



Pediatric Clinic
 PATIENT visit documentation
SPORTS PARTICIPATION EXAMINATION

Name of Patient: _____

I performed a complete physical examination on this patient on _____ .

Medical Problems: _____

This child can participate in all age appropriate sports and activities, OR
 This child should have limited physical activity with the following instructions:

Thank you.

Physician's Signature: _____ Date: _____

Pediatric Clinic
 Evans Army Community Hospital
 526-7653