

RIDGELAND SCHOOL DISTRICT 122

SIMMONS MIDDLE SCHOOL – SPORTS PHYSICAL

Name: _____ Sex: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Medical History (Completed by Parent/ Guardian)	Physical Exam (Completed by Physician)					
Is student presently: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="width: 35%; text-align: center;">Yes</td> <td style="width: 35%; text-align: center;">No</td> </tr> </table>		Yes	No	Height: _____ Weight: _____ BP: _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 65%; text-align: center;">Normal</td> <td style="width: 35%; text-align: center;">Abnormal Finding</td> </tr> </table>	Normal	Abnormal Finding
	Yes	No				
Normal	Abnormal Finding					
Taking Medication?	Skin					
Allergic?	EENT					
Glasses/ Contacts?	Neck					
Under Physician Care?	Lungs					
	Heart					
Does student have a history of:	Abdomen					
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="width: 35%; text-align: center;">Yes</td> <td style="width: 35%; text-align: center;">No</td> </tr> </table>		Yes	No	Hernia		
	Yes	No				
On-going Medical Problem?	Back					
Fainting/ Dizziness?	Musculoskeletal					
Loss of consciousness?	Neurologic					
Concussion or head injury?	Recommended:					
Sports related injury?	Urine					
Menstrual problems? (girls only)	Visual Acuity					
Other (specify)?	Other (specify)?					

If yes to any of the above, please explain. _____

The above named student is physically able to participate in physical education and competitive sports:

Without Limitation With Limitation

Explain: _____

_____ Physician Signature	_____ Parent/ Guardian Signature	_____ Date
_____ Date	_____ Parent Phone	

Note: This form must be completed each school year and returned to the athletic department before the student is allowed to participate in any practice for interscholastic activities.