

**BOLTON CENTRAL SCHOOL  
SPORTS PHYSICAL EXAMINATION RESULTS**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

**HISTORY (to be completed by Parent or Student)**

Have any members of your family under age 50 suffered a "heart attack", "heart problems" or died suddenly of causes other than accidental? Yes  No

Are you missing any organs (eye, kidney, spleen, testicle, etc.)? Yes  No

Have you ever had chest pain, fainting or dizziness with exercise? Yes  No

Do you have to stop while running around a 1/4 mile track twice? Yes  No

Have you ever "passed out" or been "knocked out" (concussion)? Yes  No

Are you taking any medication? Yes  No

Have you ever had any illness, injury or conditions that:  
Required hospitalization, emergency room treatment or X-ray? Yes  No

Required an operation? Yes  No

Lasted longer than 1 week? Yes  No

Caused you to miss a game or practice? Yes  No

Is related to allergies (asthma, hay fever, hives, medicine)? Yes  No

Caused seizures (convulsions) or heat exhaustion? Yes  No

Do you wear glasses, contacts, have false teeth or other appliance? Yes  No

\_\_\_\_\_  
Signature Parent/Guardian

Parent's Comments/Questions:

School Nurse's Comments/Questions:

Pulse

Hgt. \_\_\_\_\_ Wgt. \_\_\_\_\_ Rest \_\_\_\_\_ Exerc. \_\_\_\_\_ (Sitting) B.P. \_\_\_\_\_ Vision: L. 20/ \_\_\_\_\_ R. 20/ \_\_\_\_\_

	N			N	
Skin		Dental		Abdomen	Tanner Stage:
Eyes				Liver	
Mouth				Spleen	
Nose				Genitals	
Neck					
	N			N	
Chest				Ortho	N Scoliosis
Heart				Spine	
Pulses				Upper Ex.	
Lungs				Lower Ex.	

**FOR SCHOOL PHYSICIAN USE ONLY**

This certifies that \_\_\_\_\_ is physically qualified to participate in the following categories of competition:

Any unmarked categories indicates disqualification from the particular group of sports activities.

CONTACT/ COLLISION	LIMITED CONTACT/ IMPACT	STRENUOUS NONCONTACT	NONSTRENUOUS NONCONTACT
Field Hockey Football Ice Hockey Lacrosse Soccer Wrestling	Baseball Basketball Diving Gymnastics Handball Skiing-Cross Country Skiing- Downhill Softball Volleyball	Crew Cross-Country Track and Field Swimming Tennis	Archery Bowling Golf Rflery

Body Mass Index \_\_\_\_\_

Weight Status Category (BMI Percentile):

<input type="checkbox"/> less than 5th	<input type="checkbox"/> 5th through 49th	<input type="checkbox"/> 50th through 84th
<input type="checkbox"/> 85th through 94th	<input type="checkbox"/> 95th through 98th	<input type="checkbox"/> 99th and higher

\_\_\_\_\_  
School Physician's Signature

\_\_\_\_\_  
Date