

Empowering Students to Fulfill their Potential

Checklist for the Completion of the Sports Physical:

- 1. The physical must be within 365 days of the first day of Practice in order to be valid.
- 2. The **History Form** must be completed in its entirety by the parent **prior** to your appointment. Make sure to fill in the **actual physical exam date at the top of the page**. Make sure **both the student and parent sign** this form and take it with you to your doctor for his review.
- 3. The **Clearance Form** is filled out in its entirety by the doctor. Make sure it is checked off whether the student is or is not cleared. The doctor should make note of any recommendations (Ex. Inhaler use, epi-auto-injector use, allergies). **The doctor must sign** at the bottom and must sign again if he/she has **completed the cardiac module**.
- 4. The **Physical Examination Form** must be completed in its entirety. No blanks can be accepted. Make sure they again put the **ACTUAL** date of the physical under #2 next to where it says examination. Again, they must check off the clearance box, sign and date this document.
- 5. The Athlete with Special needs is **ONLY** for those who have a condition or disability which requires special accommodations.
- 6. The Health History Update Questionnaire is ONLY for those who have a physical which was done more than 90 days prior to the first day of practice and for each additional sport they play throughout the year. The parent must sign and complete this form.
- 7. These forms must be **turned into the nurses' office prior to the first day of practice**. No one will be allowed to participate until we receive the proper paperwork.
- 8. All other forms such as the <u>concussion sign off</u> and <u>sudden cardiac sign off</u> must be completed by the student and parent and <u>must be given to the coach.</u> If playing a fall sport, ALL 6th, 7th & 8th graders must turn these forms in to the main office by the first day of school.

**PLEASE KEEP A COPY OF THE SPORTS PHYSICAL FOR YOUR RECORDS IN CASE OF MISPLACEMENT AS THE PHYSICIAN'S OFFICE WILL CHARGE YOU IF THEY NEED TO FILL IT OUT AGAIN