

NEWTOWN SCHOOL SYSTEM

**SPORTS PHYSICAL EXAMINATION FORM
(TO BE COMPLETED BY FAMILY PHYSICIAN)**

Date _____

Name _____ Date of birth _____ Grade _____

Address _____

H. Phone _____ B. Phone _____

Age _____ Height _____ Weight _____ BP _____ Pulse _____

HCT/HGB: _____ Urinalysis: _____ Protein _____ Glucose _____

VISION: Right: _____ Left: _____ Hearing: Normal _____ Abnormal _____

SCOLIOSIS EXAM: Neg. _____ Curvature _____ RX _____

Musculoskeletal exam: _____ Upper body _____ Lower body _____

Cardiovascular: _____ Neurological: _____

Skin: _____ Respiratory _____ TB Test: Date _____ Results _____

Abdomen: Liver _____ Spleen _____ Hernia _____

Immunizations: Last:(circle one&date) DT/ _____ Td/ _____ Tdap/ _____ Adacel/ _____

Other _____

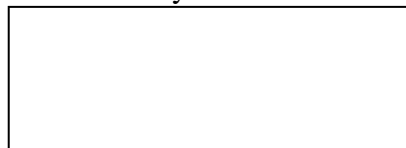
RECOMMENDATIONS:

“I certify that I have examined this student, and have found no reason which would make it medically inadvisable for this student to compete in any supervised athletic activities.

I, _____ M.D., find this child healthy and in need of no

(Print)

restrictions or care at this time.



OFFICE STAMP

Phone # _____

Date of examination: _____ Signed _____ M.D.

