

TRAFTON ACADEMY ATHLETICS

SPORTS PHYSICAL 2024-2025

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!