

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