

**EAST GREENBUSH SCHOOL DISTRICT
TO BE COMPLETED BY PHYSICIAN ONLY**

Name _____

Exam Date _____

Date of Birth _____

Grade _____

Height _____

Weight _____

Blood Pressure/Pulse _____

Eyes _____

Ears _____

Nose _____

Teeth & gums _____

Tonsils _____

Thyroid _____

Lymph Nodes _____

Heart _____

Lungs _____

Hernia _____

Genito-Urinary _____

Skin _____

Speech _____

Nutritional Status _____

Nervous System _____

Orthopedic: Structural _____

Posture _____

Feet _____

Scoliosis Screening _____

May child participate in Physical Education Program? _____

May child participate in all Interscholastic Sports? _____

Evidence of deterrents to learning? _____

General Condition _____

Preventive Measures & Tests (within past 3 years)

Hepatitis B: #1 _____

#2 _____

#3 _____

DPT _____

Diphtheria-Tetanus _____

Varicella _____

MMR _____

Oral Polio Vaccine # _____

PPD ___ Results _____

Other _____

Findings and Recommendations:

Physician's Name _____

Physician's Address _____

Physician's Signature _____

COMPLETE BELOW FOR SPORTS PARTICIPATION

COMPLETE FOR INTERSCHOLASTIC SPORTS-GRADES 7-12

Name _____

B/P _____

Pulse _____

An unmarked box or boxes indicates disqualification for the particular group of activities.

**CONTACT/
COLLISION**



**LIMITED
CONTACT/IMPACT**



**STRENOUS
NONCONTACT**



**NONSTRENOUS
NONCONTACT**



Field Hockey
Football
Ice Hockey
Lacrosse
Soccer
Wrestling

Baseball
Basketball
Diving
Gymnastics
Handball
Softball
Volleyball

Crew
Cross-Country
Track & Field
Swimming
Tennis
Cheerleading

Archery
Bowling
Golf
Riflery

Exam Date _____

Signed _____
(Examining Physician)

Signed _____
(School Physician)