
9. Willful or defiant disobedience to a reasonable request by a staff member shall be a violation of school rules.
10. Students found in violation of the code of conduct may be placed on a behavior contract at any time during the school year.
11. Full rules and code of conduct may be found in the Parent Student Handbook, which is sent to parents and available online.

***I fully understand the "Code of Conduct" and if accepted as a student at Chemawa Indian School, I agree to abide by the rules.***

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

***I, the parent/guardian, have read the rules and will encourage our child to abide by the prescribed "Code of Conduct." Further, I agree to cooperate in resolving any disciplinary problems that may involve our child.***

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

## **STUDENT POLICIES**

The staff of Chemawa Indian School wants to provide a positive learning environment for our students. Our priorities are to encourage strong academic progress and to create a safe, effective classroom and dormitory situation. Therefore, we have adopted the following policies to promote an atmosphere of education.

### **Search and Confiscation Policy**

Chemawa Indian School, in our intention to provide for health, safety and general welfare of students with whom they are entrusted will conduct periodic random searches for illicit drugs and alcohol and weapons. The search may include all personal items, including and not limited to school assigned items. Searches may be conducted with a dog trained to detect illicit drugs and alcohol or via metal detection technology. Illicit items will be promptly confiscated when found and student may be subject to disciplinary action including participation in peer court system. Students may be searched upon return to campus from any activity or checkout and any contraband found will be confiscated.

### **Student Success Program**

Data over the past few years has shown that the increase in marijuana use seems to be the major barrier to student success, including apathy, truancy and behavior. The Student Success Program is designed to address the choices that students make during their academic and free time by requiring students that are caught with drugs or in use participate in an alternative educational program. This program will involve small group education, community service, physical activity, counseling and a reduction in free time. Students refusing to positively participate in this program will be subject to additional disciplinary measures, up to removal from school.

### **Gang Behavior Policy**

Chemawa Indian School recognizes that gang activity in any form threatens the safety and well-being of individuals and is disruptive and harmful to the educational process. Chemawa Indian School refuses to allow gang activity, including displaying colors or manner of clothing that are commonly identified as similar to gang activity, to be associated with any aspect of the educational or homeliving environment.

### **Electronics**

Personal electronics are not appropriate in classrooms during instructional time. Electronics seen or heard in the classrooms without express permission of the teacher will be confiscated by administration for the period of time as set out in the code of conduct. Students may be issued a personal locking pouch where they will be required to lock up their phones (and keep with them) during the day while in school

### **Phones Calls during School**

Parents and family should refrain from calling students directly on their personal electronics during school hours (9 am – 4 pm, Monday through Friday). If there is an emergency, calls should be routed through the school office. Students will be held responsible through the code of conduct for any phone calls answered on their personal phones during school time, including those received from guardians.

By signing below, you are acknowledging and agreeing to the above student policies.

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Student Signature

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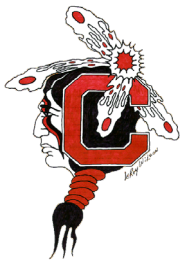
Parent/Legal Guardian Signature

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Date

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Date



## Chemawa Indian School Computer Acceptable Use Policy

Internet and network access is provided to the students and staff at Chemawa Indian School. Education is the primary function and computers are tools with which to perform research, retrieve information, compile data, and create documents. Each classroom and dormitory have access to technology to support their educational experience.

By signing the Acceptable Use Policy, the students, staff, and students' parents or guardian agree to obey the rules outlined in the AUP. It includes responsibilities when using the network and internet and the consequences when the privileges are abused.

The use of equipment, computers, network resources, and internet is a privilege, not a right, and inappropriate use will result in cancellation of those privileges.

Users agree to abide to the following:

- Use of the network must be in support of education and research.
- Users must not reveal their password or use other users' passwords
- Users shall not damage computers, which includes altering software components
- Transmitting or intentional receipt of hate mail, harassment and other antisocial behaviors are prohibited
- Shall not use the network to access pornographic material, inappropriate files or illegal activity.

Consequences of unacceptable use are:

- Suspension and/or termination of network and internet privileges
- Additional disciplinary action as determined at the administrative level regarding behavior.
- Referral to law enforcement authorities for criminal or civil prosecution.

