PHYSICAL FORM
Sports Candidates Questionnaire

Part 1- (to be completed by student, parents)

Name_________________________________________ Student ID #______________________________

Home Address________________________________ City____________________ State__

Student’s Cellphone #________________________ Birthdate: __________ Height _______ Weight: ___

Parent(s) Name(s)___________________________ Parent’s Cellphone # _____________________

[Circle all answer]
1. Had injuries requiring medical attention……..YES   NO   5. Wears glasses……YES  NO   Contacts……YES  NO
2. Had illness lasting more than a week…………YES  NO  6. Had surgical operation……………………….YES NO
3. Is under a physicians care now………………...YES  NO   7. Has been hospitalized (except for tonsillectomy)…..YES NO
4. Takes medication now………………………...YES  NO  8. Do you know of any reason this individual should not participate in sports?..............................YES  NO

Please explain any “YES” answers to the above questions:__________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

The undersigned,

A. Understands the risks of participation in the above program and that he or she must refrain from practice
   or play while ill or injured and during medical treatment until he or she is discharged from treatment or is
   given permission by the clinical practitioner to restart participation despite continuing treatment.

B. Understands that passing a physical examination does not necessarily mean that he or she is physically
   qualified to engaged in athletics, but only that the evaluator did not find a medical reason to disqualify him
   or her at the time of said examination.

C. Certifies that the answers to the questions above are correct and true.

______________________________  ________________________
Student’s signature  Parent’s signature (if under 18 years)

Part 2- (To be completed by student or parents)
This is to certify that the above named student is currently enrolled in an accident insurance program
which includes coverage of participation in collegiate physical education and athletic programs.
Massachusetts Mandatory Health Insurance Law requires all students (nine or more credits) to
participate in the HCC plan or in a program with comparable coverage. Note comparable coverage
requires a written waiver on a form provided by the college.
CHECK ONE: ☐ QCC Health Insurance Plan ☐ Waiver (your own Health Insurance)

Insurance Provider: ______________________ Primary Care Physician: ______________________

_____________________________________________               __________________________________
Student’s signature                                  Parent’s signature (if under 18 years)

Part 3- Medical examination for Quinsigamond Community College
(to be completed by Physician/PA/NP)

This is to verify a thorough medical examination on the above named student on this date. In my opinion, said student is physically capable of handling the rigors required for varsity sports, and physical education, intramurals and other programs at Quinsigamond Community College.

_________________________________________________
Date

_________________________________________________
Physician/Physician Assistant/Nurse Practitioner Signature

_________________________________________________
Address

_________________________________________________

_________________________________________________

Phone Number

Part 4-

In my opinion the above named student is NOT physically capable of handling the rigors required for varsity sports physical education, intramurals and other programs at Quinsigamond Community College.

_________________________________________________
Date

_________________________________________________
Physician/Physician Assistant/Nurse Practitioner Signature

_________________________________________________
Address

_________________________________________________

_________________________________________________

_________________________________________________

Phone number