

YEAR: _____ SEASON (✓ one): _____ fall _____ winter _____ spring SPORT: _____

Name of Student: _____ Date of last physical: _____

Please answer the following questions:

1. Has your son/daughter had any hospitalization or operations since the date of the last sport physical?

No

Yes (Please list date(s) and reason): _____

2. Has your son/daughter had any significant illnesses since the date of the last sport physical?

No

Yes (Please list date(s) and reason): _____

3. Has your son/daughter had any injuries which required medical treatment or an excuse from physical education since the date of the last sport physical?

No

Yes (Please list date(s) and reason): _____

4. Has your son/daughter received care from a medical provider since the date of the last sport physical?

No

Yes (Please list date(s) and reason): _____

5. Has your son/daughter been placed on any medications since the date of the last sport physical?

No

Yes (Please list date(s) and reason): _____

Signature of Parent/Guardian: _____ Date: _____

School Physician's Signature: _____ Date: _____

Sport Physical Examination Date: _____

Standing Order Approved; Reviewer's Signature: _____

Approved

NOT APPROVED | REASON: _____