

**MARVIN DUTCHER MIDDLE SCHOOL
2024-2025 - SPORTS PHYSICAL FORM**

PARENTS - PLEASE COMPLETE THIS SECTION PRIOR TO YOUR APPOINTMENT:

Student Name: _____ Family M.D. _____ Grade: _____

Address: _____ City: _____ Age: _____ Birthdate: _____

Sports to be played: 1. _____ 2. _____ 3. _____

(FALL - Girls' Volleyball & Co-ed Soccer; WINTER - Girls' and Boys' Basketball & Co-ed Wrestling; SPRING - Girl's Softball & Co-ed Track)

<u>HEALTH HISTORY:</u>	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
1. Head or back injury	___	___	10. Heart problems	___	___
2. Knee or leg injury	___	___	11. Lung problems	___	___
3. Fainting spells	___	___	12. Liver problems	___	___
4. Unconsciousness	___	___	13. Bleeding ulcer	___	___
5. Seizures	___	___	14. Kidney problems	___	___
6. Braces on teeth	___	___	15. Glasses/Contacts	___	___
7. Cavities	___	___	16. Diabetes	___	___
8. Crowns/Bridges	___	___	17. _____	___	___
9. High blood pressure	___	___			

Explain any "Yes" above:

THIS SECTION TO BE COMPLETED BY PHYSICIAN:

<u>EXAMINATION:</u>	Abn	OK	<u>TESTS:</u>
1. Pupils	___	___	
2. Teeth	___	___	1. Blood Pressure: BP _____ mm Hg
3. Heart	___	___	2. Weight: _____
4. Lungs	___	___	3. Height: _____
5. Back	___	___	4. Pulse: _____
6. Abdomen	___	___	
7. Hernia	___	___	
8. Reflexes	___	___	

REPORT:

_____ THIS STUDENT IS PHYSICALLY FIT TO ENGAGE IN SPORTS
 _____ May play sports, but restricted as follows: _____
 _____ Needs further examination by family M.D. for: _____
 _____ Restricted for all sports at this time because: _____

Date: _____ Physician's signature: _____