

Kearsarge Regional High School Student-Athlete Physical Form

Name of Student _____ Date of Birth _____ School yr. _____
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 simplex until healed: acute infection until afebrile: 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

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

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

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

Neurological _____

Musculoskeletal

Acromioclavicular joints; general habitus _____

Cervical spine motion _____

Trapezius strength _____ Deltoid strength _____

Shoulder motion; symmetry _____

Elbow motion _____ Wrist motion _____

Hand/Finger motion/deformities _____

Knee symmetry, effusion, etc. _____

Shoulder symmetry _____

Hip motion, hamstring tightness _____

Scoliosis _____

****Last Td(Tetanus) vaccination (month/day/year)** _____ **Other vaccinations given:** _____

Other _____

Recommendations (conclusions) _____

Physician Signature _____ **Date** _____

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