

# TRAFTON ACADEMY ATHLETICS

## SPORTS PHYSICAL 2021-2022

In order to be eligible for practice or participation in any interscholastic athletic contest, a student must receive and pass a medical exam prior to the sport's season or at least once each school year by a physician licensed to practice medicine. A medical exam form must be on file in the school office for every student who practices or participates in interscholastic athletics during that school year.

Patient/Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Respiratory: \_\_\_\_\_ Cardiovascular \_\_\_\_\_

Liver \_\_\_\_\_ Spleen \_\_\_\_\_ Hernia \_\_\_\_\_

Does student wear: Glasses \_\_\_\_\_ Contact Lens \_\_\_\_\_ Neither \_\_\_\_\_

Musculo-skeletal:

Neck \_\_\_\_\_ Shoulder \_\_\_\_\_ Knee \_\_\_\_\_ Ankle \_\_\_\_\_ Skin \_\_\_\_\_

Neurological \_\_\_\_\_ Genitalia \_\_\_\_\_

Comments: \_\_\_\_\_

Significant past illness or injury: \_\_\_\_\_

Has this caused student to have surgery or treatment: Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please explain on reverse side.)

I certify that I have, on this date, examined this pupil and find him/her to be physically able to compete in the supervised sports which are **NOT CROSSED OUT BELOW**:

Football	Volleyball	Cross Country	Soccer	Outdoor Track and Field
Basketball	Wrestling	Gymnastics	Swimming	Cheerleading
Baseball	Softball	Golf	Tennis	

Date of Examination: \_\_\_\_\_ Physician's Telephone Number \_\_\_\_\_

Examining Physician's Signature: \_\_\_\_\_

Physician's Address \_\_\_\_\_

**Please retain a copy for your records!**