

Shaker Regional School District SAU 80

Physical Examination For Sports Participation

Name: _____ Date of Birth: ____ / ____ / ____ Grade: ____

Physical Information:

Height: _____

Vision:

Weight: _____

(R) 20/ _____

BP: _____

(L) 20/ _____

Pulse: _____

(B) 20/ _____

Cardiopulmonary Examination:

	WNL	If not, Explain
Heart	_____	_____
Lungs	_____	_____

Musculoskeletal Screening:

	WNL	If not, Explain
Neck	_____	_____
Shoulder	_____	_____
Back	_____	_____
Elbow	_____	_____
Wrist	_____	_____
Hand	_____	_____
Knee	_____	_____
Ankle	_____	_____
Foot	_____	_____

History:

	Yes/No	If yes, Explain
Concussions	_____	_____
Heart Disease	_____	_____

Other Medical Concerns: _____

Date of Last TDAP: ____ / ____ / ____

Recommendation:

☐ Pass

☐ Pass With Restrictions (Explain): _____

☐ Failed (Reason) _____

Physician's Name (Print): _____ Phone: _____

Address: _____

Physician's Signature: _____ Date: ____ / ____ / ____

Please return form to:

Maundey Abrahamson, RN (BHS Nurse)
Belmont HS Fax Number (603)-267-5962
Email: mabrahamson@sau80.org

Rachelle Ashely, RN (BMS Nurse)
Belmont MS Fax Number (603)-267-9228
Email: rashey@sau80.org

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