

Sports Physicals Packet

Students Name _____

Grade _____

******If any part of the packet is missing or not completed the student will not be eligible to participate in the sport**** All packets must be handed in on time. Your physical is good for 365 days but you will be required to submit Health History Update (completed by the parent/guardian) for each sport/activity.**

Parent's initial that the following part was completed

Part 1 Pre-participation Physical Evaluation: The Health History Form is filled out by the parent/guardian prior to going to the doctor. The Physical Examination Form is filled out by the physician, advanced practice nurse (APN), or physician assistant (PA).

Date Done _____

Parent's initial _____

Part 2 Sports-Related Concussion and Head Injury Fact Sheet must be **signed by both** student and parent/guardian

Parent's initial _____

Part 3 Asthma Action Form (for students with respiratory medications)

Parent's initial _____

Part 4 Sudden Cardiac Death in Young Athletes must be **signed by both** student and parent/guardian

Parent's initial _____

Part 5 Opioid must be **signed by both** student and parent/guardian

Parent's initial _____

Part 6 Eye Injury - informational

Parent's initial _____