



THE CONNECTICUT STATE MEDICAL SOCIETY  
Wilton Public Schools  
Sports Physical Examination

Date of Examination: \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
PHONE \_\_\_\_\_  
HEIGHT \_\_\_\_\_  
WEIGHT \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

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Blood Pressure \_\_\_\_\_  
Abdomen: Liver \_\_\_\_\_ Spleen \_\_\_\_\_ Hernia \_\_\_\_\_  
Neurological: \_\_\_\_\_  
Musculo-Skeletal: Specific muscle weakness or atrophy: \_\_\_\_\_  
Joint instability or limitation of motion: \_\_\_\_\_  
Details of any abnormality: \_\_\_\_\_  
Ears: Hearing \_\_\_\_\_  
Skin: \_\_\_\_\_  
Respiratory: \_\_\_\_\_  
Cardio-Vascular: \_\_\_\_\_  
Laboratory: \_\_\_\_\_  
Urinalysis \_\_\_\_\_  
Hemoglobin/Hematocrit \_\_\_\_\_  
Other \_\_\_\_\_

**THIS IS A TWO PART CARBONLESS FORM  
SECOND PAGE IS YELLOW  
CAN BE OBTAINED FROM CLAIRE IN THE ATHLETIC OFFICE**

Signature of Physician \_\_\_\_\_

Phone \_\_\_\_\_

The Wilton Board of Education requires that a sports physical examination be completed by a legally qualified practitioner of medicine.

PARENT STATEMENT

I/We give our permission for \_\_\_\_\_ to participate in organized high school athletics. I/we realize that such activity involves traveling to and from games and also involves the potential for injury which is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death.

I/We acknowledge that I/we have read and understand this warning.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

STUDENT STATEMENT

NAME: \_\_\_\_\_ Class of ? \_\_\_\_\_ Age as of September 1st: \_\_\_\_\_  
This is my \_\_\_\_\_ semester in high school

As I understand the CIAC regulations and Wilton High School eligibility rules, I am eligible to play. I realize that such activity involves traveling to and from games and also involves the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. I agree to make every effort to keep my school work up and to live up to the training rules as set down by my coach.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_