

MONTGOMERY COUNTY SCHOOLS
ELEMENTARY SCHOOL SPORTS PHYSICAL FORM

Student's Name _____ Date of Birth _____

Grade _____ Male _____ Female _____

Height _____ Weight _____ B/P _____ Hearing _____ Vision _____

EXAMINATION:

Heart _____ Lungs _____ Abdomen _____

Hernia _____ Lymph Nodes _____ Thyroid _____

Scoliosis _____ Genital-Urinary _____ Skin _____

Orthopedic _____ Feet _____ Nose _____

Throat _____ Mouth/Teeth _____ Nervous System _____

Comments _____

MEDICATIONS PRESENTLY PRESCRIBED: _____

ALLERGIES: _____

HISTORY OF:

Asthma _____ Allergies _____ Heart Problems _____

Fractures _____ Eye Problems _____ Diabetes _____

Hypoglycemia _____ Headaches _____ Nosebleeds _____

Congenital Defects _____ Operations _____

Injuries _____ Drug Sensitivities _____ Other Health Problems _____

Comments _____

PHYSICIAN'S FINDINGS PERTINENT TO PARTICIPATION IN ATHLETIC ACTIVITIES:

Full Participation Allowed _____

No Participation Allowed _____

Physician's Name _____ Address _____

Physician's Signature _____ Date _____

I give permission for my child to participate in sports and/ or after school activity

Signature of Parent/Legal Guardian _____ Date _____

RETURN TO THE SCHOOL NURSE'S OFFICE