

Athletic Physical Form

Name _____

Grade _____

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 problems		
Past surgical procedures			Seizures		
Any hospitalizations			Bone/joint problems		

Tetanus (date) _____

Comment on any Yes _____

Parent/Guardian signature _____

Physical Exam

Height _____ Weight _____ Blood Pressure _____ Pulse _____

	Normal	Comment		Normal	Comment
General Condition			Gastrointestinal		
Skin			Lungs		
Ears			Genito-urinary		
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/Physician Signature _____

Date _____