

**Union #69
Appleton Village School
SPORTS PHYSICAL EXAMINATION**

Name : _____ **D.O.B** _____

Date of Examination: _____

Height: _____ **Weight:** _____ **BMI:** _____

BP: ____/____ **Heart rate:** _____ **Vision:R20/** ____ **L20/** _____

I have examined the student above and I make the following recommendations for his/her participation in athletics.

_____ **CLEARED WITHOUT RESTRICTIONS**

_____ **CLEARED WITH RESTRICTIONS**

Restrictions(s): _____

_____ **NOT CLEARED FOR PARTICIPATION**

Reason(s): _____

Additional Comments _____

By this signature, I attest that I have examined the above student and completed this pre-participation sports physical and I have obtained a full medical history.

Physician Signature: _____

Examiner's Name(printed): _____ Title: _____

Phone Number: _____ Fax: _____

Address: _____ City: _____ State: _____

Zip Code: _____

Only signatures of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.

TO PARTICIPATE IN SCHOOL SPONSORED SPORTS YOUR CHILD MUST ALSO PROVIDE PROOF OF SCHOOL, STATE OR PRIVATE HEALTH INSURANCE.

Please return: Attention School Nurse
Appleton Village School
737 Union St Appleton, ME 04862
Office: (207)785-4504 Fax: (207)785-3036