

**SOMERSWORTH HIGH SCHOOL  
PHYSICAL FORM FOR ATHLETICS**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_  
CITY \_\_\_\_\_ STUDENT'S PHYSICIAN \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHYSICIAN'S TEL.# \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ PARENT ( ) GUARDIAN ( ) OTHER ( )  
ADDRESS \_\_\_\_\_ HOME TEL# \_\_\_\_\_ WORK TEL# \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLEASE ANSWER EACH QUESTION BELOW:

- |   | CIRCLE ANSWER |
|---|---------------|
| 1. HAVE YOU EVER BEEN TOLD NOT TO PARTICIPATE IN ANY SPORT?         | YES NO        |
| 2. HAVE YOU EVER BEEN UNCONSCIOUS OR LOST MEMORY FROM A HEAD INJURY | YES NO        |
| 3. HAVE YOU EVER HAD A FRACTURE OR DISLOCATION?                     | YES NO        |
| 4. HAVE YOU EVER HAD A KNEE OR ANKLE SPRAIN? OTHER INJURIES?        | YES NO        |
| 5. ARE YOU UNDER A PHYSICIAN'S CARE FOR ANY PROBLEMS NOW?           | YES NO        |
| 6. DO YOU TAKE ANY KIND OF MEDICINE EVERY DAY?                      | YES NO        |
| 7. HAVE YOU EVER FAINTED OR "BLACKED OUT" DURING HARD EXERCISE?     | YES NO        |
| 8. DO YOU HAVE ALLERGIES (HAY FEVER, HIVES, ASTHMA, BEE STINGS)?    | YES NO        |
| 9. HAVE YOU EVER BEEN ADMITTED TO A HOSPITAL?                       | YES NO        |
| 10. DO YOU HAVE ANY WORRIES OR OTHER QUESTIONS ABOUT YOUR HEALTH?   | YES NO        |

EXPLAIN ANY QUESTION ANSWERED WITH YES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DATE OF LAST TETANUS BOOSTER \_\_\_\_\_

\*\*\*\*\*  
**PARENT OR GUARDIAN PERMISSION FOR SPORTS PARTICIPATION**

I HEREBY AGREE THAT THE ABOVE STATEMENTS OF MEDICAL HISTORY ARE ACCURATE AND GIVE MY CONSENT FOR THIS STUDENT TO PARTICIPATE IN (CHECK ONE)

( ) ALL APPROVED SCHOOL ATHLETICS                      ( ) SPECIFIC SPORT

DATE SIGNED \_\_\_\_\_ SIGNATURE \_\_\_\_\_

FALL-WINTER-SPRING

**SHS PHYSICAL FORM Pg. 2**

(To be completed by the physician)

Athlete's Name \_\_\_\_\_

This young person is going to enter a program of strenuous activity. In addition to a brief assessment of general health, the following specific items should be noted:

ITEM Specifically Note	DATE:	AGE:	ITEM Specifically Note	HT. _____ PULSE: _____	WT: _____ BP: _____
SKIN Acne-Herpes-Ath.Foot			ABDOMEN Organomegaly		
MOUTH Caries-Prosthesis			GENITALIA (MALES) Lesions-Testes-Hernia		
EYES - EARS Pupils/perf-discharge			MUSCULOSKELETAL SCREEN -see guidelines		
LUNGS Air Entry-Wheezing			TANNER MATURITY	1	2 3 4 5
HEART Murmur-Rhythm-Size			OTHER OBSERVATIONS		

RECOMMENDATIONS ( ) FULL PARTICIPATION APPROVED ( ) LIMITED

PHYSICIAN'S SIGNATURE \_\_\_\_\_

\*\*\* PERIODIC MEDICAL HISTORY UPDATE\*\*\*

DATE:

NOTES

_____	_____
_____	_____
_____	_____
_____	_____

COOPERATIVELY PREPARED BY:

NH MEDICAL SOCIETY, NH PEDIATRIC SOCIETY, NH MEDICAL ASPECTS OF SPORTS COMMITTEE,  
NH SCHOOL NURSES ASSOCIATION SOCIETY AND THE NH INTERSCHOLASTIC ATHLETIC ASSOC.

STUDENT'S NAME \_\_\_\_\_  
Please print

ADDRESS \_\_\_\_\_

I, the undersigned student, agree to be responsible for the safe return of all athletic equipment issued by the school to me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\*\*\*\* INSURANCE INFORMATION\*\*\*\*

A student must be covered by an insurance policy. If the school insurance is not taken, the student must be insured under a home policy.

School authorities will exercise reasonable precaution to avoid injury, but will assume no financial responsibility or moral obligation to pay for any injury that may occur.

School insurance forms are available in the school office.

Home Insurance Name of Insurance company \_\_\_\_\_

Policy # \_\_\_\_\_ Date of Payment \_\_\_\_\_

School Insurance Date of Payment \_\_\_\_\_

\*\*\*\* EMERGENCY TREATMENT \*\*\*\*

I GIVE CONSENT TO A HOSPITAL EMERGENCY WARD TO TREAT MY SON/DAUGHTER FOR SERIOUS INJURY FROM ATHLETIC PARTICIPATION.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date