

RIVERMONT COLLEGIATE
1821 Sunset Drive, Bettendorf IA 52722
563-359-1366 Fax 563-359-7576

Grades 4-12 -- Extracurricular Sports Physical Form

This form must be completed for any student, **grades 4-12**, who wishes to play an extracurricular sport offered by Rivermont Collegiate. Forms should be returned to Mr. Knupp.

TO BE COMPLETED BY PARENT: (PLEASE PRINT)

Student _____
Last First Middle Date of Birth

Has the student	YES	NO
had any injuries requiring medical attention?.....	_____	_____
had any head or neck injuries?	_____	_____
had any convulsions or seizures?	_____	_____
had any illness lasting more than a week?.....	_____	_____
been taking any medications recently?	_____	_____
had rheumatic fever?	_____	_____
had any chronic illness?	_____	_____
been prescribed glasses or contacts?	_____	_____
been diagnosed with any allergies or drug reactions?	_____	_____

Do you know of any reason he/she should not participate in all sports?

Explain any "yes" answers:

Has the student had a tetanus booster in the last 10 years?..... _____
Date of last booster _____

I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school. I also give permission for the athletic director to give treatment at an athletic event for any minor injury.

PARENT SIGNATURE _____ Date _____

Parents' telephone numbers _____

TO BE COMPLETED BY PHYSICIAN: (PERTAINING TO THE ABOVE NAMED STUDENT)

Age _____ Height _____ Weight _____ Date of birth _____

Blood Pressure: resting _____ after exercise _____

Pulse Rate: resting _____ after exercise _____

Visual Acuity: OS _____ OD _____ ENT _____

Heart _____ Lungs _____ Abdomen _____ Genitalia _____

Skin _____ Musculoskeletal _____ Neurological _____

Urinalysis _____ Blood Count _____

OK to PARTICIPATE IN SPORTS? YES _____ NO _____

SIGNATURE OF EXAMINING PHYSICIAN _____ DATE _____

PHYSICIAN TELEPHONE NUMBERS _____