

PRE-SEASON ATHLETIC HEALTH EXAMINATION - WATERTOWN SCHOOLS

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ HOMEROOM \_\_\_\_\_

Significant Illness, Operations, Allergies or Congenital Defects (date & residual  
Headaches, Recent Hospitalizations: \_\_\_\_\_ affects)

Date of Last Tetanus Injection or Booster \_\_\_\_\_

I hereby give consent for my student \_\_\_\_\_ to compete in FALL, WINTER AND/OR SPRING sports for which the student has permission by the examining physician, and to go with the coach on any trips. I agree to be financially responsible for the athletic equipment which is issued to the student. I realize that any sport involves a risk of injury. I will not hold the Board of Education financially responsible for any injuries that might occur.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(Parent or Guardian)

Encircle those periods above (FALL, WINTER, OR SPRING) in which you wish your student to participate. List any individual sport in which you do not wish your student to participate: \_\_\_\_\_ (Parent: Please complete all questions asked above and sign)

PHYSICAL EXAMINATION

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
EYES: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Correction Glasses or Contact Lens R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ AMBLYOPIA: \_\_\_\_\_

INJURY TO EYES: \_\_\_\_\_

EARS: R/ \_\_\_\_\_ L/ \_\_\_\_\_ INJURY OR DISEASE \_\_\_\_\_

BLOOD PRESSURE: FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_

PULSE: RATE AT REST \_\_\_\_\_ AFTER EXERCISE \_\_\_\_\_ 2 MINUTES AFTER EXERCISE \_\_\_\_\_

LABORATORY: URINALYSIS SPGR. \_\_\_\_\_ ALB. \_\_\_\_\_ SUGAR \_\_\_\_\_ OTHER \_\_\_\_\_

CARDIOVASCULAR SYSTEM: \_\_\_\_\_

RESPIRATORY SYSTEM: (NOSE-THROAT-LUNGS) \_\_\_\_\_

KIDNEY, LIVER, SPLEEN \_\_\_\_\_ HERNIA \_\_\_\_\_

MUSCULO SKELETAL SYSTEM \_\_\_\_\_

NEUROLOGICAL \_\_\_\_\_

GENITALIA \_\_\_\_\_

SKIN \_\_\_\_\_

TEETH \_\_\_\_\_

OTHER EXAMINATIONS: \_\_\_\_\_

CONSULTATIONS REQUESTED: \_\_\_\_\_

REMARKS: \_\_\_\_\_

I certify that I have on this date examined this student and on the basis of the examination requested by the school authorities and student's medical history as furnished to me, I found no reason which would make it medically inadvisable for this student to compete in the following supervised athletic activity.

	FALL	WINTER	SPRING
NAME OF SPORT			
DATE OF EXAMINATION			
PHYSICIAN'S SIGNATURE			

REJECTED \_\_\_\_\_ REASON \_\_\_\_\_

BOYS: AGE MATURITY \_\_\_\_\_ RATING: \_\_\_\_\_

GIRLS - DATE MENSES STARTED: \_\_\_\_\_