

**DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS PHYSICAL  
EXAMINATION/PARENTAL CONSENT FOR INTERSCHOLASTIC SPORTS**

Privacy Act Statement below dotted line

**TO BE COMPLETED BY EXAMINING PHYSICIAN:**

1. HEART: \_\_\_\_\_ Satisfactory/Unsatisfactory (cross out one)
2. LUNGS: \_\_\_\_\_ Satisfactory/Unsatisfactory (cross out one)
3. Is there evidence of HERNIA? \_\_\_\_\_ Would athletic competition be likely to be injurious?
4. Is the general condition of FEET, EARS, EYES, and NOSE satisfactory? \_\_\_\_\_
5. Are there apparent cavities in any TEETH? \_\_\_\_\_ Is there a BRIDGE or FALSE teeth? \_\_\_\_\_

I certify that I have on this date examined the below student and recommend him/her as being physically able to compete in supervised athletic activities NOT CROSSED OUT BELOW:

BASEBALL	CROSS COUNTRY	HOCKEY	TENNIS	BASKETBALL	FOOTBALL
SOCCER	SWIMMING	WRESTLING	BOWLING	TRACK/FIELD	
SOFTBALL	GOLF	VOLLEYBALL	CHEERLEADING		

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF EXAMINING PHYSICIAN

\_\_\_\_\_  
PLEASE PRINT NAME OF APPLICANT (LAST) (FIRST) (MI)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PLACE OF BIRTH

**PARTICIPATION STATEMENT**

This application to participate in athletics in a DoDD school is voluntary on my part and is made with the understanding that I have never received any money, or any athletic award exceeding two dollars (\$2.00) in value for participation in athletic events, other than medals, fobs, ribbons, letters, and trophies which are usually give, and that I have never competed under an assumed name. After I have represented my school in any sport, I promise not to compete in any outside athletic contest in this sport until after the school season has been completed.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**PARENT'S OR GUARDIAN'S APPROVAL**

I hereby give my consent for the aforementioned pupil to engage in physical education, intramurals, and interscholastic athletics in DoDDS approved sports EXCEPT THOSE CROSSED OUT ABOVE and to accompany the team as a member on its out-of-town trips.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

**PRIVACY ACT NOTICE**

**AUTHORITY: Title V, USC, Section 301.**

PRINCIPAL PURPOSE: To obtain written parental/sponsor permission for physical examination of students participation in athletic programs.

ROUTINE USES: Used for legal authority for physical examination of students to insure physical fitness to participate in school sports programs.

MANDATORY/VOLUNTARY DISCLOSURE/EFFECT OF NON-DISCLOSURE: Mandatory/Non-disclosure/non-authorization will result in students not being accepted for participation in athletic events.