

NAME _____ Date of Birth _____ Sex ___ Grade ___ Age ___

Address _____ Phone _____ School _____

Parent's Name (or Guardian) _____

PHYSICAL EXAMINATION

General Appearance _____ Height _____ Weight _____
Nutrition _____ Skin Clear _____ Eczema _____ Glands _____
Skeletal Development _____

Allergies _____ Medications _____
Surgical Operations _____
Immunizations Updated _____

Scalp _____

Eyes _____ Vision 1. Without Corrections _____ R _____ L _____
2. With Corrections _____
Glasses _____ Contacts _____

Ears _____ Hearing _____

Nose _____ Throat-Tonsils _____

Neck Thyroid _____

Chest Heart _____ Size _____ Rate _____ Rhythm _____ BP _____

Abdomen Liver _____ Spleen _____ Hernia _____ Genitals _____

Extremities Upper _____ Lower _____

Neurological Chorea _____ Stutter _____ Nail Biting _____

Urinalysis _____ /CBC/ _____

PHYSICAL ACTIVITY UNRESTRICTED ___ MODERATE ___ MINIMUM ___
Remarks and Suggestions _____

DATE OF EXAM _____ SIGNATURE OF PHYSICIAN _____

IF A SPORTS CANDIDATE:

I certify that I have on this date examined this student and that, on the basis of the examination requested by the school and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities, EXCEPT THOSE CROSSED OUT: FOOTBALL TRACK BASKETBALL VOLLEYBALL CROSS COUNTRY GOLF SWIMMING WRESTLING TENNIS OTHER _____

Date of Exam _____ Signature of Physician _____

PARENT SIGNATURE REQUIRED ON THE BACK OF THIS FORM

PARENTAL CONSENT FORM

We give our permission for _____
Student Name
to participate in organized athletics.

WARNING

The purpose of this WARNING is to bring to your attention the existence of potential dangers associated with athletic participation. Participation in any athletic activity may involve injury of some type. The severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons or muscles to catastrophic injuries to the head neck and spinal cord. On rare occasions, injuries can be so severe as to result in total disability, paralysis or death.

Given the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility.

It is recognized that coaches cannot be aware of every incident in which a student has symptoms of a possible concussion or brain injury. As such, students and their parents have a responsibility to honestly report symptoms of a possible concussion or brain injury to the student's coaches on a timely basis.

We have read the above warning pertaining to activities participation and acknowledge and understand the purpose and content thereof.

Our Son/Daughter is covered by _____ insurance
company.

Parent Signature

Student Signature

Date