



SELECTION/CLASSIFICATION
Developmental Screening – Female

THIS SECTION TO BE COMPLETED BY THE DIRECTOR OF PHYSICAL EDUCATION/ATHLETICS

Examination Date _____ / _____ / _____
 Student's Name _____ Age _____ Grade _____
 Date of Birth _____ / _____ / _____ Date of Onset of Menarche _____ / _____ / _____
 Sport _____ Level: Varsity Jr. Varsity Frosh Modified
 Parental/Guardian Permission Form Received: Yes

REQUIRED
RATING FOR THIS LEVEL

TO THE SCHOOL PHYSICIAN:






Signs of female adolescent development may be noticeable as early as age eleven. The physiological changes are normally concurrent with or followed by menarche, and usually take four years to complete. The mean age at which menarche occurs in females is approximately 12 years 7 months.

Note: For the purposes of this screening test, a girl is assumed to have a Tanner 4 developmental age once she has had the onset of menarche. This may be used as an alternative to a breast-staging exam.

SCREENING PROCEDURES:

1. Ask whether the girl has started menstruation.
 - If yes to #1, check tanner 4 as indicated in box marked "alternative to exam."
 - If no to #1, examine breast development and assign a maturity scale rating (Tanner scale)
2. Return the completed form to the school nurse.

TO BE COMPLETED BY THE SCHOOL PHYSICIAN OR DESIGNEE OR THE PRIVATE PHYSICIAN FOR REVIEW BY THE SCHOOL PHYSICIAN	ALTERNATIVE TO EXAM: If a girl has had the onset of menarche, she may be rated Tanner 4. TANNER 4 <input type="checkbox"/>
MATURITY SCALE	

1. Prepubertal	2. Budding	3. Small adult breast. Areola not mounded	4. Areola mounded	5. Adult. Areola not mounded
				
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

CHECK THE APPROPRIATE TANNER RATING SCALE

THIS STUDENT HAS A DEVELOPMENTAL RATING AS INDICATED ABOVE:
 Approved Not Approved

SIGNED _____ EXAMINATION DATE _____ / _____ / _____
 School Physician



SPECIAL CASE

If this girl does not qualify for the developmental rating required by using the standards of the maturity scale on the reverse side of this form, but in your opinion she can safely compete with older girls at the level of play indicated below, you as the school physician may give her approval as a SPECIAL CASE.

STUDENT: _____

SPORT: _____

Physician Statement:

I give my permission for this girl to participate on the team for this sport at the level indicated below:

(Check appropriate level)

Varsity Jr. Varsity Frosh Modified

I realize she did not meet the requirements for this sport using the maturity scale for the Selection/Classification Program, but in my opinion she can safely compete with older girls. I, therefore, give her SPECIAL APPROVAL to play provided she can achieve the required scores on the athletic performance tests and has skills satisfactory to the coach.

Signed _____

School Physician Date ____ / ____ / ____