

**MARVIN DUTCHER MIDDLE SCHOOL  
2025-2026 - 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)

<b><u>HEALTH HISTORY:</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>
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:**

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**THIS SECTION TO BE COMPLETED BY PHYSICIAN:**

<b><u>EXAMINATION:</u></b>	<b>Abn</b>	<b>OK</b>	<b><u>TESTS:</u></b>
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 are restricted as follows: \_\_\_\_\_  
 \_\_\_\_\_ Needs further examination by the family M.D. for: \_\_\_\_\_  
 \_\_\_\_\_ Restricted for all sports at this time because: \_\_\_\_\_

Date: \_\_\_\_\_ Physician's signature: \_\_\_\_\_