

**\*\* THIS FORM MAY BE USED OR ANOTHER IN ITS PLACE FROM A STUDENT'S PRIMARY CARE PHYSICIAN'S OFFICE. \*\***

PLEASE COMPLETE AND RETURN TO THE ATHLETIC DEPARTMENT

KENNETT HIGH SCHOOL  
SPORTS PARTICIPATION HEALTH RECORD

**\*\*This Form Must Be Completed By a Physician, Physician's Assistant, Or Certified Nurse Practitioner When a Sports Physical Is Required**

**Turn in form to the Kennett High School Athletic Director or  
Fax to (603)356-4391 Attn.: Athletic Director**

Name \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_  
Birthdate \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Grade \_\_\_\_\_  
Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_  
Vision R \_\_\_\_\_ Corrected \_\_\_\_\_ Uncorrected \_\_\_\_\_  
L \_\_\_\_\_ Corrected \_\_\_\_\_ Uncorrected \_\_\_\_\_

She / He has been examined by me in this office. In addition, the health history and immunization records have been reviewed. There are no apparent contraindications to full participation in school athletics/competitive sports.

**Exceptions, Comments, Special Problems, Allergies, etc.**

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Most recent Exam Date: \_\_\_\_\_

\*Tdap date (**must be current within 10 years**): \_\_\_\_\_

TD ok only if date of immunization is less than 5 years.

Practitioner's Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please place clinic stamp to the right:

If found please return to Kennett High School Athletics Director  
409 Eagles Way, North Conway, NH 03860