

Sports Physical Form

Name: _____ Date of Birth: _____ Grade: _____

Date: _____ Sport(s): **ALL SPORTS - Basketball, Soccer, Volleyball, WinterGuard**

Address: _____ Home Phone: _____

Guardian 1: _____ Work Phone: _____

Guardian 2: _____ Work Phone: _____

Emergency Contact: _____ Phone #: _____

Medical History

Significant Previous Injuries: NO YES _____

Hospitalizations or Surgeries: NO YES _____

Bone or Joint Injuries: NO YES _____

Current Medications: NO YES _____

Past Medications: NO YES _____

Chronic Illness: NO YES _____

Allergies: NO YES _____

Vaccinations are Current: NO YES _____

Seizures: NO YES Glasses or Contact Lenses: NO YES

Asthma: NO YES Fainting / Dizzy Spells: 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 interscholastic sports until June 30 of the current school year. NO YES

Physician: _____ Signature: _____ Date: _____

Address: _____ Phone: _____

*****Please submit this form directly to the School's Main Office. Please do not give to the coaches or teachers.**