

# Mt. Blue Regional School District

129 Seamon Road Suite 2  
Farmington, Maine 04938

Telephone (207) 778-6571

Fax: (207) 778-4160

Dear Practitioner,

The patient you are seeing today is a student at the RSU 9 school district and is being seen for a sports physical. We would ask you to fill out and sign the following form if your office does not have one in order for the district to have written clearance for this student to participate in sports and physical education. It is typically recommended to clear students for 15 months but we would leave this up to your clinical judgment. We have asked the family to fill out the Pre-Participation form ahead of time in order to provide you with the clinical information to help with the visit. If you have questions regarding sports physical clearance policies or standard care please do not hesitate to contact me or the athletics department at the patients's school.

Thank you for your time,



Ryan J. Whitt, MD  
Pediatrician and RSU 9 School Physician

Franklin Health Pediatrics  
111 Franklin Health Commons  
Farmington, ME 04938  
Office Phone 207-778-0482

*Committed to providing an environment where students can  
achieve their maximum potential.*

CHESTERVILLE FARMINGTON INDUSTRY NEW SHARON NEW VINEYARD  
STARKS TEMPLE VIENNA WELD WILTON

RSU 9 Sports Participation Form

Patient/Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Patient was examined on \_\_\_\_\_ by \_\_\_\_\_  
(Name and credentials printed please)  
for a routine physical exam.

This patient is cleared to participate in sports, physical education and/or related camps and field trips for \_\_\_\_\_ months.

In the meantime, if a student is injured to the point that they miss a game or practice, have a head injury or need to be seen in the emergency department for any injury: a re-examination is recommended before participating in any physical activity or contact sports.

WEIGHT \_\_\_\_\_ lbs

HEIGHT \_\_\_\_\_ in

BLOOD PRESSURE \_\_\_\_\_ / \_\_\_\_\_ mmHg

Thank you,

\_\_\_\_\_  
Signature of Practitioner Date

Please stamp office address and phone number: