

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 _____