



SPORTS MEDICAL EXAMINATION 2020-2021

All 4th-8th grade students need yearly examination to participate in P.E. and after school sports.

This form is to be completed & signed by a Physician and is **due by the first day of school, August 25, 2020.**

Student's Name (please print): _____

Sex: _____ Grade: _____ Birth date: _____ Phone: _____

DOCTOR'S OFFICE USE ONLY

Please check the appropriate statements below:

_____ May participate in sports activities

_____ Normal Physical Education permitted

_____ Needs modified Physical Education with the following restrictions: _____

_____ **May not** participate in sports activities.

_____ May participate in most sports activities, but not in _____

List below any comments concerning conditions which should be called to the attention of the School or a statement concerning your evaluation of the general health of the student:

Name of Doctor's Office: _____
(Please print or office stamp)

Address: _____

Phone Number: _____

Signature of Physician

Date

Please return the completed form to the school office.