

SCHOOL PHYSICAL CONSENT FORM

MIDDLE COUNTRY SCHOOL DISTRICT

ATHLETIC DEPARTMENT

I hereby give consent for my son/daughter _____ to receive a medical
 (Student Name)
 physical examination for the purpose of interscholastic athletics by the School Medical Doctor.

Has your child ever had any of the following?

Medical/Surgical History	NO	YES	DATE	IF YES, EXPLAIN
1. EYE DISORDER (VISION)				
2. EAR DISORDER (HEARING)				
3. NOSE DISORDER				
4. THROAT DISORDER				
5. DENTAL DISORDER				
6. HEART: MURMUR				
: RHEUMATIC FEVER				
7. LUNGS: PNEUMONIA				
: BRONCHITIS				
: ASTHMA				
8. KIDNEY/BLADDER DISORDER				
9. ABDOMINAL/INTESTINAL DISORDER				
10. HERNIA				
11. UNDESCENDED TESTICLES				
12. BONES/JOINTS: FRACTURES				
: DISLOCATIONS				
: OTHERS				
13. MUSCLE/NERVE DISORDER/EPILEPSY				
14. HEAD INJURY				
15. ALLERGIES				
16. HOSPITAL ADMISSIONS				
17. MEDICATIONS				
18. DIABETES				
19. OPERATIONS			DATE	TYPE

Has the student had any serious injury or accident during the summer months? Yes ___ No ___ During the school year has the student been absent from school due to accident or illness more than five consecutive days? Yes ___ No ___

X

 Signature of Parent/Guardian

Date: _____

- Please note that this form must be submitted 48 hours prior to the date of the physical in order to obtain an appointment

Nurse Approval: _____ Date of Physical: _____