EVANS ARMY COMMUNITY HOSPITAL

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
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526-7653