

# 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
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 \_\_\_\_\_