

Return to SMA Division Office

**St. Mary's Academy**  
**2019 - 2020 MEDICAL FORM & PHYSICAL EXAMINATION**  
**Please attach a current immunization record or certificate of exemption**

*\*Physical exam date must be current within the last 365 days. No exceptions will be made for expired exam dates.*

\_\_\_\_\_  
Last Name                      First                      Middle                      Date of Exam (good for 365 days)

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

History: Does this child have a history of any of the following? Check if yes.

Allergies: \_\_\_\_\_ (List: \_\_\_\_\_) Asthma: \_\_\_\_\_  
Bronchitis: \_\_\_\_\_ Cerebral Palsy: \_\_\_\_\_ Diabetes: \_\_\_\_\_ Ear Infections: \_\_\_\_\_  
Emotional Concerns: \_\_\_\_\_ Hearing Issues: \_\_\_\_\_ Heart Disease: \_\_\_\_\_ Infections: \_\_\_\_\_  
Migraines: \_\_\_\_\_ Orthopedic Concerns: \_\_\_\_\_ Seizures/Convulsions: \_\_\_\_\_  
Other: \_\_\_\_\_

List significant illnesses, accidents, operations, congenital defects, or emotional problems:

Exposure to TB: Yes \_\_\_\_\_ No \_\_\_\_\_ TB Screen Date: \_\_\_\_\_  
Date of Last Tetanus Shot: \_\_\_\_\_ Dental Defects: \_\_\_\_\_  
Vision: Right \_\_\_\_\_ Left \_\_\_\_\_ Hearing: Right: \_\_\_\_\_ Left: \_\_\_\_\_

**\*\*MEDICAL PROVIDER'S SIGNATURE REQUIRED BELOW\*\***

I have reviewed medical history on the date above, and make the following recommendation for participation in athletics.

\_\_\_\_\_  
CLEARED WITHOUT RESTRICTION  
\_\_\_\_\_  
CLEARED FOR LIMITED PARTICIPATION

Not cleared for specific sports (please list): \_\_\_\_\_ Reasons:

**I HEREBY CERTIFY THAT I HAVE EXAMINED \_\_\_\_\_ AND THAT THE STUDENT WAS FOUND PHYSICALLY FIT TO ENGAGE IN P.E. or ATHLETICS (except above).**

\_\_\_\_\_  
**MEDICAL PROVIDER SIGNATURE AND TITLE**  
Medical Provider phone: \_\_\_\_\_

\_\_\_\_\_  
**MEDICAL PROVIDER'S NAME (PRINT)**  
Medical Provider Fax: \_\_\_\_\_

\_\_\_\_\_  
**DATE SIGNED**

\_\_\_\_\_  
**Parent Signature**