

**Shaker Regional School District**  
**SAU #80**  
*Physicians Exam Report For Sports Participation, Grades 5 -12*

**Please indicate which school the child will be attending:**

Belmont Middle School  
 38 School Street, Belmont NH 03220  
 267-9220 (phone) 267-9228 (fax)

Belmont High School  
 255 Seavey Rd., Belmont, NH 03220  
 267-6525 (phone) 267-5962 (fax)

Name \_\_\_\_\_ DOB \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female Sport \_\_\_\_\_

Height		Weight		BP		Pulse	
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**Medical concerns:** Specifically comment on allergies, asthma, seizure disorder, diabetes, ADHD, or other conditions warranting medical/nursing support and the recommended treatment/medication.

During the middle and high school year, this young person may enter a program of strenuous physical activity and/or participate in interscholastic sports. In addition to a brief statement on general health, the physical should note the following items:

	Within normal limits	Comments	Recommended Follow up
Head			
Eyes, ENT, dental			
Chest/Heart			
Abdomen			
Genitalia			
Skin			
Musculoskeletal: neck, back, extremities			

Date of Tetanus Booster \_\_\_\_\_ Date of 2<sup>nd</sup> MMR \_\_\_\_\_  
 Dates of Hepatitis B 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_  
 Chicken Pox: Date of Illness: \_\_\_\_\_ OR Date of Immunization \_\_\_\_\_

Recommendations  Full participation  Limited Participation

Please explain: \_\_\_\_\_

Physician's Name (please print) \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

