

MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 1
Pre-Participation Sports Physical Exam

Name _____ Birth Date _____
Last First Middle

To be completed by Health Care Provider

Hgt. _____ Wt. _____ B/P _____ Pulse _____ Respiratory Rate _____

General appearance, vitality _____

Skin _____

Ears/ Nose/ Throat _____ Mouth (teeth & muc. memb.) _____

Neck (lymph nodes & thyroid) _____

Musculoskeletal _____

Abdomen _____

Cardiovascular _____ Lungs _____

Family History of Heart attacks or sudden death ____ No ____ Yes Relationship _____

Clearance for sports:

_____ Unrestricted

_____ Restricted _____

_____ May not participate needs follow-up _____

Date _____ Medical Provider Signature _____ Phone _____

Please return or fax to the MSAD #1 Health Office ASAP 768-3085