

SANFORD SCHOOL DEPARTMENT

LIMITED SPORTS EXAM

Name: _____ D.O.B. _____ Grade: _____

Address: _____

Phone #: _____ Physician's Name: _____

Date of Last Tetanus Booster: _____ Date Last Seen by Physician: _____

Family History	Yes	No	Past History	Yes	No
Heart disease diagnosed before age 40	_____	_____	Absences of any organ	_____	_____
Diabetes Mellitus	_____	_____	Any Surgery	_____	_____
Other: _____			Dizziness or passing out during Exercise	_____	_____
			Eye injury or vision problem	_____	_____
			Head injury or vision problem	_____	_____
			Heart Murmur, Heart Racing	_____	_____
			Heart Studies (e.g. EKG)	_____	_____
			Hepatitis	_____	_____
			Hernia	_____	_____
			High Blood Pressure	_____	_____
			Fracture, Sprain	_____	_____
			Recurrent Swelling	_____	_____
			Stinger or Pinched Nerve	_____	_____
			Mononucleosis	_____	_____
			Seizures	_____	_____
			Stomach Ulcers	_____	_____
			Tuberculosis	_____	_____

Please explain any Yes answers: _____

Date: _____ STUDENT'S SIGNATURE: _____

EXAM: HGT: _____ WGT: _____ BP: _____ PULSE: _____

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
H.E.E.N.T.	_____	_____	Lungs	_____	_____	Upper Extremities	_____	_____
Heart	_____	_____	Pulse	_____	_____	Lower Extremities	_____	_____
Abdomen	_____	_____	Skin	_____	_____	Back	_____	_____
Hernia	_____	_____						

Describe any Abnormal findings: _____

Any Limitations: _____

Date: _____ Physician's Signature: _____

Student Participation and Parental Approval Form

Name of Student: _____

Name of School: _____

Date of Birth: _____ Place of Birth: _____

This application to participate and compete in interscholastic athletics for the above-named school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association.

I have read the reverse side of this form, in its entirety, and understand I have received a limited Sports Exam which does not and cannot assure that I am completely physically able to participate in the supervised activities.

Date: _____ Signature of Student: _____

Statement of Parent(s) or Guardian(s)

I hereby give my consent for the above-named student to engage in State Association approved athletic activities as a representative of the above-named school. I also give my consent for the above student to accompany the team as a member of its out-of-town trips.

I have read the reverse side of this form, in its entirety, and understand and acknowledge that the student has been given a Limited Sports Exam which does not and cannot assure that the student is completely physically able to participate in supervised activities. I agree to indemnify and hold harmless the examining physician, the Sanford School Department and the Sanford School Committee, their agents, servants, employees and representatives, free from all claims, losses, damages, injuries or adverse consequences arising out of the student participation in such supervised activities and being the result of any circumstance or condition which could not have been determined by the Limited sports Exam.

I give permission for this health information to be shared with coaches or other school personnel as deemed necessary.

My Son / Daughter IS / IS NOT adequately covered by private insurance.

(Please Circle One)

Signature of Parent (s) or Guardian(s): _____ / _____

Date: _____ Address: _____

(Street)

(City or Town)