

**Northbridge Public Schools
Sports Physical Assessment Form**

Should my student sign up for a sports physical with Dr. Dahl?

- Sports physicals are a courtesy provided by Dr. Dahl and the Northbridge Public School system.
- A student should only sign up for a sports physical if they have no insurance, or if they have not have a physical for 12 months and cannot get an appointment within a month.
- If a student has had a physical within the year before the sports season begins, they should see their own physician to be cleared for sports.
- Sports physicals do not take the place of a regular physical examination by the student's own physician.
- Please feel free to contact your student's school nurse with any further questions.

Dear Parent/Guardian:

Your child, _____ has signed up for a sports physical at school with Dr. Reynold Dahl, M.D. on _____. All students participating in school sports are required to have an annual physical on record in the nurse's office. This physical is not intended to be a comprehensive evaluation, but rather a brief evaluation of the overall fitness of the athlete. A sports physical includes a cardio-pulmonary evaluation, a brief evaluation of coordination and reflexes and a height and weight check. If Dr. Dahl finds anything of concern, you will be called directly and instructed to contact your child's primary physician.

Please fill out the questionnaire below and sign on the reverse side indicating your consent to this school physical exam.

Student Health History:

Does your child have any allergies?	Yes ____	No ____
Has your child ever fainted?	Yes ____	No ____
Has your child ever had a concussion?	Yes ____	No ____
Does your child have a seizure disorder?	Yes ____	No ____
Does your child take any medicines?	Yes ____	No ____
Does your child take any supplements? (i.e. for weight loss or to increase strength?)	Yes ____	No ____
Does your child wear glasses?	Yes ____	No ____

Does your child have asthma?	Yes ____	No ____
Has your child ever broken a bone?	Yes ____	No ____
Does your child have diabetes?	Yes ____	No ____
Has your child ever had a heart murmur?	Yes ____	No ____
Has your child ever had high blood pressure?	Yes ____	No ____
Has your child ever had surgery?	Yes ____	No ____
Does your child have any other medical conditions?	Yes ____	No ____

If you answered **Yes** to any questions, please provide more information below:

I give permission for my child, _____ to have a sports physical.

Signed _____ Date _____

Height :

Weight:

BP:

Significant findings:

Dr. Reynold Dahl

Date: _____

