Perry Hall Christian School
Medical Evaluation for Participation in Interschool Sports
3919 Schroeder Avenue
Perry Hall, MD 21128
410-256-4886

Part 1 – to be completed by Parent or Guardian and submitted to the examining physician before he examines the student

Name of Student_____ Date of Birth_____ Grade_____
Last, First and Middle

Parent/Guardian_____ Phone_____

Address_____

Student Personal Health – Check correct reply	Yes	NO
1. Has had injuries or accidents requiring medical attention	□	□
2. Has had a surgical operation	□	□
3. Has been in a hospital	□	□
4. Has had sickness lasting longer than one week	□	□
5. Takes medicine now or regularly	□	□
6. Has a condition now under a physician's care	□	□
7. Has a defect in hearing or eyesight (wears glasses, contact lenses)	□	□
8. In there any reason this student should not take part in any sport?	□	□
9. Has had completed poliomyelitis Immunization by injections (Salk) or vaccine by mouth (Sabin)	□	□
10. Has had tetanus toxoid and booster inoculation – Date of last booster M/D/Y_____	□	□
11. Has seen a dentist within the past 6 months	□	□
12. To my knowledge the paired organs that follow are present and healthy		
a. Eyes	□	□
b. Ears	□	□
c. Lungs	□	□
d. Kidneys	□	□
e. Testicles or Ovaries	□	□
f. Arms/Legs	□	□
g. Fingers/Toes	□	□

If you answered "YES" to questions 1-8, explain here with names and dates:

_____

_____

_____

If you answered "NO" to questions 9-12, explain here, with names and dates:

_____

_____

_____

I hereby give my consent for the above secondary school student to engage in interschool sports activities as a representative of his school, except those activities crossed out by the examining physician on the reverse side of this form. I also give my consent for the above student to accompany the team as a member for its "away" games and contests. I give my permission for the physician to complete Part II for confidential use in meeting my child's health and educational needs in school.

Parent/Guardian Signature_____ Date_____

Part II – to be completed by a physician or under his supervision

Name of Student_____ Date of Exam_____ Grade_____
Last, First and Middle

Significant past illnesses or injuries_____

Physician's Examination – Circle and explain abnormal findings

Height_____ Weight_____ Blood Pressure_____ Pulse Rate_____

Eyes_____ Visual Acuity R / : L /

Ears_____ Hearing R / : L /

Nose (deformities) _____ Oropharynx_____

Teeth (Cavities, dentures, braces) _____ Respiratory_____

Breasts (M & F) _____ Cardiovascular (pedal pulses) _____

Abdomen (hernia, spleen, liver) _____ Genitalia and anus _____

Neuromuscular_____ Skin_____

Spine (cervical, thoracic, lumbar) _____

Extremities (special attention to knees and ankles) _____

Additional explanations of abnormal findings:

_____

_____

_____

Laboratory

Urinalysis: Protein_____ Sugar_____ Other_____

If Ordered by a physician:

Tuberculin Test_____ or Chest X-Ray (Result/Date) _____

Other Laboratory Test _____

I have on this date personally examined this pupil, reviewed the history and other data recorded on both sides of this form, and find this pupil physically able to complete in supervised activities listed below which are NOT CROSSED OUT:

Baseball	Soccer
Basketball	Softball
Cross Country	Swimming
Field Hockey	Tennis
Football	Track
Golf	Volleyball
Gymnastics	Wrestling (minimum weight for wrestling)
Lacrosse	Other _____

Physician's Name (Typed) _____

Physician's Signature_____ Date_____

Physician's Address & Phone_____