

Year: 2019-20

ST. MARY CATHOLIC SCHOOL
STUDENT PHYSICAL EXAMINATION FORM

To be completed by Parent/Guardian:

Student's Name (Last, First, Middle)

Birthdate (Day/Month/Year)

Parent/Guardian

Address

Phone

MEDICAL HISTORY: _____
Date

1. Any present medical problem(s): _____
2. Any present medication(s): _____
3. Any athletic related injuries: _____
4. Any history of head injury, seizures, convulsions or severe headaches: _____

5. Any history of fractures or injuries to legs or arms, including knee injuries: _____

6. Family Physician: _____

I GIVE MY PERMISSIONS FOR _____ TO HAVE A PHYSICAL EXAM.
Name of Student

Signature of Parent/Guardian _____

EXAMINATION:

Date*: _____ Age: _____ Grade: _____

Blood Pressure:	Pulse:	Liver/Spleen:	
Throat:	Hernia (males):		
Neck:	Genitals (male):		
Chest:	Extremities:		
Heart:	Urine:	Protein:	Sugar:
Comments:			
Recommendations:			
Ok to participate in Athletics (Yes/No):		Physicians Signature:	

*Sports Physicals are good for 2 years after issue date.