

## EDGEMONT JUNIOR-SENIOR HIGH SCHOOL ANNUAL HEALTH and SPORTS EXAM FORM

➔ **PHYSICIAN'S PLEASE NOTE:** for "Sports" Physicals, lines with arrows MUST be completed.

➔ Name: last \_\_\_\_\_ first \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grade: \_\_\_\_\_ Gender:  M  F

### PHYSICAL EXAM and HEALTH HISTORY

➔ DATE OF EXAM: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

<b>Body Mass Index:</b> _____ . _____ Weight Status Category (BMI Percentile): (check one) <input type="checkbox"/> less than 5 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> through 49 <sup>th</sup> <input type="checkbox"/> 50 <sup>th</sup> through 84 <sup>th</sup> <input type="checkbox"/> 85 <sup>th</sup> through 94 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> through 98 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> and higher	Vision - without glasses/contact lenses	R	L	
	Vision - with glasses/contact lenses	R	L	
	Vision - Near Point	R	L	
	Hearing <input type="checkbox"/> Pass 25 db sc both ears or:	R	L	

➔  **EXAM ENTIRELY NORMAL**      Tanner: I. II. III. IV. V.      Scoliosis:  Negative  Positive

Specify any abnormalities: \_\_\_\_\_

**Significant Medical/Surgical History:**  Asthma    Diabetes:  Type 1     Type 2     Hyperlipidemia     Hypertension

Other: \_\_\_\_\_  
 See attached \_\_\_\_\_

**Allergies:**  **LIFE THREATENING**     Food: \_\_\_\_\_     Insect: \_\_\_\_\_     Other: \_\_\_\_\_  
 Seasonal     Medication: \_\_\_\_\_

### IMMUNIZATIONS

*PLEASE ATTACH IMMUNIZATION RECORD, INCLUDING PPD*

### MEDICATION AUTHORIZATION FOR SCHOOL

*PLEASE COMPLETE ATTACHED SCHOOL MEDICATION AUTHORIZATION FORM FOR OTC OR RX MEDICATIONS*

### ➔ INTERSCHOLASTIC SPORTS

**PHYSICALLY QUALIFIED FOR FULL PARTICIPATION IN ALL INTERSCHOLASTIC SPORTS, PHYSICAL EDUCATION, WORK, SCHOOL ACTIVITIES OR ONLY AS CHECKED:**

\_\_\_ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.  
\_\_\_ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: \_\_\_\_\_

Known or suspected disability: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Protective equipment required:     Athletic Cup     Sport goggles/impact resistant eyewear  
 Other: \_\_\_\_\_

➔ Provider's Signature and Stamp: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_