

ATHLETIC PLACEMENT PROCESS

PHYSICAL MATURITY FORM

THIS SECTION TO BE COMPLETED BY THE DIRECTOR OF PHYSICAL EDUCATION AND/OR ATHLETIC DIRECTOR:

Student's Name _____ Grade _____

Home Address _____

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

Parental/Guardian Permission Form Received: Yes Date Received _____

Desired Level: Varsity Jr. Varsity Frosh Modified

Desired Sport: _____ ***Recommended Tanner Rating for this sport and level** _____ * See Appendix H

SCREENING PROCEDURES- THIS SECTION TO BE COMPLETED BY THE DISTRICT MEDICAL DIRECTOR

(OR BY PRIVATE MEDICAL PROVIDER FOR REVIEW BY THE DISTRICT MEDICAL DIRECTOR IF PERMITTED)

A. TANNER SCORE AND HEIGHT/WEIGHT ASSESSMENT COMPLETED BY:

District Medical Director

Private Medical Provider

EXAM DATE: _____

PROVIDER NAME _____

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

1 2 3 4 5

B. ALTERNATIVE TO TANNER EXAMINATION FOR FEMALES ONLY *(If accepted by district):*

Onset of Menarche = Tanner Stage 5

C. HEIGHT _____ WEIGHT _____

D. CHECK APPROPRIATE BOXES BELOW AND RETURN FORM TO THE DIRECTOR OF PHYSICAL EDUCATION/ATHLETICS. *(See Appendix H)*

Student is **approved** **not approved** for the sport of: _____

at the following level: Modified Freshman Junior Varsity Varsity

SIGNED _____ DATE ____ / ____ / ____
District Medical Director