

NORTH LITTLE ROCK SCHOOL DISTRICT
Athletic Physical Examination
2021-2022

(Please Print) I.D. # _____

Name _____ Date _____
(First name, Middle initial, Last name)

School (This Yr.) _____ Grade for This year _____ Age _____

School Next Year: _____

Race Sex Date of Birth Parent/Guardian Name Contact Phone Number

DO NOT WRITE BELOW THE DOTTED LINE, PHYSICIANS USE ONLY!

Date of Exam: _____

Height _____ Weight _____

Blood Pressure _____ Ears _____

Pulse _____ Nose _____

Heart _____ Throat _____

Lungs _____ Orthopedic _____

Remarks: _____

APPROVED for participation in any sport _____

NOT APPROVED for participation in any sport _____

RECOMMEND FURTHER EXAMINATION BY FAMILY PHYSICIAN _____

The above student has been examined by appropriate medical personnel and is approved for participation in interscholastic athletic activities.

Print of Stamp Name

Signature MD

NOTE: Arkansas Activities Association's rules require that each athlete pass a physical examination before participating in try-outs, practice or games in the interscholastic athletic programs. These forms (Athletic Physical form and the Athletic/Activity Consent Forms) must be completed and filed with the Athletic Director's Office.