

Shaker Regional School District
SAU #80
Physicians Exam Report For Sports Participation, Grades 5 -12

Please indicate which school the child will be attending:

Belmont Middle School
 38 School Street, Belmont NH 03220
 267-9220 (phone) 267-9228 (fax)

Belmont High School
 255 Seavey Rd., Belmont, NH 03220
 267-6525 (phone) 267-5962 (fax)

Name _____ DOB _____

Age _____ Grade _____ Male Female Sport _____

Height		Weight		BP		Pulse	
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Medical concerns: Specifically comment on allergies, asthma, seizure disorder, diabetes, ADHD, or other conditions warranting medical/nursing support and the recommended treatment/medication.

During the middle and high school year, this young person may enter a program of strenuous physical activity and/or participate in interscholastic sports. In addition to a brief statement on general health, the physical should note the following items:

	Within normal limits	Comments	Recommended Follow up
Head			
Eyes, ENT, dental			
Chest/Heart			
Abdomen			
Genitalia			
Skin			
Musculoskeletal: neck, back, extremities			

Date of Tetanus Booster _____ Date of 2nd MMR _____
 Dates of Hepatitis B 1st _____ 2nd _____ 3rd _____
 Chicken Pox: Date of Illness: _____ OR Date of Immunization _____

Recommendations Full participation Limited Participation

Please explain: _____

Physician's Name (please print) _____ Phone _____

Physician's Signature _____ Date _____

