



CUNHA INTERMEDIATE SCHOOL
SPORTS PHYSICAL SCREENING FORM

SPORTS: (fall) (winter) (spring)

Name, Grade, Male, Female, Date of birth, City & Address, Home Zip Code, Phone, Name of Father/Guardian, Work phone, Cell phone, Name of Mother/Guardian, Work phone, Cell phone, Emergency Contact, Phone Number, Insurance

I hereby give my consent for the above named student (son/daughter/ward) to compete in sports and to go with a representative of the school on any trips. In case of injury, you are authorized to have him/her treated.

Signature of parent/guardian Date

HEALTH HISTORY: TO BE COMPLETED BY PARENT BEFORE DOCTOR EXAM: PLEASE NOTE THIS PORTION IS OPTIONAL AND DOES NOT HAVE TO BE COMPLETED IN ORDER TO GET PHYSICAL COMPLETED (CONFIDENTIAL INFORMATION)

Table with columns: Any past or present, Yes, No, Surgeries, Yes, No. Rows include: Problems with vision (Eyeglasses, Contacts), Problems with hearing (Hearing aid), Blacking out or fainting, Unconsciousness, Convulsions, seizures, Heart problems, Rheumatic fever, Bleeding disorders, Blood sugar problems (Hypoglycemia, Diabetes), Allergies (Bee or insect stings), Hospitalizations, Dental problems (braces, false teeth), Painful joints, Broken bones (Part, date), Knee or ankle problems (Require support/brace, Need for medication), Menstruation problems, Hernias, Asthma, OTHER HEALTH ASPECTS THE DOCTOR AND SCHOOL SHOULD BE AWARE OF.

PHYSICAL EXAM: HEIGHT WEIGHT

PULSE: RESTING AFTER ACTIVITY B.P.

Grid for physical exam findings: EYES, EARS, NOSE, THROAT, TEETH, BRACES, LYMPH GLANDS, THYROID, HEART, LUNGS, ABDOMEN, HERNIA, POSTURE, MUSCLE TONE, REFLEXES, ORTHOPEDIC, SKIN, OTHER

I have examined the above student and do recommend that s/he is physically fit for full participation in sports.

Name of physician MD or DO Date

Signature Phone number

Special doctor recommendations or restrictions _____
