



11. Has the athlete had an injury in the last year that caused the athlete to miss 3 or more consecutive days of practice or competition? If yes, explain.
  
12. Has the athlete had surgery or been hospitalized in the past year? If yes, explain.
  
13. Has the athlete missed more than 5 consecutive days of participation in usual activities because of illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year? If yes, explain.
  
14. Are you, the athlete, worried about any problem or condition at this time? If yes, explain.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*\*\*\*\*

**PHYSICAL EXAM – TO BE COMPLETED BY PHYSICIAN**

Name of Athlete: \_\_\_\_\_

Gender: Male or Female

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

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

**Please Print/Stamp:**

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**I certify that I have examined this athlete and found him/her medically qualified to participate in sports. I also certify that I am a licensed medical physician, physician's assistant, or family nurse practitioner.**

\_\_\_\_\_ YES \_\_\_\_\_ NO

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LIST ANY PARTICIPATION RESTRICTIONS:**