

Physician (PCP) Signature Page

Physician/provider, please provide the following in addition to the 2-page physical Evaluation Form:

Student Name (Print): _____ Grade: _____ Sport: _____

Below are sports and their contact levels. Please refer to this when completing page 2 of the Physical Exam form:

_____ Contact/ Collision	_____ Limited Contact	_____ Non-Contact
Basketball Field Hockey Football Ice Hockey Lacrosse Soccer Wrestling	Baseball Cheerleading Fencing Softball Volleyball	Cross Country Drill Team Golf Swimming Tennis Track

Notification regarding this student's participation in athletics is based solely on the health history and medical examination and results submitted by the examining, nurse practitioner, or physician's assistant from the student's medical home. The medical report complies with the requirements of NJAC6A: 16-2-2, <http://www.state.nj.us/education/news/2002/medical.htm>.

Date of Exam: _____

Physician's/provider's Stamp

