



Athlete Name: _____



Check in and wait my turn

☐

My parent or caregiver will answer
questions about me

☐

See how much I weigh and how tall I am

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Listen to my heart and check my temperature

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Get my eyes checked

☐

Get my ears checked

☐

Get my mouth checked

☐

Move my big and small muscles

☐

My parent or caregiver will review my results

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