

Grace Christian Academy of Maryland
13000 Zekiah Drive
Waldorf, MD 20601
Phone: 301-645-0406; Fax: 301-645-7463

SPORTS PHYSICAL FORM

In order to participate in the Grace Christian Academy Sports Program, the athlete must have a physical examination by a licensed physician or nurse practitioner, and the examining physician must then give approval in writing by filling out the information below. This physical is good for one calendar year. Please note that a parent must also complete an Athletic Participation Form, which must be signed in multiple places. Both forms must be returned to the particular coach or Athletic Director before the student is permitted to try out for any sports team.

Student's Name: _____

Date of Physical: _____

Heart Condition or Disease	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Asthma	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Diabetes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Allergic to Medication	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Convulsive Disorder	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Allergic to Insect Stings	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Allergies: _____

Date of last Tetanus shot: _____

Medication taken on a regular basis: _____

Physical Impairments/Limitations: _____

General Health: _____

Additional information that may be helpful: _____

Please check one:

- Cleared for all sports without restrictions.
- Cleared for all sports with recommendations for further evaluation or treatment for:

Not Cleared

Pending further evaluation

For any sports

For certain sports: _____

Reason: _____

Recommendations: _____

Doctor's (NP) Name: _____ Office phone _____

Doctor's (NP) Signature: _____

Office Address: _____