

**COVENTRY MIDDLE SCHOOL & HIGH SCHOOL
PHYSICAL EXAM FOR PARTICIPATION IN ATHLETICS**

Name: _____ Grade: _____ Date of Birth: _____

Height: _____ Weight: _____ B.P.: _____ Pulse: _____

Remarks: _____

PHYSICAL EXAM

	Normal	Abnormal Findings/Remarks
General Appearance		
Skin		
Heart		
Musculo Skeletal		
Neurological		
Cardiovascular		Arrhythmia: YES: NO: Murmur: YES: NO:
Hernia		
Respiratory		

Summary: _____

Recommendations _____

Weight Gain/Loss: _____ Special Equipment: _____

Conditioning Endurance: _____ Bracing/Taping: _____

Strengthening: _____

I certify, that on this date, I have examined this student and reviewed his /her medical history. On the basis of the examination requested by school authorities and the medical history as furnished to me, I find no reason which would make it medically inadvisable for this student to compete in the supervised interscholastic athletics checked below.

Check **all** appropriate sports for the school year:

- | | | |
|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Cross-Country | <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Track | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Other (specify) | | |

(Signature of Physician) (Date of Physical) (Print or Stamp Name of Physician)