

Groveton High School

65 State Street, Groveton, NH 03582

(603) 636-1619 Fax (603) 636-9752

School Nurse: Mrs. Rachel Ledger

SPORTS PHYSICAL CLEARANCE FORM

_____, had a sports/complete physical on _____
Patient Name Date of physical

Patient's DOB: _____

Height: _____ Weight: _____ B/P: _____ Pulse: _____ Hgb: _____

Immunizations: _____

Notable Findings: _____

May participate in all sports/activities:

_____ Yes

Limitations: _____

_____ No

Limitations: _____

Signed by: _____ Phone: _____