

**JERICHO UNION FREE SCHOOL DISTRICT
PHYSICAL EXAMINATION FORM**

THE FORM MUST BE COMPLETED BY A NEW YORK STATE LICENSED HEALTH CARE PROVIDER
This is the ONLY form acceptable for Interscholastic Athletic Participation

Name _____ Grade _____ Date of Birth _____

Address _____ Telephone _____

1. Height _____ 2. Weight _____ 3. Blood Pressure _____ 4. Pulse (resting) _____

5. Body Mass Index (BMI) _____
Weight Status Category _____ Less than 5th _____ 5th through 49th _____ 50th through 84th
(BMI Percentiles) _____ 85th through 94th _____ 95th through 98th _____ 99th and higher

6. Heart _____ Lungs _____ Hernia _____ Scoliosis _____

7. Hearing: Right Ear _____ Left Ear _____ 8. Vision: W/O Glasses: Right _____ Left _____
With Glasses: Right _____ Left _____

9. Allergies _____

10. Is student on **ANY MEDICATION** that may interfere with participation in physical education or sports?

No _____ Yes _____ if yes, explain: _____

11. Are there **ANY MEDICAL PROBLEMS** or **RESTRICTIONS** that may interfere with physical education or sports?

12. Did student sustain serious injury or illness last year? No _____ Yes _____

If yes, explain: _____

Student May Participate In:

<u>CONTACT SPORTS</u> * ()	<u>ENDURANCE SPORTS</u> * ()	<u>OTHER SPORTS</u> * ()
Baseball	Cross Country	Archery
Basketball	Fencing	Bowling
Football	Gymnastics	Cheerleading
Hockey - Field & Ice	Swimming	Field Events
Lacrosse	Tennis	Golf
Soccer	Track	Other
Softball	Volleyball	
Wrestling	Other	
Other		

13. Immunizations: **PLEASE ATTACH SHEET SHOWING CURRENT IMMUNIZATION RECORD**

*I certify that the above named student is physically qualified to participate in the Physical Education and Interscholastic Athletic programs * (√) above for one year from this date unless otherwise noted.*

Health Care Provider's

Stamp & Signature: _____ **Exam Date:** _____