



HOLMDEL TOWNSHIP SCHOOL DISTRICT

"A COMMITMENT TO EXCELLENCE"

W. R. Satz Health Office
24 Crawfords Corner Road
Holmdel, NJ 07733
tel: 732-946-1815
fax: 732-332-0484

INTERIM ASSESSMENT

Student's Name: _____

Grade: _____

Sport applying for: _____

If recent transfer, last school attended: _____

1. Have you been examined for a sport within the last 365 days?

Yes: _____ No: _____ Which sport? _____

2. Were you examined by your own physician? Yes: _____ No: _____

3. Were you examined by the school physician? Yes: _____ No: _____

4. Since your last Sport Physical, explain ANY of the following;

- Illnesses _____
- Injuries _____
- Hospitalizations _____
- Operations _____
- Medications taken _____
- Care administered by your health care provider _____

If you were treated, did the physician clear you for sports participation? Yes: _____ No: _____

Physician's Name: _____

Address: _____

Parent/Guardian signature: _____ Date: _____

Note: This form is to be used ONLY if the student-athlete has been examined for and cleared to play sports during the last 365 days. Return form to the School Nurse.