## **NEWTOWN SCHOOL SYSTEM**

## SPORTS PHYSICAL EXAMINATION FORM (TO BE COMPLETED BY FAMILY PHYSICIAN)

Date			
Name		_Date of birth	Grade
Address			
H. Phone		B. Phone	
Age Height	Weight	BP	Pulse
HCT/HGB:	Urinalysis:	Protein	Glucose
VISION: Right:	Left:Hear	ing: Normal	Abnormal
SCOLIOSIS EXAM: No	eg Curvatur	re RX _	
Musculoskeletal exam: _	U <u></u>	pper body	Lower body
Cardiovascular:		Neurological:	
Skin:	_ Respiratory	TB Test: Date	Results
Abdomen: Liver	Spleen		Hernia
Immunizations: Last:(cir Other	cle one&date) DT/	Td/ To	dap/ Adacel/
RECOMMENDATIONS "I certify that I have examedically inadvisable for	mined this student, and l		
I,		ind this child health	y and in need of no
(Print) restrictions or care at this			
		OFFI	CE STAMP
Phone #			
Date of examination:	S	signed	M.D.

## SPORTS PARTICIPATION HEALTH RECORD AND PARENT PERMISSION

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations. PARENT & STUDENT MUST COMPLETE AND SIGN THIS SIDE BEFORE BEING BROUGHT TO THE DOCTOR'S OFFICE.

## A YEARLY PHYSICAL IS REQUIRED

Name	Sport	
Please check <u>YES</u> or <u>NO</u> , if <u>YES</u> , explain in space at t	the lower portion of this page.	
	YES	NO
1. Have you had a medical illness or injury since your	· · · · · · · · · · · · · · · · · · ·	
2. Do you have an ongoing or chronic illness (Asthma		
Arthritis, Hemophilia or any handicap)?	, 1 1 3,	
3. Do you have any known allergies?	<del></del>	
4. Do you use an inhaler?		
4. Do you carry an EpiPen?	<del></del>	
5. Have you ever had a head injury/concussion or bee	n unconscious?	
6. Do you wear glasses/contact lenses during play?		
7. Have you ever had a serious eye injury?		
8. Do you have false teeth/wear braces/ or need a mou	ith guard?	
9. Do you have high blood pressure, heart problems?	<u></u>	
10. Do you have a family member who had a heart atta	ack under age 50?	
11. Is there any history of sudden death in your family		
12. Do you have only one kidney, have a kidney disea		
had a spleen injury?	se, fiver disease, or	
13. Do you have frequent or severe headaches?	<del></del>	
14. Do you have a hearing loss or impairment in one of	or both ears or had an ear	
injury or surgery.	Toolif cars of flad all car	
15. Have you ever had "mono" (mononucleosis)? Yea		
16. Have you ever had back pain/pinched nerves or a r		
17. Have you ever had ankle, foot or knee problems in	1 v •	
shin splints, fractures, dislocations, or joint problem	<b>O</b> 1	
18. Is a M.D. presently treating you? For?		
19. Have you ever been hospitalized? Operations?		
20. Are you currently on any long-term medication?		
21. Do you have any health problem or limitation which	ch might jeonardize vour	
participation in interscholastic sports?	en might jeopardize your	
ANY YES ANSWERS, EXPLAIN HERE:	<del></del>	
THAT TEST THOWERS, EXTERNAL TIERE.		
Our signatures indicate that we have read and understa	and the school's substance abuse pol	icy.
E	Signature of Student	Date
.*If the physical becomes due mid season, it is the stud	dent's/parent's responsibility to get t	the

THIS SIDE OF FORM MUST BE COMPLETED FOR EACH INDIVIDUAL SPORT

new Sport Physical to the coach. If this is not done they will no longer be able to participate