

**Oyster River Cooperative School District
OYSTER RIVER MIDDLE SCHOOL**

Physical Examination Form for Athletic Participation

TO BE FILLED OUT BY EXAMINING PHYSICIAN:

Name of Student: _____ Age: _____ DOB: _____ Grade: _____

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

Date of Last Tetanus Immunization: _____ Date of Last MMR: _____

Allergies: _____ No _____ Yes (If Yes, please specify) _____

Asthma: _____ No _____ Yes (If Yes, does your child use an inhaler?) _____

Examination: Satisfactory: Unsatisfactory: Explanation of Unsatisfactory

| | | | |
|-----------------|-------|-------|-------|
| HEENT | _____ | _____ | _____ |
| Heart | _____ | _____ | _____ |
| Lungs | _____ | _____ | _____ |
| Abdomen | _____ | _____ | _____ |
| Hernia | _____ | _____ | _____ |
| Neurological | _____ | _____ | _____ |
| Extremities | _____ | _____ | _____ |
| Special Defects | _____ | _____ | _____ |

Recommendation for athletic participation:

The above student has been examined by me and may participate in athletics.

Date Examined: _____ by: _____
Physician licensed to practice medicine

This medical record is to be kept on file in the ORMS Health Office

1 Coe Drive, Durham, NH 03824 Phone: 868-2155 Fax: 603-868-3469