

Name of Student _____ DOB _____ School Year _____
Mother's Name _____ Father's Name _____

Parents must also have completed a district emergency form at the beginning of every school year.

PHYSICIAN'S EXAMINATION

*Guidelines for disqualifying conditions for competitive sports:

1. General: Enlarged spleen or liver, uncontrolled asthma or epilepsy, persistent/uncontrolled hypertension, acute/chronic strains and sprains, herpes simples until healed, acute infection until a febrile, unmatched maturity ratings.
2. Strenuous activities (skiing, cross country, gymnastics, tennis, track and field, basketball, soccer, field hockey) or prolapse – should have cardiology evaluation.
3. Contact/collision: (none at KRMS)
4. Musculoskeletal system; failure of screening exam (see below) should have orthopedic evaluation.

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Each student participating in any extra-curricular physical activity **must** resent this form to **HEALTH OFFICE** as evidence of a qualifying physical examination. **DO NOT give this form to coach.**

PHYSICIAN/PRACTITIONER MUST PLEASE FILL IN THIS PART OF THE FORM FOR PHYSICIAN TO BE VALID

Height _____ Weight _____ BP _____ Pulse _____ Respirations _____
Vision _____ Balance _____ Hearing _____
E.N.T. _____ Heart _____
Eyes _____ Lungs _____ Teeth _____
Glands _____

Neurological _____

Musculoskeletal _____

Acromioclavicular joints; general habitus _____
Cervical spine motion _____
Trapezium strength _____ Deltoid strength _____
Shoulder motion; symmetry _____
Elbow motion _____ Wrist motion _____
Hand/Finger motion/deformities _____
Knee symmetry, effusion, etc. _____
Hip motion, hamstring tightness: _____ Ankle motion: _____
Scoliosis _____

****Last TDap (Tetanus w/Pertussis) vaccination (month/day/year) _____ If born on
or after 1/1/93 Chicken Pox vaccine or illness date _____ Other vaccines given since last visit to
doctor: _____

OTHER _____

PLEASE ATTACH A COPY OF MOST RECENT IMMUNIZATION RECORD

RECOMMENDATIONS (conclusions)

Physician Signature _____ Date _____

**NH Interscholastic Athletic Association. NH Pediatric Society. NH Medical Society. NH School Nurses Association.