

Bow High School
Athletic Participation Physical Examination Form
“Go Falcons”

In accordance with NHIAA and Bow School District Rules and Regulations, this form must be completed by a health care provider prior to athletic participation.

Name: _____ **D.O.B.** _____

Age: _____ **Sex:** M F **Grade:** _____

Height: _____ **Weight:** _____ **B/P** _____

Health History: check if yes, add comments as necessary

- Asthma, Inhaler use _____
- Allergies (including insect sting) _____
- Chronic Illness _____
- Orthopedic Conditions _____
- Seizure Disorder _____
- Concussion/ Head Injury _____
- Other _____

The student’s health history and immunization records have been reviewed and is allowed:

- Full participation in competitive sports
- Limited participation as explained _____

Last Tetanus Immunization. _____ **Type of vaccine** _____
MM/DD/YR

The student named above was examined on _____
*This date MUST be after February 1st of a student’s eighth grade year.

Physician’s Signature: _____ **Date:** _____

Please print below

Physician’s Name: _____
Address: _____
City: _____ State: _____ Telephone: _____