



HOLMDEL HIGH SCHOOL

"A COMMITMENT TO EXCELLENCE"

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School Nurse
Holmdel High School
36 Crawfords Corner Rd.
Holmdel, NJ 07733

INTERIM ASSESSMENT

Student's Name: _____ Grade: _____ Homeroom: _____

SPORT applying for: _____

SCHOOL: (Please check off the school you are enrolled in):

HHS _____ HTHS _____ AAH&S _____ Comm. HS _____ MAST _____ BTHS _____

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

- 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: _____

Your signature is required that the above information is accurate:

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 and Emergency Card to the School Nurse.