**STUDENT FULL NAME:** (please print) \_\_\_\_\_

I understand and will abide by the terms and conditions for the Internet Access. I further understand that any violation of the federal and/or state regulation is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, and school disciplinary and/or appropriate legal action may be taken.

\_\_\_\_\_  
User's Signature

\_\_\_\_\_  
Date

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### PARENT OR GUARDIAN AGREEMENT

As the parent or guardian of this student, I have read the terms and conditions for Internet access. I understand that this access is designed for education purposes and that Chemawa Indian School has taken available precautions to eliminate controversial material. However, I also recognize it is impossible for Chemawa Indian School to restrict access to all controversial materials, and I will not hold Chemawa Indian School responsible for such materials acquired on the network outside of the network filters. Further, I will accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission to grant access for my child, assign them Google for Education email account, and certify that the information contained on this form is correct.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Protection of Pupil Rights Amendment and Consent/Opt Out for Specific Activities

The Protection of Pupil Rights Amendment (PPRA), U.S.C. & 1232h requires Chemawa Indian School to notify you and obtain consent or allow you to opt out your child's participation in certain school activities. These activities include student survey analysis or evaluation that concerns one or more of the following eight areas:

1. Political affiliations or beliefs of the student or student's parents;
2. Mental or psychological problems of the student or student's family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom the respondents have close family relationships;
6. Legally recognized privileged relationships, such as with doctors, lawyers or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program eligibility.

This requirement also applies to the collection, disclosure or use of student information for marketing purposes and certain physical exams or screenings. It may also include anonymous surveys that ask students questions about behaviors such as drug and alcohol use, sexual conduct, violence and other at-risk behaviors. Surveys may also ask questions of a demographic nature including family make-up, the relationship between parents and children, and use of alcohol and drugs at home.

**If consent to participate is granted by the parent, the parent may, upon request, receive the results of any surveys or activities. Please complete the following consent:**

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_ **DO / DO NOT**  
Print Name Print Name circle one

give consent for my son/daughter to participate in surveys and activities that may include the above listed.

\_\_\_\_\_  
Signature of Parent/Guardian Date: \_\_\_\_\_

**These rights transfer to students at the age of 18 years at which time he/she may give consent to participate or opt out without parent involvement. If a student making application is already 18, he/she may elect to sign for themselves. If this is the case, the following is for student consent:**

I \_\_\_\_\_ consent to participate in surveys or activities that include the  
Print Name (Student)  
above listed.

\_\_\_\_\_  
Signature of Parent/Guardian Date: \_\_\_\_\_

This consent does not apply to:

1. Colleges or other postsecondary education recruitment, or military recruitment
2. Book clubs, magazines and programs providing access to low-cost literary products
3. Curriculum and instructional materials used by Chemawa Indian School
4. Tests and assessments used to provide cognitive, evaluative, diagnostic clinical aptitude, or achievement information about students.
5. The sale by students of products or services to raise funds for education or school-related activities
6. Student recognition programs
7. Physical examinations or screening that is permitted or required by State law, including physical examinations or screenings permitted without parental notification.

**OUT OF STATE  
STUDENT TRAVEL INFORMATION**

**STUDENT INFORMATION:** (as it appears on their OFFICIAL I.D.)

Full Student Name: \_\_\_\_\_  
First Middle Last  
Date of Birth: \_\_\_\_\_ Male ☐ Female ☐

**TRAVEL INFORMATION:**

Closest Airport: \_\_\_\_\_

**SIBLINGS/RELATIVES:**

*\*Please list any siblings or relatives that should travel together:*

\_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION:**

Parent/Guardian Name: \_\_\_\_\_  
Full Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**For Information Regarding Student Travel, please contact:**

Travel Department

Phone: 503-399-5721 x1286

Chemawa will only pay for travel on official travel days (beginning of the year, round-trip at Christmas and end of the academic year) to/from the **nearest airport from the students' address of record. Parents are responsible for providing transportation to/from the identified airport.**

**ALL other travel at any other time is at the expense of the student's family.**  
**Students who are withdrawn from enrollment by the parents are responsible for travel expenses for returning home, including shuttle service to the airport from Salem, Oregon**

**Tickets will only be rebooked 1 time for flights missed without prior notification to travel department**

***Please initial here indicating that you have read and understand the above statement regarding paid travel and responsibilities of the student's family. \_\_\_\_\_***

## PARENTAL CONSENT FORM

Student Name: \_\_\_\_\_

**1. FIELD TRIPS Initial for Consent: \_\_\_\_\_**

I (we) hereby grant permission for the above student to participate in any organized school sponsored activity trip as approved by Chemawa Indian School administration. I (we) understand the student will be properly chaperoned and all precautions will be taken to insure his/her safety.

