ATHLETIC DEPARTMENT

SPORTS EXAMINATION FORM: ON OR AFTER JUNE 1ST *

NAME		GRADECOR
DOBMA	LE OR FEMALE AGE HT	WT BP
PAST ILLNESS OR INJURY	EYES: R20/	L20/EARS: R, 15 L, 15
ALLERGIES	EPIPEN CONTACTS	GLASSES
RESPIRATORY	ASTH	HMA YES OR NO CIRCLE ONE
CARDIOVASCULAR	COLETAL	RNIA
MISCHIO SKELETAL	SPLEENHER SKIN	INIA
	_UPDATED IMMUNIZATIONS	History of COVID Virus
	AL ACTIVITY circle YES o	MD STAMP
DATE OF EXAM	MD SIGNATURE	
PROMISE TO MAKE PROPER	COMPENSATION FOR SUCH ARTICLES.	SUED TO ME AND IF LOST OR MISPLACED, I
ACTIVITIES AS A REPRESENT THE COMPLETED AND SIGN	TATIVE OF SFP AND TO ACCOMPANY THE ED FORM MUST BE CLEARED BY THE NUR	IN STATE ASSOCIATION APPROVED ATHLETIC TEAM ON OUT OF TOWN TRIPS. RSE'S OFFICE BEFORE THE STUDENT IS ALLOWED TO I MANAGEMENT POLICY (ON SFP WEBSITE).
***SIGNATURE OF PA	ARENT OR GUARDIAN	DATE
Baseball	***CIRCLE YOUR CHOICE OF SFP	SPORTS BELOW***
Bowling	Cheerleading	Girls Softball
Boys Basketball	Dance	Girls Swimming
Boys Soccer	Diving	Girls Tennis
Boys Swimming	Football	Girls Track Girls
Boys Tennis	Girls Basketball	Girls Volleyball
Boys Track	Girls Lacrosse	Golf
Boys Volleyball	Girls Soccer	Hockey
THE SHEET		Step Squad