

Saint Paul School
Kensington, CT

School Year _____ Date _____

Name _____ Grade _____

Is there a history of (answer all the following *Yes* or *No* and explain):

Heart disease _____ Congenital _____ Knee Injuries _____

Rheumatic Fever _____

Allergies: pollen _____

Lung Disease _____

Insects: sting/bites _____

Blood Dyscrasia - Bleeder/Other _____

Medications _____

Kidney Disorders _____

Others _____

Fractures - complicated _____

Hospitalizations _____

uncomplicated _____

Operations _____

Dislocations; i.e. joints _____

Others _____

Parents' remarks _____

I give permission for _____ to participate in the
Student's Name

following sports (name all sports): _____

_____. I assume the responsibility for notifying the school for
any change in my child's health both before and during participation in any sports activity.

Parent's Signature _____ Date _____

THIS SECTION IS TO BE COMPLETED BY THE EXAMINING PHYSICIAN

Height & Weight _____

Abdomen _____

Does this student need medical care? _____

Blood Pressure _____

Hernia _____

Eyes _____

Ears _____

Is there any physical reason why this student cannot participate in a complete physical fitness program? _____

Lymph Nodes _____

Skin _____

Can this student participate in contact and/or collision sports? _____

Thyroid _____

Nutrition _____

This examination shows satisfactory condition to engage in (name of sports): _____

Nose _____

Extremities _____

Throat _____

Nervous System _____

Teeth _____

Heart _____

Gums _____

Heart Murmurs _____

Hemoglobin _____

EKG required if _____

Lungs _____

heart murmur _____

Urinalysis _____

Date of Examination: _____

Signature of Physician _____ Date _____

For office use only: _____

Printed or typed name of Physician _____

Approved by: _____

Address: _____

Date: _____ Telephone: _____

PLEASE NOTE: Sports physicals must be within the year of the start of each sport season.