**2. COMPETITIVE SPORTS Initial for Consent: \_\_\_\_\_**

I (we) hereby grant consent/permission/authorization for the above student to participate in the competitive sports sponsored by Chemawa Indian School.

**3. PHOTOGRAPH RELEASE Initial for Consent: \_\_\_\_\_**

I (we) hereby grant permission to Chemawa Indian School and the Bureau of Indian Education, , for use of the above student's photograph and name for public information or exhibit purposes as deemed appropriate by representatives of the Chemawa Indian School or Bureau of Indian Education. This includes Chemawa Indian School yearbooks, announcements or web page internet displays. It is clearly understood that no royalty, fee or other compensation of any character will become payable to me by reason of such use or release.

**4. NATIVE AMERICAN HEALTH CURRICULUM RESEARCH STUDY Initial for Consent: \_\_\_\_\_**

I (we) hereby grant permission/authorization for the above student to participate in a Native American health curriculum and research study called the *Journey of Transformation* highlighting youth leadership that uses traditional ways of teaching such as storytelling and cultural activities to promote healthy decision-making around health and relationships. This study is led by Tessa Evans-Campbell (Snohomish) in partnership with the Northwest Portland Area Indian Health Board.

**5. EQUINE ASSISTED THERAPY Initial for Consent: \_\_\_\_\_**

I (we) hereby grant permission/authorization for the above student to participate in a transformative program offered in partnership with the Center at Heron Hill. Guided by expert professional facilitators, students connect with the land, animals, and each other in a supportive environment, fostering emotional well-being, confidence and resilience.

**6. SPECIAL PERMISSIONS**

Initial each activity that your child has your permission to participate in while at Chemawa. Initials on this form indicates that, in case of accident or injury, the parent/legal guardian accepts full responsibility.

Please initial each line in which you are GIVING CONSENT below:

_____ Participate in Sweat Lodge ceremonies	_____ Swimming and other water activities
_____ Participate in smudging ceremonies	_____ Paintball activities - on/off campus
_____ On/off campus Bible study/church activities	_____ Skateboarding on/off campus
_____ Haircuts	

## STUDENT CHECK OUT POLICY

Bureau of Indian Education (BIE), policy prohibits students from leaving campus with anyone other than the parent/guardian unless written consent is on file, and only under the following conditions:

- A student may be released only to individuals who are 25 years or older with written parental/guardian permission and administrative approval.
- Students will not be released to anyone under the influence of drugs or alcohol.
- Administration may choose not to release students when other conditions warrant.
- Staff will not be allowed to check out students unless they are in the immediate family (and are over 25 years of age) or unless they have permission from the superintendent and the parent.
- Students will not be allowed to check out overnight during the week with anyone other than parent/guardian.

**Checkout restrictions are subject to current COVID-19 pandemic conditions on campus and may change without notice.**

Individuals wishing to check out a student must appear on the school campus and follow the school's checkout procedures. The person will be asked to present a photo identification for identification purposes. If checkout occurs during instructional time, it may be considered an unexcused absence, which might affect the grade/performance of the student. Individuals checking out students over the weekend must return students to the dorm by curfew on Sunday night.

- Students that fail to show up on Monday after the weekend will not be allowed to check-out for the weekend for a period of one week to a maximum of one month, unless prior approval by administration has been given.
- Students who miss ten (10) consecutive days of school will be dropped from enrollment.

The school will not be held responsible for:

- Transportation to and from checkout location.
- Any legal problems/expenses incurred by the student when checked out.
- Health care expenses incurred while the student is checked out.
- Any CHS (contract health service) expenses that accumulate as a result of an injury occurring while the student is checked out will be the responsibility of the parent/guardian.

**By signing the next page,** the parent/guardian indicates understanding and approval of the above and authorizes permission for checkout.

Student Name: \_\_\_\_\_

☐ I do not wish my child to be checked out of school by anyone other than myself.

