

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.

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