

St. Peter and Paul Sports Physical

Student's Name _____ **D.O.B.** _____

Grade going into in the Fall _____ **Date of Exam** _____

History:

1. Intended sport(s) _____
2. Current medical problems _____
3. Current medications _____
4. Allergies (medicine/food) _____
5. Past health history _____
 - a. Previous head /neck injury/knocked out _____
 - b. Previous seizures _____
 - c. Previous broken bones/joint injuries _____
 - d. Previous surgeries (type, age) _____
 - e. Family history of sudden death under age of 40 _____
 - f. Family history of cancer/type _____

Physical

Height _____ Weight _____ BP _____ Pulse _____

Visual Acuity – with glasses _____ (R) _____ (L)
Without glasses _____ (R) _____ (L)

Eyes _____ Ears _____

Lungs _____ Abdomen _____

Heart _____ Skin _____

Genitourinary _____ Neuro _____

Musculoskeletal (scoliosis, joints, strength) _____

Based on medical history and physical exam, this student is approved for participation in sports activities for the current school year.

Physician's Signature _____

Parent's Signature _____