

ATHLETIC DEPARTMENT

Physical Examination and Athletic Information Form

(to be completed by physician)

(to be completed by parent/guardian)

PLEASE PRINT Name of student _____

Grade _____ Age _____ Height ft _____ in/ _____ lbs. _____ Weight _____ Pulse/Respiration _____

Vision _____ Contacts/Glasses _____ Hearing _____ Hearing Enhancements _____ Blood Pressure _____

Musculoskeletal

Please indicate if abnormality or restriction due to the following:

Shoulder/Arm/
Elbow/Wrist _____

Hip/Knee/
Ankle _____

Spine _____

If the following conditions exist, please advise emergency treatment:

Diabetes _____

Seizures _____

Asthma _____

Other _____

I certify that I have on this date examined this pupil and find him/her physically able to compete in supervised interscholastic activities:

Date _____ Signed by examining physician _____

Physician's address _____ Telephone _____

City _____ State _____ Zip _____

Male
 Female

Athlete's name Last _____ First _____ Middle _____

Street Address _____ City _____ Zip _____

Telephone _____ Cell _____ Date of Birth _____

MS
 HS

Family Physician _____ Telephone _____

WHO TO CONTACT IN CASE OF EMERGENCY

Name _____ Home Phone _____ Work Phone _____

Relationship to student _____

Has your son/daughter had or do they now have any of the following:

| | YES | NO | | YES | NO |
|--|-----|----|--------------------------------|-----|----|
| Head Injury (concussion, skull fracture) | | | Injury to joints (specify) | | |
| Fainting Spells | | | Shoulder | | |
| Convulsions | | | Knee | | |
| Neck or Back Injury | | | Ankle | | |
| Asthma | | | Fingers | | |
| High Blood Pressure | | | Other | | |
| Kidney Problems | | | Dental Problems (Braces, etc.) | | |
| Hernia | | | Frequent Colds/Flu Attacks | | |
| Diabetes | | | Frequent Earaches | | |
| Heart Murmur | | | Diarrhea | | |
| Allergies | | | Poor Vision | | |
| | | | Poor Hearing | | |

Recent Tetanus Booster? Yes _____ No _____ Date _____

Currently taking any medication? Yes _____ No _____ If Yes, please list what and why below: _____

Has your doctor placed restrictions on your son's/daughter's performance? Yes _____ No _____ If Yes, explain _____

Please contact your Coach with specific concerns.