

**KENNETT MIDDLE SCHOOL**  
**SPORTS PARTICIPATION HEALTH RECORD**

176 Main Street Conway, NH 03818  
Phone: (603) 447-6364 / Fax: (603) 447-6842

**\*\*This form MUST BE completed by a Physician, Physician's Assistant, or Certified Nurse Practitioner when a Sports Physical is required**

**Turn in form to the Kennett Middle School Athletic Director or Fax to:  
(603)447-6842 Attention Athletic Director**

Name \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_

Birthdate \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Grade \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Vision R \_\_\_\_\_ Corrected \_\_ Uncorrected \_\_

L \_\_\_\_\_ Corrected \_\_ Uncorrected \_\_

She/He has been examined by me in this office. In addition, the health history and immunization records have been reviewed. There are no apparent contraindications to full participation in school athletics/competitive sports.

**Exceptions, Comments, Special Problems, Allergies, etc.**

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Most recent Exam Date: \_\_\_\_\_

\*Tdap date (**must be current**): \_\_\_\_\_.

Practitioner's Signature: \_\_\_\_\_.

Telephone Number: \_\_\_\_\_

Please place clinic stamp to the right:

**If found please return to Kennett Middle School Athletic Director. 176 Main Street Conway, NH 03818**