



THE SABIS INTERNATIONAL CHARTER SCHOOL

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SPORT PHYSICAL FORM

Exam Date: _____ Name: _____ Age: _____ Birthdate: _____

Height: _____ Weight: _____ BP: _____ Pulse: _____ Immunization Status: _____

Vision: R _____/_____ corrected _____, uncorrected _____. U/A _____
L _____/_____ corrected _____, uncorrected _____. Hgb/Het _____

	Normal	Abnormal Findings	Initials
Eyes			
Ears, Nose, Throat			
Mouth & Teeth			
Neck			
Cardiovascular			
Chest and Lung			
Abdomen			
Skin			
Genitalia – hernia (male)			
Musculoskeletal: ROM			
a. neck			
b. spine			
c. shoulders			
d. arms/hands			
e. hips			
f. thighs			
g. knees			
h. ankles			
i. feet			
Neuromuscular			
Physical Maturity		1. 2. 3. 4. 5.	

Comments regarding abnormal findings: _____

Participation Recommendations: _____

1. No participation in: _____

2. Limited participation in: _____

3. Requires: _____

4. Full participation in: _____

Physician/NP Signature: _____

Print Name

Address: _____ Tel. No. _____