<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p><input type="checkbox"/> Cell      <input type="checkbox"/> Home</p> <p>Relationship to Student: _____</p> <p>What type of checkout is granted? Check all that apply:</p> <p><input type="checkbox"/> Off Campus Check Out (back at curfew)</p> <p><input type="checkbox"/> Overnight Check Out</p> <p><input type="checkbox"/> Weekend Check Out</p>	<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p><input type="checkbox"/> Cell      <input type="checkbox"/> Home</p> <p>Relationship to Student: _____</p> <p>What type of checkout is granted? Check all that apply:</p> <p><input type="checkbox"/> Off Campus Check Out (back at curfew)</p> <p><input type="checkbox"/> Overnight Check Out</p> <p><input type="checkbox"/> Weekend Check Out</p>
<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p><input type="checkbox"/> Cell      <input type="checkbox"/> Home</p> <p>Relationship to Student: _____</p> <p>What type of checkout is granted? Check all that apply:</p> <p><input type="checkbox"/> Off Campus Check Out (back at curfew)</p> <p><input type="checkbox"/> Overnight Check Out</p> <p><input type="checkbox"/> Weekend Check Out</p>	<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p><input type="checkbox"/> Cell      <input type="checkbox"/> Home</p> <p>Relationship to Student: _____</p> <p>What type of checkout is granted? Check all that apply:</p> <p><input type="checkbox"/> Off Campus Check Out (back at curfew)</p> <p><input type="checkbox"/> Overnight Check Out</p> <p><input type="checkbox"/> Weekend Check Out</p>

**Signing of this form indicates that I have read and agree to the Chemawa Student Checkout Policy.**  
**This permission will remain in effect until cancelled by the undersigned parent or legal guardian in writing.**

\_\_\_\_\_  
Signature of Parent /Legal Guardian

\_\_\_\_\_  
Date

**HOME LANGUAGE SURVEY**  
**GRADES 9-12**

**Please Print all Information Except for Signature**

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Phone Number: \_\_\_\_\_

1. Is a language other than English used in your home? ☐ Yes ☐ No
2. If yes, English used ☐ more often ☐ less often (check one) than any other language?
3. What is the other language? \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Name of Student: \_\_\_\_\_

*First* *Middle* *Last*

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Tribe: \_\_\_\_\_ Physical Address: \_\_\_\_\_

**Where is the student currently living?** (please check **ONE** box)

- Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

## STUDENT PROGRAM INFORMATION

**Incomplete answers will result in the application to be not reviewed and returned.**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **EDUCATIONAL INFORMATION**

1. Did the above student miss 15 or more days of school in the last year? ☐ Yes ☐ No

If yes, please explain why: \_\_\_\_\_

2. Had the student received extra help in school? ☐ Yes ☐ No

If yes, please circle one of the following: Tutoring 504 Special Education Talented and Gifted

3. Has the above student ever been suspended? ☐ Yes ☐ No Expelled? ☐ Yes ☐ No

**IF YES, DATE AND REASON MUST BE GIVEN:** \_\_\_\_\_

### **MEDICAL INFORMATION**

1. List any medical diagnoses (i.e., diabetes, traumatic brain injury, ADD/ADHD, etc) that might interfere with school performance or require medical care while in school.

\_\_\_\_\_

2. List any medications taken regularly (please note that the school/clinic cannot facilitate gender affirming care, including hormone replacement therapy): \_\_\_\_\_

3. Is the student allergic to anything? \_\_\_\_\_

4. Does student wear glasses or contacts? ☐ Yes ☐ No Examination needed? ☐ Yes ☐ No

5. Hearing and/or ear problems? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

### **SOCIAL INFORMATION – ALL QUESTIONS MUST BE ANSWERED AND INFORMATION PROVIDED**

1. Is the student a ward of the court? ☐ Yes ☐ No If yes, a copy of the court order must be submitted.

2. Is the student in official Foster Care? ☐ Yes ☐ No

3. Has student ever been arrested? ☐ Yes ☐ No Specific violation(s): \_\_\_\_\_

4. Has student ever been in jail or detention center? ☐ Yes ☐ No If yes, how many times? \_\_\_\_\_

5. Does the student have a probation officer? ☐ Yes ☐ No

Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Has the student received counseling? ☐ Yes ☐ No Dates: \_\_\_\_\_

Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

7. Has the student been in a treatment program? ☐ Yes ☐ No

☐ Inpatient ☐ Outpatient Dates: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the parent/legal guardian of the above student hereby certify that the information provided is true and accurate to the best of my knowledge and I understand that Chemawa Indian School will verify all information. ***Any false statement or misrepresentation or omission of the above required information may result in immediate dismissal.***

\_\_\_\_\_  
Parent/Legal Guardian Signature



**CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON<sup>1</sup>  
WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD**

Name of Student \_\_\_\_\_ Birthdate \_\_\_\_\_

I (We), \_\_\_\_\_  
have read this Consent Form for the Indian Health to arrange for or to provide the following health services for this child:

1. Health care including medical examinations, routine laboratory studies, immunizations, x-ray procedures, and skin tests.
2. Prescription or over-the-counter medications, as necessary.
3. Dental care including dental examinations, preventive use of fluorides and necessary emergency dental care.
4. Mental health services including evaluation and treatment as necessary.
5. Emergency health care for accidents or illness.
6. Transportation of the child to and/or from another health facility for these services.

☐ I hereby give consent for all of the above services

☐ Exceptions or special instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_ Valid Until 6/2026

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<sup>1</sup> Person is defined as one who in the absence of the parent or legal guardian provides a home for the child such as next of kin.



Indian Health Service  
Western Oregon Service Unit  
Chemawa Indian Health Center  
3750 Chemawa Road NE  
Salem, Oregon 97305-1198

Dear Parents, Guardians, and Students,

It's already time to get ready for the 2025-2026 school year at Chemawa!

We would like to introduce you to our clinic and tell you about the services we offer. Chemawa Indian Health Center is an IHS clinic located next door to the school. The school and clinic work closely together to promote health and wellness, learning, and resiliency. Together we can help your child achieve their best!

We offer a variety of services to support Chemawa students. At the beginning of each year, the clinic offers all students medical, dental, vision, hearing, and behavioral health screening. This screening helps ensure students get the care they need.

Clinic Services available for students:

- Primary Care – immunizations, well-child visits, medical management of acute and chronic conditions
- Behavioral Health – prevention and counseling services, art therapy, specialized treatment
- Dental – exams, treatment, outside referrals for surgical extraction with anesthesia
- Optometry – exams and glasses
- Pharmacy and Laboratory services onsite

The application packet has some forms for you to fill out, and a checklist of documents for you to include. This information helps prepare the clinic to take good care of your child's health while they are at school.

Chemawa Indian Health Center follows Federal confidentiality laws, and also the state of Oregon's health care access and consent laws. Oregon's laws were created to give all youth access to timely, confidential, and effective care. While students are at Chemawa, they can independently consent to behavioral health services at 14 years old, and consent to receive most health care services starting at 15 years old. Rest assured, our goal is to include parents and guardians in their student's plan of care as much as possible. We always encourage students to discuss their healthcare with you, and we ask that you encourage your student to keep you informed. Together, we can provide quality, supportive care to your child.

To learn more about Oregon's laws, please go to following or review the enclosed document, with special attention to pages 5 and 6 regarding minor consent in Oregon.

[Minor Rights: Access and Consent to Health Care](https://www.oregon.gov/oha/ph/healthypeoplefamilies/youth/pages/resources.aspx)

(<https://www.oregon.gov/oha/ph/healthypeoplefamilies/youth/pages/resources.aspx>).

We look forward to being part of the team that will support your child this coming school year. If you have any questions, please feel free to reach out to us at (503) 304-7600.

Thank you for your commitment to your child's education, health, and wellness.

Sincerely,

Cary Thomas, BSN, RN  
Public Health Nurse



Indian Health Service  
Western Oregon Service Unit  
Chemawa Indian Health Center  
3750 Chemawa Road NE  
Salem, Oregon 97305-1198

### **Health Insurance and PRC Information**

All Chemawa students who are eligible for Indian Health Service (IHS) can be seen at Chemawa Indian Health Center, the clinic located next door to the school. The State of Oregon approves Chemawa students for Medicaid regardless of income, meaning students can get health care services, like specialty appointments, emergency room visits, etc. Chemawa Indian Health Center and the State of Oregon work together to enroll students into Oregon's Medicaid program (Oregon Health Plan/OHP) during clinic screening, the first week students are on campus.

