



Ridgefield High School • Department of Athletics

# PHYSICAL EXAMINATION

**-To be completed by physician or health care provider only-**

STUDENT'S LAST NAME \_\_\_\_\_

STUDENT'S FIRST NAME \_\_\_\_\_

GRADE \_\_\_\_\_

MALE

FEMALE

**ALL GRADE 9 AND TRANSFER STUDENTS SHOULD COMPLETE THE CT HEALTH ASSESSMENT FORM INSTEAD OF THIS FORM AS IT IS REQUIRED FOR ENROLLMENT AT RIDGEFIELD HIGH SCHOOL.**

<b>Heart Condition:</b>	Yes	No	<b>Lung Condition: Inhaler:</b>	Yes Yes*	No No
<b>Evidence of Hernia:</b>	Yes	No	<b>Allergy:</b>	Yes	No
<b>Musculoskeletal Condition:</b>	Yes	No	<b>Epipen:</b>	Yes*	No
<b>History of Concussion:</b>	Yes	No	<b>Diabetes:</b>	Yes	No
<b>Date of Concussion:</b>			<b>Seizure Disorder:</b>	Yes	No

*\* Students who need to self-carry medication ( i.e. epipen, inhaler) will need to have an authorization form on file in the health office. The form is available in the RHS health office or on the RHS Athletics website.*

If yes to any of the above, please list below details of the condition. Please also list any other condition(s) that might affect the health of the student in athletic competition:

\_\_\_\_\_

\_\_\_\_\_

List any restriction(s) to competition:

\_\_\_\_\_

\_\_\_\_\_

Note: Sports physicals are valid for thirteen (13) months from the date of this physical after which time a new physical exam is REQUIRED. An updated form must be submitted to the RHS Health or Athletics Office to continue athletics participation.

**I certify that I have on this date examined the above boy/girl and recommend him/her as being physically able to compete and "cleared to play" in the Ridgefield High School Interscholastic Athletics Program.**

DATE OF PHYSICAL: \_\_\_\_\_

HEALTH CARE PROVIDER'S SIGNATURE

Health Care Provider's Signature or Office Stamp Required Here