

# HARWOOD UNION SCHOOL ACTIVITY/ATHLETIC PARTICIPATION FORM

## PHYSICALS

As a general rule, physical evaluations of students who are participating in interscholastic sports or Activities requiring physical activity are to be made in grades 7, 9 and 11, or at the year of entry into the program and **at least every two years** after that up to the date of the first practice. **A statement from the physician to verify fitness is required** and kept on file at Harwood. After the physical evaluation has been completed, the parents will be required to fill out a form for each school year indicating that their child continues to be physically fit for athletic participation and that there have been no serious injuries or illness which would limit the child. All physicals will be at the expense of the parents.

**FAX TO Chris Langevin: 882-1198**

**\*\* Please have physician fill out the following form OR attach a note from the Doctor's Office with date of last physical\*\***

Name \_\_\_\_\_  
(Of student)

Date of last physical \_\_\_\_\_  
(If physical not needed)  
Physician's Signature \_\_\_\_\_

**PHYSICAL EXAMINATION** - for doctor to fill out if last physical is more than 2 years old

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_

General Examination	Findings/Immunization Updates	
	Abnormal	Normal
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Eyes/Ears/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>
Mouth/Teeth	<input type="checkbox"/>	<input type="checkbox"/>
Head/Neck	<input type="checkbox"/>	<input type="checkbox"/>
Chest/Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>

Musculoskeletal Examination	Findings		Flexibility		
	Abnormal	Normal	Incr.	Normal	Decr.
Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ankles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_ **Full unlimited participation**  
\_\_\_\_\_ Clearance withheld until \_\_\_\_\_

\_\_\_\_\_ Limited participation (see above)  
\_\_\_\_\_ No athletic participation

Examination Date \_\_\_\_\_ Physician Signature \_\_\_\_\_

Physician's Address \_\_\_\_\_ Telephone No. \_\_\_\_\_