

**2023-2024 ATHLETIC PARTICIPATION MEDICAL/SPORTS PHYSICAL FORM**

*(TO BE COMPLETED BY A PHYSICIAN - IF BLANK, CHECK A BOX AT THE BOTTOM OF THE PAGE)*

**Athlete's Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Ht:** \_\_\_\_\_ **Wt:** \_\_\_\_\_

**Student Athlete Physical Exam**

	<b>Satisfactory</b>	<b>Unsatisfactory</b>
1. <b>Respiratory:</b>	_____	_____
2. <b>Cardiovascular:</b>	_____	_____
3. <b>Neurological:</b>	_____	_____
4. <b>Extremities:</b>	_____	_____
5. <b>Teeth:</b>	_____	_____
6. <b>Hearing:</b>	_____	_____
7. <b>Orthopedic:</b>	_____	_____
8. <b>Vision:</b>	_____	_____
9. <b>Skin:</b>	_____	_____

Yes. The athlete is CLEARED to participate in all athletic activities and contests.

No. The athlete is NOT CLEARED to participate in athletic activities and contests.

**Comments:**

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*\*Sports physicals are good for two years- please check with your doctor or the FFCS Athletic Department before scheduling an appointment*

**Physician's Name (please print):** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form is blank because my son or daughter already has a valid physical on file with FFCS. Date of Physical: \_\_\_\_\_

This form is blank because my physician used his or her own form, which is attached.