SPMS Athletic Boosters Medical Examination Form

PARENTS, DO NOT TURN IN PAPER COPY TO SCHOOL. You will be asked to upload it to an online form if your child makes a team. Please keep the paper or electronic copy until it expires 12 months after the physical.

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 _____