

Student ID # _____

Do Not Write In This Space

School: _____

Grade: _____

Teacher: _____

Plainedge Public Schools
Physical Examination Form (to be completed by physician)

Student's Name: _____ Sex: _____ Date of Birth: _____

Address: _____ Phone: _____

This certifies that the above named student was examined and found to be in good health and able to participate in all athletic programs.

Yes No Please explain: _____

Height: _____ Weight: _____ BMI: _____ Weight Status Category: _____ Blood Pressure: _____

Pulse: _____ Scoliosis: _____ Vision: _____ Hearing: _____

Medical History: _____

Allergies: _____

Positive Physical Findings: _____

Recommendations and/or Exceptions: _____

Medications: _____

Immunizations:

Attach Official Stamped Record

In the last twelve months, has the student had:

Pre-diabetes Yes No

Type 1 diabetes Yes No

Type 2 diabetes Yes No

Asthma Yes No

Prehypertension Yes No

Hypertension Yes No

For Interscholastic Athletic Activities (Grades 7 through 12 only)			
The above named student is physically qualified to participate in all of the following interscholastic athletic activities during the school year:			
Yes _____		No _____	
Baseball	Cross Country	Lacrosse	Tennis *
Basketball	Football	Soccer	Track & Field
Bowling *	Golf *	Softball	Volleyball
Cheerleading *	Hockey *	Swimming *	Wrestling
High School *			
Exemptions: _____			

Physician's Comments: _____

Date of Exam: _____

Physician's Stamp:

Physician's Signature: _____

Physician's Phone No.: _____