

HAMPTON PARK CHRISTIAN SCHOOL

Pre-Participation Athletic Form (Part 2)



To be completed by physician

SPORTS PHYSICAL					
Student's Name				Grade	Age
Blood Pressure				Pulse	
Eyes				Right 20/	Left 20/
Respiratory				Cardiovascular	
Abdomen				Musculo-Skeletal	
Other					
Comments					
<input type="checkbox"/> May participate in all sports					
<input type="checkbox"/> May not participate in sports circled below:					
Baseball	Basketball	Cross Country	Golf	Soccer	Volleyball
<input type="checkbox"/> May participate after completing:					
<input type="checkbox"/> May not participate -- Reason					
PHYSICIAN INFORMATION					
Physician's signature					
Date of physical					
Physician's address					
Physician's phone					