To enroll in OHP/Oregon Medicaid and register for services with the clinic, please include ALL of the documents listed below:

1. **Tribal Identification Card or Certificate of Indian Blood**
2. **Birth Certificate**
3. **Legal name change document**
  - If the name was changed from what is on the Birth Certificate
4. **Social Security Card**
  - If the student had a name change, please contact their local social security office to change the name on their social security card
5. **Private Insurance card, front and back**
  - If student has private health insurance

Services not covered by insurance may be covered using Purchased Referred Care (PRC) funds, meaning no additional costs should be charged to you or your student. PRC cannot be approved for services until a completed OHP/Medicaid application is received.

Students will be unenrolled from OHP/Medicaid when they leave the state. Before students can apply for Medicaid in their home state, they must be unenrolled from Oregon's coverage. We make removing the OHP/Medicaid a priority at the end of each school year, but the process can take 15-45 days. If your student needs immediate coverage by their State's Medicaid program, please contact the business office at Chemawa Indian Health Service. If available, please provide the caseworker's name, contact information, and case number. Clinic staff will work directly with the caseworker to help make the transition.

If you have any questions, please call us at 503-304-7600. It is our pleasure to work with our Chemawa students and their families.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**US PUBLIC HEALTH SERVICE – INDIAN HEALTH SERVICE (IHS)**  
**INDIVIDUAL APPLICATION FOR HEALTH CARE SERVICES**

LEGAL NAME OF PATIENT:

Last, First Middle Name

MAILING ADDRESS: \_\_\_\_\_

City, State, Zip

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

MALE ☐ FEMALE ☐ MARITAL STATUS: \_\_\_\_\_

TRIBE ENROLLED: \_\_\_\_\_

TRIBE BLOOD QUANTUM: \_\_\_\_\_

TOTAL BLOOD QUANTUM: \_\_\_\_\_

MIGRANT WORKER: ☐ YES ☐ NOHOMELESS: ☐ YES ☐ NO

BIRTH PLACE: City \_\_\_\_\_ State \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_/\_\_\_\_/\_\_\_\_

RACE: ☐ AMERICAN INDIAN/ ALASKAN NATIVE ☐ NATIVE HAWAIIAN/PACIFIC ISLANDER ☐ ASIAN ☐ BLACK/AFRICAN AMERICAN  
☐ WHITE/CAUCASIAN ☐ UNKNOWN ☐ I DECLINE TO ANSWER

ETHNICITY: ☐ HISPANIC OR LATINO ☐ NON-HISPANIC OR LATINO ☐ DECLINE TO ANSWER ☐ UNKNOWN

PRIMARY LANGUAGE: \_\_\_\_\_ HOW WELL?: ☐ VERY WELL ☐ WELL ☐ NOT WELL ☐ NOT AT ALL

VETERAN: ☐ YES ☐ NO

BRANCH OF SERVICE: \_\_\_\_\_

DATE ENTERED: \_\_\_\_\_ DATE DISCHARGED: \_\_\_\_\_ SERVICE CONNECTED: \_\_\_\_\_ VIETNAM SERVICE? ☐ YES ☐ NO

DO YOU HAVE INTERNET ACCESS? YES NO WHERE? HOME-WORK-SCHOOL-LIBRARY-TRIBAL COMM CTR

E-MAIL ADDRESS? \_\_\_\_\_

DO YOU HAVE MEDICAL INSURANCE? YES NO \*\*\* DO YOU HAVE DENTAL INSURANCE? YES NO

(Copy front &amp; back of Insurance cards –Attach to Application)

INSURANCE COMPANY'S NAME: \_\_\_\_\_ Effective Date \_\_\_\_\_

INSURANCE COMPANY'S ADDRESS: \_\_\_\_\_

CITY, STATE, and ZIP: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

POLICY HOLDER'S NAME: \_\_\_\_\_ POLICY HOLDER'S DATE OF BIRTH: \_\_\_\_\_

GROUP NUMBER: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ POLICY HOLDER'S SSN NUMBER \_\_\_\_\_

POLICY HOLDER'S EMPLOYER \_\_\_\_\_ EMPLOYER TELEPHONE NUMBER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

MEDICARE NO: \_\_\_\_\_ PART A: \_\_\_\_\_ Effective Date \_\_\_\_\_ PART B \_\_\_\_\_ Effective Date: \_\_\_\_\_

MEDICAID NO: \_\_\_\_\_ Effective Date: \_\_\_\_\_ (attach copy of card)

Do you go by any OTHER NAME? If so please list:

