

Sports Physical Form

Athlete Information

- Name: _____
- School/Team: _____
- Sport: _____
- Parent/Guardian Name: _____
- Contact Number: _____

Medical History for Athletes

- History of concussions: Yes No
- Previous surgeries: _____
- Any bone fractures? Yes No
- Asthma or breathing problems: Yes No

Fitness Assessment

Category	Pass	Fail	Comments
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	_____
Strength	<input type="checkbox"/>	<input type="checkbox"/>	_____
Endurance	<input type="checkbox"/>	<input type="checkbox"/>	_____

Doctor's Recommendations for Sports Participation

- Cleared for sports: Yes No
- If not cleared, reason: _____
- Physician Signature: _____ Date: _____

Parent/Guardian Consent

I, _____, give consent for my child to participate in sports.

Signature: _____ Date: _____