



# HOLMDEL TOWNSHIP SCHOOL DISTRICT

"A COMMITMENT TO EXCELLENCE"

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