

Athletic Physical Form

	1 -11011-1	ate	G	rade	Sch	ool		
Address			Н	ome Phone				
Sport(s)								
ather Work phone			M	other	k phone			
Please give alternati	ves to contact in	case of emergency	in the e	vent neither parent o	can be reache	d:		
Name Phone			Name		Pho	Phone		
Medical history to	be completed l	by parent (must	be com	pleted before phy	sical)			
				lo	**************************************		Yes	No
Any past injuries				Presently taking	medication			
Fainting or dizziness while exercising				History of head i	njury			
Allergies				Significant past	past illness			
Asthma				Orthodontia (bra	ices)			
Wears contact lens/glasses				Any ongoing me	dical problem			
Past surgical procedures				Seizures				
Any hospitalizations				Bone/joint proble	ems			
Tetanus (date)			1					
Parent/Guardian sig	nature							
	nature							
		eight		Blood pressure		Pulse		
Physical Exam	We		v-up	Blood pressure	(Normal)		s/Follow	-up
Physical Exam Height	We	eight Comments/Follov		Blood pressure	(Normal)	Pulse	s/Follow	-up
Physical Exam Height General condition	We		(Bastrointestinal	(Normal)		s/Follow	-up
Physical Exam Height General condition Skin	We		L		(Normal)		s/Follow	-up
Physical Exam Height General condition Skin Ears	We		L	Sastrointestinal ungs	(Normal)		s/Follow	-up
Physical Exam Height General condition Skin Ears Eyes	We) L (Gastrointestinal ungs Genito-urinary	(Normal)		s/Follow	-up
Physical Exam Height General condition Skin Ears Eyes Nose	We		1 1	Gastrointestinal ungs Genito-urinary leurological	(Normal)		s/Follow	-up
Physical Exam Height General condition Skin Ears Eyes Nose Throat	We		() () () () () () () () () ()	Gastrointestinal ungs Genito-urinary leurological flusculoskeletal	(Normal)		s/Follow	-up
Physical Exam Height General condition Skin Ears Eyes Nose Throat Mouth/dental	We		1	Gastrointestinal ungs Genito-urinary leurological flusculoskeletal spinal	(Normal)		s/Follow	-up
Physical Exam Height General condition Skin Ears Eyes Nose Throat Mouth/dental	We		1	Gastrointestinal ungs Genito-urinary Ileurological Musculoskeletal Spinal Ilutritional status	(Normal)		s/Follow	-up
Physical Exam Height General condition Skin Ears Eyes Nose Throat Mouth/dental Cardiovascular	(Normal) C	Comments/Follov		Gastrointestinal ungs Genito-urinary leurological flusculoskeletal spinal lutritional status flental health	(Normal)	Comments		
Physical Exam Height General condition Skin Ears Eyes Nose Throat Mouth/dental Cardiovascular	(Normal) C	Comments/Follov		Gastrointestinal ungs Genito-urinary leurological flusculoskeletal spinal lutritional status flental health	(Normal)		s/Follow	
Physical Exam Height General condition Skin Ears Eyes Nose Throat Mouth/dental Cardiovascular	(Normal) C	Comments/Follov		Gastrointestinal ungs Genito-urinary leurological flusculoskeletal spinal lutritional status flental health	(Normal)	Comments		
Physical Exam Height General condition Skin Ears Eyes Nose Throat Mouth/dental Cardiovascular I approve this studer Additional comments	(Normal) C	Comments/Follov		Gastrointestinal ungs Genito-urinary leurological flusculoskeletal spinal lutritional status flental health		Comments		