

# ATHLETIC PHYSICAL EXAMINATION FORM

Exeter Region Cooperative School District  
(Cooperative Middle School and Exeter High School)

Name: \_\_\_\_\_ Sex: \_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Sport: \_\_\_\_\_

## PAST MEDICAL PROBLEMS

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Surgery: \_\_\_\_\_

Heart Problems or Disease: \_\_\_\_\_

Previous Injuries (fractures, dislocation, concussion): \_\_\_\_\_

Allergies: \_\_\_\_\_

Anything Else of Importance: \_\_\_\_\_

## IMMUNIZATIONS

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OPV \_\_\_\_\_ TD BOOSTER \_\_\_\_\_

DPT \_\_\_\_\_

MMR #1 \_\_\_\_\_ #2 \_\_\_\_\_

TB – (TINE) \_\_\_\_\_ RESULTS \_\_\_\_\_

HEPATITIS B #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

## GENERAL INFORMATION

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AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ ENT \_\_\_\_\_

ORTHOPEDIC \_\_\_\_\_ TEETH \_\_\_\_\_ BACK \_\_\_\_\_

HEART \_\_\_\_\_ HERNIA \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_

GENERAL CONDITION \_\_\_\_\_

PAIRED ORGANS – FUNCTION?

EYES \_\_\_\_\_ EARS \_\_\_\_\_ TESTES \_\_\_\_\_ KIDNEYS \_\_\_\_\_

ANY MEDICATION AT PRESENT \_\_\_\_\_

## PHYSICIAN'S STATEMENT

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Please list any and all needed instructions and/or restrictions relating to this student's participation in interscholastic athletics. **(IF NONE, PLEASE WRITE NONE)**

\_\_\_\_\_  
\_\_\_\_\_  
Having examined the above named student, I certify that the medical information on this form is accurate and I find no contraindications preventing his/her participation in interscholastic athletic activities for the current school year.

Signature of Licensed Medical Doctor: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## NOTE TO PARENTS AND PHYSICIAN

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1. All students who plan on taking part in interscholastic athletics **MUST** have a current physical form on file at their school prior to participation.
2. In the event of a student suffering a prolonged illness or injury under the care of a physician, a physician must provide written permission before the student may return to athletic participation.
3. In the even of an injury, when a physician is not responsible for the care of a student, the athletic trainer will determine whether or not that student may participate in athletics.