

ATHLETIC PARTICIPATION PHYSICAL EXAMINATION FORM

Goffstown High School
27 Wallace Road Goffstown, NH 30345
Athletic Office 497-4841 Ext 5313
Justin Hufft, Athletic Director

Prior to athletic participation in the Goffstown School District a health care provider must complete this form.

All categories must be addressed and answered to participate in a sport.

NAME: _____ DATE OF BIRTH: _____

AGE: _____ SEX: M _____ F _____ HEIGHT: _____ WEIGHT: _____ B/P _____

The student named above has been examined. The health history and immunizations have been reviewed. There are no apparent contraindications to:

- _____ Full participation in competitive sports
- _____ Full participation in routine school activities
- _____ Limited participation as noted below

EXCEPTIONS, COMMENTS, SPECIAL CONSIDERATION:

ALLERGIES:

Most recent tetanus toxoid immunizations given on: Td or Tdap (circle one)

Please Print Below

Physician's Name: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____

Most recent physical examination date: _____

Physician's Signature: _____ Date: _____