

PHYSICAL EXAMINATION

Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Urine: Albumin \_\_\_\_\_ Sugar \_\_\_\_\_

NORMAL      ABNORMAL

NORMAL      ABNORMAL

HEENT \_\_\_\_\_

BACK \_\_\_\_\_

HEART \_\_\_\_\_

LEGS, FEET, JOINTS \_\_\_\_\_

LUNGS \_\_\_\_\_

SKIN \_\_\_\_\_

ABDOMEN \_\_\_\_\_

NEUROLOGIC \_\_\_\_\_

GENITALIA \_\_\_\_\_  
(males only)

HERNIA \_\_\_\_\_

OTHER \_\_\_\_\_

RECOMMENDATION

- \_\_\_\_\_ Okay for all sports.
- \_\_\_\_\_ Need further medical evaluation (contact your family physician)
- \_\_\_\_\_ Limited participation (describe)

DOCTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ROARING FOR SCHOOL DISTRICT  
ATHLETIC PARTICIPATION**

PARENT PERMISSION

Although participation in supervised athletic programs and activities is among the least hazardous activities in which any student will engage either in or out of school, the very nature of these programs does create potential for injury. Parents should be aware that the chance of injury is present while students are participating in school activities and athletics. Those parents who do not wish to expose their students to this possibility should not sign this permission form.

I hereby give my consent for \_\_\_\_\_ to compete in athletics for Glenwood Springs Middle School, in the Roaring Fork School District approved sports programs except those crossed out below.  
FOOTBALL, VOLLEYBALL, CROSS COUNTRY, BOYS BASKETBALL, GIRLS BASKETBALL, WRESTLING, TRACK AND FIELD

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_