

Return by AUGUST 1 to SMA

**St. Mary's Academy
2016-2017 MEDICAL FORM & PHYSICAL EXAMINATION**

**Physical exam date must be current within the last 365 days. No exceptions will be made for expired exam dates.*

Last Name First Middle Exam Date (good for 365 days)

Date of Birth: _____ Grade: _____

History: Does this child have a history of any of the following? Check if yes.

Allergies: _____ Diabetes: _____ Hearing Problem: _____
Asthma: _____ Ear Infections: _____ Heart Disease: _____
Bronchitis: _____ Emotional Problems: _____ Migraines: _____
Cerebral Palsy: _____ Epilepsy/Convulsions: _____ Orthopedic Defects: _____

List significant illnesses, accidents, operations, congenital defects, or emotional problems:

Exposure to TB: Yes _____ No _____ TB Screen Date: _____

Date of Last Tetanus Shot: _____ Dental Defects: _____

Vision: Right _____ Left _____ Hearing: Right: _____ Left: _____

****PHYSICIAN SIGNATURE REQUIRED BELOW****

I have reviewed medical history on the date above, and make the following recommendation for participation in athletics.

_____ CLEARED WITHOUT RESTRICTION _____ CLEARED FOR LIMITED PARTICIPATION

Not cleared for specific sports (please list): _____

Reasons:

**I HEREBY CERTIFY THAT I HAVE EXAMINED _____ AND THAT THE STUDENT
WAS FOUND PHYSICALLY FIT TO ENGAGE IN P.E. or ATHLETICS (except above).**

PHYSICIAN SIGNATURE

PHYSICIAN NAME (PRINT)

DATE of EXAMINATION

DATE SIGNED