

**MSAD #28/Five Towns CSD
Physical Exam ~ School and Sports Participation**

TO BE COMPLETED AND SIGNED BY PHYSICIAN/PROVIDER

Name: _____ **DOB:** _____ **Grade:** _____

DATE OF PHYSICAL EXAM: _____ **Height:** _____ **Weight:** _____ **BMI:** _____

Vision Screening: _____ Glasses: Yes () No ()

Asthma : Yes () No () If yes Known Triggers: _____

Rescue Inhaler Yes () No () Asthma Action Plan Attached Yes () No ()

Allergies: Yes () No () If yes List Allergies: _____

EpiPen Yes () No () Emergency Action Plan Attached Yes () No ()

Other Medical Conditions: _____

Current Medications: _____

IMMUNIZATIONS: The state requires that a physician verified list of immunizations with the full dates listed be in each student's health record. Immunizations attached: Yes () No ()
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This student has been:

- Cleared for all school/sports activities without restrictions
- Cleared for all school/sports activities without restrictions with recommendations for further evaluation and treatment: _____
- Not Cleared:
 - Pending further evaluation
 - For any sports/activities
 - For certain sports/activities

Reason _____

RECOMMENDATIONS _____

I have examined the above named student and completed a physical examination. The student does not present apparent clinical contraindications to participate in school/sports activities except as noted above. If conditions arise after the student has been cleared for participation the physician may rescind the clearance until the problem has been resolved and the potential consequences are completely explained to the student and parent/guardians.

Signature of Physician

Date