HOME PHONE NO. \_\_\_\_\_

WORK PHONE NO. \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

Last, First MN

Emergency Contact Name and Relationship to applicant:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

\*\*\*\* SIGNATURES REQUIRED ON THE BACK \*\*\*\*

IHS # \_\_\_\_\_

**Chemawa Indian Health Center  
3750 Chemawa Rd NE  
Salem, Oregon 97305-111**

I UNDERSTAND THAT THE INFORMATION I HAVE GIVEN TO IHS IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

X

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PATIENT, LEGAL GUARDIAN, OR POWER OF ATTORNEY

DATE

**SUBMISSION OF ELECTRONIC CLAIMS AND CONFIDENTIALITY OF CLIENT INFORMATION**

ALL INFORMATION AS TO PERSONAL FACTS AND CIRCUMSTANCES OBTAINED BY THE FACILITY ON THE PATIENT SHALL BE TREATED AS PRIVILEGED COMMUNICATIONS, SHALL BE HELD CONFIDENTIAL, AND SHALL NOT BE DIVULGED WITHOUT THE WRITTEN CONSENT OF THE CLIENT, HIS OR HER ATTORNEY, THE RESPONSIBLE PARENT OF A MINOR CHILD, OR HIS OR HER GUARDIAN. NOTHING PROHIBITS THE DISCLOSURE OF INFORMATION IN SUMMARIES, STATISTICAL, OR OTHER FORM, WHICH DOES NOT IDENTIFY PARTICULAR INDIVIDUALS.

THE USE, OR DISCLOSURE OF INFORMATION CONCERNING PATIENTS SHALL BE LIMITED TO PERSONS DIRECTLY CONNECTED WITH THE SUBMISSION OF ELECTRONIC CLAIMS. CONFIDENTIALITY POLICIES SHALL BE APPLIED TO ALL REQUESTS FROM OUTSIDE SOURCES.

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PATIENT, LEGAL GUARDIAN, OR POLICY HOLDER'S SIGNATURE FOR PRIVATE INSURANCE

DATE

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PRINT FULL LEGAL NAME

# Chemawa Indian Health Center

Name of Student: \_\_\_\_\_

Birthdate: \_\_\_\_\_

## Checklist of application items that go to the clinic:

- ☐ Health history form
- ☐ Immunization (vaccine) record
- ☐ Sports physical (if your student plans to participate in sports)
- ☐ Insurance information form, & copy of front and back of insurance card
- ☐ Documents for Medicaid enrollment:
  - Tribal Identification Card or Certificate of Indian Blood
  - Birth Certificate
  - Legal name change document (if the name was changed from what is on the Birth Certificate)
  - Social Security Card (if the student had a name change, please contact their local social security office to change the name on their social security card)

## **Emergency Contact #1:**

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

## **Emergency Contact #2:**

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Anything else you would like the clinic to know about your child's physical, dental, vision, or mental health care:

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# Health History Form

**Directions:**

- 1) Please fill out the information below
- 2) Attach a copy of student's immunization (vaccine) record or fax a copy to Chemawa Indian Health Center at 503-304-7677 (Attention: Public Health Nurse)
- 3) Complete the Oregon School Sports Pre-Participation Physical Examination form. If your student has a sports physical done at home, please be sure the examining provider uses the Oregon form. Oregon Schools require the Oregon form, and out-of-state forms can't be accepted!

## STUDENT INFORMATION

Print last name:	Print first name:	Date of birth:
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## STUDENT HEALTH

Medical, dental, vision or mental health concerns:   <input type="checkbox"/> No concerns	Medications (prescription & over the counter, please include inhalers):   <input type="checkbox"/> No medications
Allergies and reactions (example: penicillin – hives, pollen – sneezing) <input type="checkbox"/> No known allergies	
Name of clinic where student gets health care (example – Gila River Health Care):	
Are you on / taking birth control? <input type="checkbox"/> YES <input type="checkbox"/> NO  If yes, which one? (name or type of birth control and dose):  Date started:	

\*Oregon law requires the following vaccines for school attendance:

Vaccine	# of doses
Diphtheria/Tetanus/Pertussis (DTaP)	5
Tdap	1
Polio	4
Varicella	1
MMR	2
Hepatitis A	2
Hepatitis B	3

# School Sports Pre-Participation Examination – Part 1: Student or Parent Completes

Revised April 2023

## HISTORY FORM

(Note: Form to be completed by the patient and parent/guardian prior to seeing the provider. Providers keep a copy in the patient's record. Schools keep a copy in the student's education records according to the requirements of the Family Education Rights and Privacy Act (FERPA). Under FERPA, education records may include any student's health records that are maintained by schools.)



