Physical Examination Form

ALL PARTICIPANTS MUST HAVE A PHYSCIAL FORM ON FILE WTH JUNIOR HILLTOPPERS SPORTS CLUBS, INC., BEFORE THEY MAY BEGIN PRACTICE! **NO EXCEPTIONS!**

Physical exams taken after April 1, 2024 are valid for two (2) school years; physical examination taken before April 1st is valid only for the remainder of that school year and the following school year. IT IS THE OBLIGATION OF THE PARENTS TO ARRANGE FOR A PHYSCIAL EXAM. YOU MAY GO TO YOUR OWN DOCTOR OR TO A CLINIC OF YOUR CHOICE.

Participant Name: _____ Grade (as of the coming fall): _____

Age: _____ Sex: _____ Date of Birth: _____ School Name: _____

School Address: _____ City: _____

Parent(s) Name: _____ Address: _____

Cell Phone: _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____

Other than parent, in case of emergency, contact: _____

Home Phone: _____ Cell Phone: _____ Relation: _____

Prescribed Medicine: _____

Known Allergies: _____

Do you carry personal health insurance? *YES* ☐ *NO* ☐

If yes, please complete the information below

Insurance Co.: _____ Policy #: _____ Group #: _____

The coach, trainer, team physician, staff and/or administrator may apply first aid treatment until the family doctor can be contacted (**MUST Check**):

YES ☐ NO ☐

I/We give our consent for the coaches, trainers, team physician, staff and/or school administrator to use their own judgement in securing medical aid and ambulance service in case parents'/guardians cannot be reached (**MUST Check**):

YES ☐ NO ☐

The above named student has been examined and there are no apparent contraindications to participating in interscholastic activities except as follows: (list sports or activities in which the student cannot participate - if none - write none

_____

SIGNATURE OF LICENSED PHYSICIAN: _____

OR APNP _____

Address: _____ City _____ Zip: _____

Telephone _____ **Date of Examination**_____

Examination Facts: Height_____ Weight_____ Pulse_____ Blood Pressure_____

List any abnormal findings re: skin, eye, ears, nose, throat, teeth, neck, lungs, heart, chest, liver, spleen, and spine

_____

Joint Function: List any abnormalities re: the neck, shoulders, elbows, wrists, hands, hips, knees, ankles, and feet:

_____

Other: List any neurological abnormalities re: hernia, genitalia, HGB or Hematocrit, or urinalysis:

_____

I hereby give my permission for the above named participant to practice and compete and represent the Jr. Hilltoppers in WIAA approved interscholastic sports excepting those restricted on this form by the doctor.

Signature of Parent or Legal Guardian Date

_____ _____