

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 ☐ cleared ☐ not cleared for the sport of: _____

at the following level: ☐ Modified ☐ Freshman ☐ Junior Varsity ☐ Varsity

SIGNED _____ DATE ____ / ____ / ____
District Medical Director