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| --- |
| **Sports Physical Information** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Age: | | Grade: |
| Date: | Sport(s): | | School: |
| Address: | |  | Phone: |
| Parent/Guardian: |  | | Phone: |
| Emergency Contact: |  | | Phone: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medical History** | | | | |
| Concussions/Unconsciousness: Hospitalizations or Surgeries: Bone or Joint Injuries:  Current Medications: Diabetes:  Neck/Back Injuries: Allergies:  Vaccinations are Current: Seizures:  Asthma: Glasses/Contact Lenses:  Fainting/Dizzy Spells: |  | No |  | Yes: |
|  | No |  | Yes: |
|  | No |  | Yes: |
|  | No |  | Yes: |
|  | No |  | Yes: |
|  | No |  | Yes: |
|  | No |  | Yes: |
|  | No |  | Yes: |
|  | No |  | Yes: |
|  | No |  | Yes: |
|  | No |  | Yes: |
|  | No |  | Yes: |
| **Physical Exam** | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Height: |  | Weight: |  | Blood Pressure: |  |

|  |  |  |
| --- | --- | --- |
| **Feature** | **Result** | **Comments** |
| General |  |  |
| Eyes |  |  |
| Nose |  |  |
| Dental/Mouth |  |  |
| Throat |  |  |
| Ears |  |  |
| Skin |  |  |
| Cardiovascular |  |  |
| Musculoskeletal |  |  |
| Neurological |  |  |
| Genitourinary |  |  |
| Gastrointestinal |  |  |
| Spinal |  |  |
| Nutritional Status |  |  |
| Mental Health |  |  |

|  |  |
| --- | --- |
| Additional Comments: |  |

I approve this student’s participation in Extracurricular Sports for one (1) year.  Yes  No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Physician: |  | Signature: |  | Date: |  |