

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.

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 Athletic Director.
409 Eagles Way, North Conway, NH 03860