## **Athletic Physical Form**

Name	Birthdate		ade	School				
Address			Home Phone					
Sport(s)								
Father	Work phone	Мо	ther	Work phone				
Please give alternatives	to contact in case of emerge	ency in the ev	ent neither parent	can be reache	 d:			
Name	Phone	Name		Pho	ne			
Medical history to be	completed by parent (m	ust be comp	leted before phy	rsical)				
ricalcar miscory to be	completed by parene (m	Yes No		Sicary		Yes	No	
Any past injuries	past injuries		Presently taking medication					
Fainting or dizziness whi		History of head injury						
Allergies		Significant past illness						
Asthma			Orthodontia (bra	Orthodontia (braces)				
Wears contact lens/glass		Any ongoing me	ny ongoing medical problems					
Past surgical procedures			Seizures					
Any hospitalizations			Bone/joint proble	Bone/joint problems				
Tetanus (date)								
Comments on any Yes								
Physical Exam								
Height	Weight		Blood pressure		Pulse			
					-			
General condition	(Normal) Comments/Fo		astrointestinal	(Normal)	Comments/	Follow-	-up	
Skin								
Ears			ings enito-urinary					
Eyes			eurological					
Nose			usculoskeletal					
Throat			oinal					
Mouth/dental			utritional status					
Cardiovascular			ental health					
Cardiovasculai		101	entarneatti					
Langrava this student's r	articipation in interschalast	io aporta for ar	an woor		YES	NC		
	participation in interscholast	ic sports for or	ie year		123	INC		
Additional comments								
PNP Signature		Physician Signature						
Date		Date						