



Health Examination Form

After School Sports

Grades 5 – 8

2020-2021

Student's Name: _____ Grade: _____

Age: _____ Height: _____ Weight: _____ Blood Pressure: _____

Significant Past Illness or Injury: _____

Respiratory: _____ Cardiovascular: _____

Neurological: _____ Musculoskeletal: _____

Genitalia: _____ Liver: _____

Spleen: _____ Hernia: _____

Skin: _____

Immunizations (up-to-date) YES NO Tetanus (date): _____ Hepatitis B: _____

I certify that I have, on this date, examined the above student and find him/her physically able to compete in supervised sports activities offered after school.

All Sports: _____ All Sports (except): _____ Date: _____

Print Physician's Name

Examining Physician's Signature

Parent or Guardian's Permission

I hereby give consent for the above named student to represent his/her school in athletic activities as stated above and to accompany the team to local or out of town trips. I authorize the school to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary in the course of such activities or travel. I also agree to not hold the school or anyone acting in its behalf responsible for any injury occurring in the course of scheduled activities or travel.

Parent or Guardian Signature

Date