

**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)