JERICHO UNION FREE SCHOOL DISTRICT

PHYSICAL EXAMINATION FORM
This is the ONLY form acceptable for Interscholastic Athletic Participation

Name _____ Grade _____Date of Birth_____

Address _____ Telephone_____

Please complete # 3 through # 11 completely.
Blood pressure, pulse, urine and BMI MUST BE RECORDED FOR SPORTS PARTICIPATION!

1. Hearing: Right Ear _____ Left Ear _____ 2. Vision: W/O Glasses: Right _____ Left_____
With Glasses: Right _____ Left_____

3. **Height** _____**Weight** _____

4. **Body Mass Index (BMI)** _____
Weight Status Category ___ Less than 5th ___50th through 84th ___95th through 98th
(BMI Percentiles) ___ 5th through 49th ___85th through 94th ___99th and higher

5. **Blood Pressure** _____ **Pulse (resting)** _____ **Urine** _____

6. Heart _____ Lungs _____ Hernia _____ Scoliosis _____

7. Did student participate in interscholastic athletics last year? Yes _____ No _____

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

9. Is student on ANY MEDICATION that may interfere with participation? If yes, explain: _____ Yes _____ No _____

10. Are there any medical problems or restrictions? Please explain:_____
_____

11. Immunizations: **PLEASE *ATTACH* SHEET SHOWING IMMUNIZATIONS!**

Student May Participate In:

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

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

M.D. Stamp & Signature:

_____Date_____