

MEDICAL INSPECTION FOR SPORTS PARTICIPATION

Name _____ School _____ Grade _____

Birthdate _____ Height _____ Weight _____

Eyes: R _____ L _____ Corrected: R _____ L _____

Ears: Hearing Loss _____ Other Defect _____

Nutrition _____ Teeth: (Temporary) _____
(Permanent) _____

Gums _____

Tonsils _____ Nose _____

Glands _____ Thyroid _____ Other _____
(Specify)

Asthma _____ Allergies _____

Heart _____ Blood Pressure _____ Lungs _____ Chest X-Ray _____

Orthopedic: Structural _____ Scoliosis _____ Feet _____

Skin _____ Hernia _____

Genito-Urinary _____ Speech _____

Nervous System _____ Epilepsy _____

Immunizations this visit _____, _____

This certifies that _____ is physically qualified to participate in the following categories of competition during the _____ school year.

CONTACT COLLISION _____	LIMITED CONTACT IMPACT _____	STRENUOUS NON CONTACT _____	NON STRENUOUS NON CONTACT _____
FIELD HOCKEY	BASEBALL	CHEERLEADING	ARCHERY
FOOTBALL	BASKETBALL	CREW	BOWLING
ICE HOCKEY	DIVING	CROSS COUNTRY	GOLF
LACROSSE	GYMNASTICS	TRACK & FIELD	RIFLERY
SOCCER	HANDBALL	SWIMMING	
WRESTLING	ALPINE SKIING	TENNIS	
	NORDIC SKIING		
	SOFTBALL		
	VOLLEYBALL		

DATE OF EXAM _____

PHYSICIAN SIGNATURE

REASON FOR DISQUALIFICATION _____