

**BABYLON UNION FREE SCHOOL DISTRICT
PHYSICAL EXAMINATION FORM**

This is the **ONLY** form acceptable for Interscholastic Athletic Participation*

Name _____ Grade in September _____

Address _____ Telephone _____

Hearing: Right Ear ____ Left Ear ____

Vision: Without Corrective Device Right ____ Left ____

With Corrective Device Right ____ Left ____

Height _____ **Weight** _____ **Body Mass Index** _____

Weight Status Category (BMI Percentile):

____ Less than 5th ____ 5th through 49th ____ 50th through 84th
____ 85th through 94th ____ 95th through 98th ____ 99th and higher

Blood Pressure _____ **Pulse** (resting) _____ **Heart** _____ **Lungs** _____

Hernia ____ **Scoliosis** ____ **Extremities** ____ **Urine: Albumin** ____ **Sugar** ____

Did student participate in interscholastic athletics last year? Yes ____ No ____

Did student sustain serious injury or illness last year? Yes ____ No ____

Is student on **ANY MEDICATION** that may interfere with participation?

No ____ Yes (*explain*): _____

Are there any medical problems or restrictions? No ____ Yes (*explain*): _____

Date of last tetanus _____ **Hepatitis B series completed:** Yes ____ No ____

Immunization record attached: Yes ____ No ____

Allergies: LIFE THREATENING ____ Food _____

Insect _____ Seasonal _____

Medication _____

CONTACT SPORTS ()

Baseball
Basketball
Football
Hockey – Field and Ice
Lacrosse
Soccer
Softball
Wrestling
Other _____

ENDURANCE SPORTS ()

Cross Country
Fencing
Gymnastics
Swimming
Tennis
Track
Volleyball
Other _____

OTHER SPORTS ()

Archery
Bowling
Cheerleading
Field Events
Golf
Other _____

I certify that the above named student is physically qualified to participate in the Interscholastic Athletic Programs checked above for one year from this date until noted.

Physician Stamp Below:

M.D. Signature

Date of Physical

School M.D. Signature

Date