

HOLMDEL TOWNSHIP BOARD OF EDUCATION  
Holmdel, New Jersey 07733

File Code: 6145.2

EXHIBIT 4

**HOLMDEL HIGH SCHOOL**  
**Department of Athletics**  
**Interim Assessment**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Rm. \_\_\_\_\_

Sport: \_\_\_\_\_

Have you been examined for a sport within the last 365 days?

Yes \_\_\_\_\_ No \_\_\_\_\_ Which sport? \_\_\_\_\_

Were you examined by your own physician? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you examined by the school physician? Yes \_\_\_\_\_ No \_\_\_\_\_

If you participated in a (previous season) sport,  
were you injured in any way? Yes \_\_\_\_\_ No \_\_\_\_\_

What was the extent of you injury or illness?

\_\_\_\_\_  
\_\_\_\_\_

Were you seen by a physician for the above injury or illness? Yes \_\_\_\_\_ No \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Did this physician clear you for further sports participation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent's signature: \_\_\_\_\_  
(or guardian)

Date: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** This form is to be used **ONLY** if the student-athlete has been previously examined for and cleared to play sports during the last 365 days.

**Date:** May 28, 1997



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