

# SPMS Athletic Boosters Medical Examination Form

Parents, this form is valid for 12 months after the physical. Please keep an electronic copy of the form.

To the Examining Physician:

This student of South Pasadena Middle School wishes to participate in competitive athletics. Strenuous activity at contests and daily practices will be added to usual school activities. The South Pasadena Middle School Athletic Boosters requires medical approval from a LICENSED PHYSICIAN prior to participation. This approval will be effective for any sport for the entire school year unless otherwise stated, provided there is no intervening injury or serious illness. Please give careful consideration to your recommendation for the pupil's protection. Degree of maturity and emotional stability should be considered as well as physical condition. It is strongly recommended that tetanus immunization be brought up to date. Responses must be based on physical examination within the last 12 months.

## STUDENT INFORMATION (TO BE FILLED OUT BY PARENT)

Name \_\_\_\_\_  
(First) (Last) (M.I.)

Please list any surgery that you have had:

\_\_\_\_\_

Please list any medication that you are currently taking:

\_\_\_\_\_

Have you ever had a dislocated shoulder? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had knee problems? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had a head injury? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

## PHYSICAL EXAMINATION (TO BE FILLED OUT BY EXAMINING PHYSICIAN)

Date of Physical: \_\_\_\_\_ Weight \_\_\_\_\_ lbs Height \_\_\_\_ ft \_\_\_\_ in Blood Pressure \_\_\_\_ / \_\_\_\_

General Condition \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Bones and Joints \_\_\_\_\_

Abdomen \_\_\_\_\_

## RECOMMENDATIONS

Any conditions found which should be corrected before participating in athletics? \_\_\_\_ Yes \_\_\_\_ No

If Yes, please specify \_\_\_\_\_

*I hereby certify that the above-named student is physically fit to participate in athletics*

Doctor's Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

License Number \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_