

To be completed by the student's physician and submitted to the Athletic Department with the Parent Request form for APP testing.

ATHLETIC PLACEMENT PROCESS

PHYSICAL MATURITY FORM

THIS SECTION TO BE COMPLETED BY THE PARENT/GUARDIAN OR ATHLETIC DIRECTOR:

Student's Name _____ Grade _____

Home Address _____

Date of Birth ____/____/____ Age ____ Gender: Male Female

SCREENING PROCEDURES- THIS SECTION TO BE COMPLETED BY DA 8 'cf' DISTRICT MEDICAL DIRECTOR

(West Seneca Schools permits the private medical provider to complete this section for review by district medical director)

TANNER SCORE AND HEIGHT/WEIGHT ASSESSMENT COMPLETED BY:

District Medical Director

Private Medical Provider

EXAM DATE: _____ PROVIDER NAME: _____

PROVIDER SIGNATURE _____

CIRCLE THE CURRENT DEVELOPMENTAL STAGE OF THE STUDENT, USING THE TANNER SCALE:

1 2 3 4 5

ALTERNATIVE TO TANNER EXAMINATION FOR FEMALES ONLY: Onset of Menarche = Tanner Stage 5

HEIGHT _____ WEIGHT _____

To be completed by the Athletic Department

Parental/Guardian Permission Form Received: Yes Date Rec'd _____ Desired Sport: _____

Desired Level: Varsity Jr. Varsity Frosh Modified *Recommended Tanner Rating for sport/level _____

To be completed by the School District Medical Director

CHECK APPROPRIATE BOXES BELOW AND RETURN FORM TO THE DIRECTOR OF ATHLETICS. (See Appendix H)

Student is cleared not cleared for the sport of: _____

at the following level: Modified Freshman Junior Varsity Varsity

SIGNED _____ DATE ____/____/____

District Medical Director