

## Athletic Physical Form

Name	Birthdate	Grade	School
Address		Home Phone	
Sport(s)			
Father	Work phone	Mother	Work phone
Please give alternatives to contact in case of emergency in the event neither parent can be reached:			
Name	Phone	Name	Phone

Medical history to be completed by parent (must be completed before physical)					
		Yes	No		
		Yes	No	Yes	No
Any past injuries				Presently taking medication	
Fainting or dizziness while exercising				History of head injury	
Allergies				Significant past illness	
Asthma				Orthodontia (braces)	
Wears contact lens/glasses				Any ongoing medical problems	
Past surgical procedures				Seizures	
Any hospitalizations				Bone/joint problems	
Tetanus (date)					
Comments on any Yes					
Parent/Guardian signature					

Physical Exam					
Height		Weight		Blood pressure	
				Pulse	
	(Normal)	Comments/Follow-up		(Normal)	Comments/Follow-up
General condition			Gastrointestinal		
Skin			Lungs		
Ears			Genito-urinary		
Eyes			Neurological		
Nose			Musculoskeletal		
Throat			Spinal		
Mouth/dental			Nutritional status		
Cardiovascular			Mental health		

I approve this student's participation in interscholastic sports for one year YES  NO

Additional comments \_\_\_\_\_

PNP Signature \_\_\_\_\_ Physician Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_