

Abd.: _____

Back: _____

Extremities: _____

Comments/Recommendations _____

Individual is physically fit to participate in sports

Yes _____

No _____

Provider Signature

Revised 8.3.11



Athletic Physical Form



5100 Black Horse Pike
Mays landing, NJ 08330

Student's Name: _____

Date of Physical: _____

Athletic Physical

Pre-Participation Physical Exam

PMH: _____

Medications: _____

Allergies: _____

Tobacco: _____

Ht. _____ Wt. _____ B/P _____

Skin: _____

HEENT: _____

Neck: _____

Lungs: _____

Heart: _____

(continued on back)