



**Private Physician's Examination and Interscholastic Sports Health  
Examination Form**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Dear Parent or Guardian:

Please have your private physician complete the following form and return it to the school at the beginning of pre-season practice or by the first day of school. The school physician has the final responsibility for the determination of a student's physical eligibility to participate in interscholastic sports. This is in compliance with the state Education Department Regulation which specified the school physician's role as follows: "To provide adequate health examination before participation in strenuous activity and periodically throughout the season as necessary and to permit no pupil to participate in such activity without the approval of the school medical office."

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Skin \_\_\_\_\_

Respiratory System \_\_\_\_\_

Cardiovascular \_\_\_\_\_ Heart \_\_\_\_\_ Pulse \_\_\_\_\_

Blood Count \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Gastrointestinal \_\_\_\_\_ Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_ Liver \_\_\_\_\_ Spleen \_\_\_\_\_

Musculoskeletal \_\_\_\_\_ Scoliosis \_\_\_\_\_ Neurological \_\_\_\_\_

Significant past or present illness or injury \_\_\_\_\_

Medication taken regularly \_\_\_\_\_

Latest immunization \_\_\_\_\_

**Please return this completed form to:  
Ma'or Yeshiva High School  
250 Park Ave. Long Branch, NJ 07740**

On the basis of my medical examination completed today and the student's past medical history, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities or interscholastic athletics **EXCEPT** those crossed out below.

Baseball	Golf	Tennis
Basketball	Gymnastics	Track
Cross-Country	Soccer	Volleyball
Field Hockey	Softball	Wrestling
Football	Speedball	Other _____
Ice Hockey	Swimming	

Signature \_\_\_\_\_ M.D. Signature \_\_\_\_\_ M.D.

School Physician

Family Physician

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Last First

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Business Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business Phone # \_\_\_\_\_

**Important:** Name, address, and telephone number of person to be called in an emergency (if parent cannot be reached) in case of illness or injury:

1. \_\_\_\_\_

2. \_\_\_\_\_

Physician to be called in emergency \_\_\_\_\_ Phone # \_\_\_\_\_

**To Be Completed**

**Health History**

Chicken Pox \_\_\_\_\_

Asthma \_\_\_\_\_

Other communicable diseases \_\_\_\_\_

Allergies \_\_\_\_\_

Major illness \_\_\_\_\_

Tonsillectomy \_\_\_\_\_

Serious injury \_\_\_\_\_

Appendectomy \_\_\_\_\_

Diabetes \_\_\_\_\_

Tuberculosis or contacts \_\_\_\_\_

Epilepsy \_\_\_\_\_

**Dental Health**

Heart condition \_\_\_\_\_

Last visit \_\_\_\_\_

Ear condition \_\_\_\_\_

Orthodontist yes \_\_\_\_\_ No \_\_\_\_\_

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Preventive Measures

DPT or DT \_\_\_\_\_ Small pox \_\_\_\_\_  
Polio 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ Tbc. \_\_\_\_\_  
Mumps \_\_\_\_\_ Chest x-ray \_\_\_\_\_  
German Measles (rubella) \_\_\_\_\_ Other \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I GIVE MY CHILD PERMISSION TO PARTICIPATE ON ALL INTERSCHOLASTIC ATHLETIC TEAMS AT SCHOOL EXCEPT

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

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