

CARTHAGE CENTRAL SCHOOL DISTRICT
CARTHAGE, NEW YORK

SPORTS PHYSICALS MUST BE SIGNED BY A SCHOOL DOCTOR

Name _____ Age _____ Grade _____ School Year _____
BP _____ Urinalysis Sugar _____ Protein _____
Eyes _____ Orthopedic _____
Ears _____ Structural _____
Lymph Nodes _____ Feet _____
Thyroid _____ Posture _____
Nose _____ Skin _____
Tonsils _____ Nervous System _____
Teeth _____ Speech _____
Heart _____ Other _____
Lungs _____ Height _____
Hernia _____ Weight _____
G-U _____ General Condition _____

Is one of a paired organ missing? _____

Recommendations or comments: _____

This person is physically qualified to participate in:

Contact Sports? Yes _____ No _____
(football, wrestling,
baseball, basketball,
lacrosse, soccer,
softball)

Endurance sports? Yes _____ No _____
(swimming, track,
cross country, tennis,
skiing, volleyball,
golf, cheering)

Date _____ Physician _____

(must be physician if this is a sports physical)

This certificate is void if the student is absent from school for 5 or more days with a significant illness or injury. A new certificate must be issued before he/she is allowed to participate in sports.