Note to Parents and Physician

- 1. To be eligible to participate in interscholastic athletics at Derry Middle Schools, every athlete must receive a complete physical examination. This must be done prior to participating in any try out, practice session or playing in any game or scrimmage.
- 2. The cost of the physical exam is the responsibility of the parent/guardian.
- 3. Since an athlete is required to get only one physical examination in his /her three year career at a Derry middle school, the Derry School District and the middle school administration feel it is very important that a thorough physical examination be completed.
- 4. Every athlete is required to provide a medical history update signed by a parent/guardian each school year prior to participation.
- 5. Any athlete who goes to a physician for an injury will need a release note from that doctor prior to continued participation.
- 6. Incoming 6th graders must have their physical exam within one year of entering middle school.

Physical Exam Form to be Completed by a Physician

Name	Grade Date of Birth
Height Weight Urine	
Skin/Scalp	
Lungs	
Abdomen	
Glands, including Thyroid	
Eyes	Ears
Allergies	_
Past Injuries (sprains, fractures, etc.)	
Past Surgeries/Illnesses (type and date)	
0 10 1	
General Condition This athlete is physically fit to compete in athletics: YE	S NO Td/DT/Tdap (circle one)
	S NO Td/DT/Tdap (circle one) Varivax
This athlete is physically fit to compete in athletics: YE	S NO Td/DT/Tdap (circle one) Varivax
This athlete is physically fit to compete in athletics: YE Restrictions: Name of Physician (please print)	S NO
This athlete is physically fit to compete in athletics: YE	S NO
This athlete is physically fit to compete in athletics: YE Restrictions: Name of Physician (please print)	S NO
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This athlete is physically fit to compete in athletics: YE Restrictions: Name of Physician (please print) Signature of Physician	S NO Td/DT/Tdap (circle one) Varivax Phone Date completed by Parent
This athlete is physically fit to compete in athletics: YE Restrictions: Name of Physician (please print) Signature of Physician To be of Parent name	S NO
This athlete is physically fit to compete in athletics: YE Restrictions: Name of Physician (please print) Signature of Physician To be o	S NO