

*Midcoast Pediatrics, P.A.*  
*Sports Physical Form*

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

To Whom It May Concern:

This is to certify that \_\_\_\_\_ (DOB \_\_\_\_\_) had a recent physical examination in this office and was found to be in good health.

Immunizations are up to date \_\_\_\_\_

Scoliosis check negative \_\_\_\_\_

Fit for all sports \_\_\_\_\_

\_\_\_\_\_, M.D.