



NAUSET REGIONAL MIDDLE SCHOOL

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Gregory H. Baecker
Principal

Marcia M. Cameron
Assistant Principal

REPORT OF PHYSICAL EXAMINATION FOR SCHOLASTIC SPORTS

Child's Name: _____ **Grade:** _____ **HR#:** _____

Date of exam: _____ **Parent's Name:** _____

Height: _____ **Weight:** _____ **BP:** _____

Scoliosis Screening: _____

Current Immunizations: _____

History of Varicella: _____ **TB Screening:** _____

Medications: _____

Allergies: _____

Medical Concerns: _____

The signature below signifies that this child's exam is normal and the child is able to participate in all school sports and activities, including interscholastic, without restrictions from (month, year) _____ to (month, year) _____.

Physician Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Parent signature above indicates no significant health problems have occurred since the above date of physical examination.