

WEST BOYLSTON MIDDLE/HIGH SCHOOL

125 Crescent St.
 West Boylston, MA 01583
 Phone (508) 835-4475 ext- 135
 Nurse'sFax (508) 835-6075



SPORTS PHYSICALS

It is a state law that students wishing to participate in school sports must submit proof of a complete physical exam. Sports physicals remain in effect for 13 months from the date of the last physical. Parents are encouraged to schedule the physical with the student's Primary Care Physician(PCP). The PCP has the most comprehensive knowledge of your child's health and needs. Parents/ Guardians are asked to complete the information below, and the Primary Care Physician should complete the physical exam form.

Athletes may not participate if their physical examination is not up to date.
Submit the completed forms to the School Nurse, Nancy Librandi, RN, BSN

The Athletic Director and coach will be notified of its acceptance

WEST BOYLSTON SPORTS CANDIDATE MEDICAL QUESTIONNAIRE

This form to be completed by parent

Sport/Season _____

Date _____

Student Name _____

Telephone # _____

Student Grade _____

Cell phone # _____

Student Address _____

Parent's Name _____

Parent's Address (if different) _____

Physician's Name _____ Telephone _____

Insurance Plan _____

1. Have you seen a doctor in the past 2 years? _____

Explain _____

2. Have you had a problem that affects the function of the eye, ear, testicle, kidney or lung?

3. List any operations, fractures, sprains, or bone dislocation

_____ Date or age _____

_____ Date or age _____

_____ Date or age _____

4. Have you had any of the following? Please circle Yes or No (Y or N)

a.	Asthma and/or allergies	Y	N	k.	Mononucleosis	Y	N
b.	Fainting and/or convulsion	Y	N	l.	Pneumonia	Y	N
c.	Heart murmur/Heart condition	Y	N	m.	Hepatitis	Y	N
d.	Rheumatic fever	Y	N	n.	Bronchitis	Y	N
e.	Kidney disease or injury	Y	N	o.	Head injury	Y	N
f.	Heat stroke/Heat exhaustion	Y	N	p.	Concussion	Y	N
g.	Diabetes	Y	N	q.	Seizure	Y	N
h.	Menstrual problems	Y	N	r.	Serious dental problems	Y	N
i.	Blood disorders	Y	N	s.	Tumors	Y	N
j.	Arthritis and/or joint problems	Y	N	t.	Bridges/False teeth	Y	N

5. Do you take any medication now? If so, what? _____

6. Do you wear glasses or contact lenses? Yes _____ No _____

7. Do you know of any reason why you should not participate in sports? Yes ___ No ___

Student Signature _____

Date _____

Parent Signature _____

Date _____