

Return by AUGUST 1 to SMA

**St. Mary's Academy**  
**2017-2018 MEDICAL FORM & PHYSICAL EXAMINATION**

*\*Physical exam date must be current within the last 365 days. No exceptions will be made for expired exam dates.*

\_\_\_\_\_  
Last Name                                      First                                      Middle                                      Exam Date (good for 365 days)

Date of Birth: \_\_\_\_\_                                      Grade: \_\_\_\_\_

History: Does this child have a history of any of the following? Check if yes.

Allergies: _____	Diabetes: _____	Hearing Problem: _____
Asthma: _____	Ear Infections: _____	Heart Disease: _____
Bronchitis: _____	Emotional Problems: _____	Migraines: _____
Cerebral Palsy: _____	Epilepsy/Convulsions: _____	Orthopedic Defects: _____

List significant illnesses, accidents, operations, congenital defects, or emotional problems:

\_\_\_\_\_

Exposure to TB: Yes _____ No _____	TB Screen Date: _____
Date of Last Tetanus Shot: _____	Dental Defects: _____
Vision: Right _____ Left _____	Hearing: Right: _____ Left: _____

**\*\*PHYSICIAN SIGNATURE REQUIRED BELOW\*\***

I have reviewed medical history on the date above, and make the following recommendation for participation in athletics.

\_\_\_\_\_ CLEARED WITHOUT RESTRICTION                                      \_\_\_\_\_ CLEARED FOR LIMITED PARTICIPATION

Not cleared for specific sports (please list): \_\_\_\_\_ Reasons:

**I HEREBY CERTIFY THAT I HAVE EXAMINED \_\_\_\_\_ AND THAT THE STUDENT WAS FOUND PHYSICALLY FIT TO ENGAGE IN P.E. or ATHLETICS (except above).**

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
PHYSICIAN NAME (PRINT)

\_\_\_\_\_  
DATE of EXAMINATION

\_\_\_\_\_  
DATE SIGNED