Please scan QR code for updated mental health related resources.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Sport(s): \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify specific allergy below.			
<input type="checkbox"/> Medicines	<input type="checkbox"/> Pollens	<input type="checkbox"/> Foods	<input type="checkbox"/> Stinging Insects

**Over the last two weeks, how often have you been bothered by any of the following problems?**  
Give answers as 0 to 3, using this scale: 0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly every day

Little interest or pleasure in doing things:	0	1	2	3	Feeling down, depressed, or hopeless:	0	1	2	3
----------------------------------------------	---	---	---	---	---------------------------------------	---	---	---	---

Note to Providers: If combined score is 3 or greater, the student should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

**Explain "Yes" answers below. Circle questions you do not know the answers to.**

GENERAL QUESTIONS	YES	NO
1. Do you have any concerns you would like to discuss with your provider?		
2. Has a doctor or other healthcare professional ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
4. Have you had a COVID-19 infection that required hospitalization?		
THESE QUESTIONS LET US KNOW ABOUT THE HEALTH OF YOUR HEART	YES	NO
5. Have you ever passed out or nearly passed out during or after exercise?		
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
7. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? For example, electrocardiography (ECG) or echocardiography.		
10. Do you get lightheaded or feel shorter of breath than your friends during exercise?		
11. Have you ever had a seizure?		
THESE QUESTIONS LET US KNOW ABOUT HEART HEALTH IN YOUR FAMILY. PLEASE ANSWER AS BEST YOU CAN.	YES	NO
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 35 years (including drowning or unexplained car accident)?		
13. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
14. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

THESE QUESTIONS LET US KNOW ABOUT ANY BONE OR JOINT PROBLEMS THAT COULD LIMIT YOUR ABILITY TO BE PHYSICALLY ACTIVE.	YES	NO
15. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or game?		
16. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
THESE QUESTIONS LET US KNOW ABOUT ANY CURRENT OR PAST MEDICAL ISSUES	YES	NO
17. Do you cough, wheeze, or have difficulty breathing during/after exercise?		
18. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
19. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
20. Do you have any recurring skin rashes, or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
21. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
22. Have you ever had numbness, had tingling, had weakness in your arms or legs or been unable to move your arms or legs after being hit or falling?		
23. Have you ever become ill while exercising in the heat?		
24. Do you or does someone in your family have sickle cell trait or disease?		
25. Have you ever had, or do you have any problems with your eyes or vision?		
THESE QUESTIONS LET US KNOW IF YOU ARE PROVIDING YOUR BODY WITH ENOUGH ENERGY (FUEL) WHEN YOU ARE PHYSICALLY ACTIVE	YES	NO
26. Do you worry about your weight?		
27. Are you trying to or has anyone recommended that you gain/lose weight?		
28. Are you on a special diet or do you avoid certain types of food or food groups?		
29. Have you ever had an eating disorder?		
30. Have you ever had a menstrual period? (If yes, please answer the following questions.)		
31. How old were you when you had your first menstrual period? _____		
32. When was your most recent menstrual period? _____		
33. How many periods have you had in the last 12 months? _____		

**Explain "yes" answers here:** \_\_\_\_\_

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of Athlete \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

Form adapted from ©2023 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. OHA mental health related resources can be found on the OSAA website via the QR code above or at <https://www.osaa.org/resources>.



## PHYSICAL EXAMINATION FORM

(Note: Providers keep a copy in the patient's record. Schools keep a copy in the student's education records according to the requirements of the Family Education Rights and Privacy Act (FERPA). Under FERPA, education records may include any student's health records that are maintained by schools.)



Please scan QR code for updated mental health related resources.

Date of Exam: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Sport(s): \_\_\_\_\_

EXAMINATION		
Height:	Weight:	BMI %:
BP: / ( / )	Pulse:	Vision R 20/ L 20/ Corrected <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart •Murmurs (auscultation standing, supine, with and without Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for:

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports: \_\_\_\_\_

Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".

Name of Provider (print/type): \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

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